



Homeowner Assistance Fund Program

Checklist List

The following information is required to process your application. Please submit copies of the following:

- State ID, Driver's License, or Tribal ID
- Verification of current income. Such as: Paycheck stub, monthly SSI statements, or monthly unemployment compensation statements.
- Copy of IRS Form 1040 filed for the household in 2021 with the IRS.
- Copies of Utility Bills (Electric, Water, and Sewer) and/ or Past Due Mortgage Payment Billing.
- Personal Statement explaining how the COVID-19 Pandemic affected your household.

PHOTOCOPIES ARE NOT ACCEPTED. PLEASE SUBMIT DOCUMENTS IN PDF FORMAT WHEN EMAILING.

The Homeowner Assistance Fund Program is eligible to applicants whose combined household gross income is at or below the median family income. Please see below for Tucson County median income levels.

FY 2022 HAF Income Limits Summary for Tucson, AZ

	1	2	3	4	5	6	7	8
Greater of 100% AMI or 100% U.S. Median Income	\$ 90,000.00	\$ 90,000.00	\$ 90,000.00	\$ 90,000.00	\$ 90,000.00	\$ 90,000.00	\$ 95,150.00	\$ 101,250.00
Greater of 150% AMI or 100% U.S. Median Income	\$ 90,000.00	\$ 92,050.00	\$ 103,550.00	\$ 115,050.00	\$ 124,300.00	\$ 133,500.00	\$ 142,700.00	\$ 151,900.00



HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION

Name: _____

Homeowner Only:

Race: American Indian/Alaskan Indian Black/African American Asian Native Hawaiian
 White Pacific Islander _____

Ethnicity: Hispanic Non-Hispanic Other _____

Address: _____

City: _____ State: _____ Zip Code: _____ Tribal ID # _____

Phone No.: _____ E-Mail Address: _____

List all household members:

Name	D.O.B.	Tribal Affiliation	M/F	Social Security No.	Income ¹	
					Monthly	Annual

Current Monthly Gross Household Income: \$ _____

¹Income eligibility may be determined on either an annual (past 12 months) or current monthly basis (current monthly income times 12).

Total Gross Household Income for the past 12 months: \$ _____

Please provide a written attestation to household income and, to the extent available, attach supporting documentation (such as paystubs or other monthly wage statements; depository institution statements demonstrating regular income; copies of past tax filings (state and/or federal); other proof of 12-month income and related documentation such as W-2s and IRS Form 1099s; or written attestation from employer regarding income earnings).

1. A household must be deemed eligible to receive homeowner assistance. An eligible household must meet each of the following criteria:

- a. The Homeowner must have experienced financial hardship after January 21, 2020. "Financial hardship" means a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities, or home energy services, or a displacement for a homeowner. Examples of financial hardship include job loss, reduction in income, increased costs due to healthcare or the need to care for a family member or increases in living expenses.

Did the Homeowner experience financial hardship after January 21, 2020?

Yes No

If "Yes," please explain (and attach supportive documentation such as employment termination letter or healthcare bill or affidavit): _____

- b. Income eligible (eligibility determination based on documentation provided in support of this Application).

2. The Qualified Expenses for which the household wishes to obtain homeowner assistance related to the Homeowner's primary residence (attach supportive documentation) are:

Mortgage payment assistance:

Amount: \$ _____, from _____ (date) to _____ (date)

Financial assistance to allow the Homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default²

Amount: \$ _____

²"Housing-related costs related to a period of forbearance, delinquency, or default" includes payment of fees, penalties, and costs associated with such periods.

- Mortgage principal reduction³

Amount: \$ _____

- Principal reduction on mortgage down payment assistance loans provided by non-profit or governmental entities to Homeowner

Amount: \$ _____

- Facilitation of mortgage interest rate reductions⁴

Amount: \$ _____

- Payment assistance for delinquent property taxes to prevent Homeowner tax foreclosure

Amount: \$ _____

- Payment assistance for:

- Homeowner’s utilities, including electric, gas, home energy (including firewood and home heating oil), water, and wastewater

Amount: \$ _____, from _____ (date) to _____ (date)

- Homeowner’s internet services, including broadband internet access service

Amount: \$ _____, from _____ (date) to _____ (date)

- Homeowner’s homeowner insurance, flood insurance, and/or mortgage insurance

Amount: \$ _____

- Homeowner’s association fees or liens, condominium association fees, or common charges

Amount: \$ _____

- Cost of assistance to prevent Homeowner displacement

- Assistance to enable the household to receive clear title to the primary residence

Amount: \$ _____

3. Has the household received any other federally funded assistance duplicative of any Qualified Expenses for which the Homeowner is seeking financial assistance?

Yes No

If “Yes,” please explain: _____

³“Mortgage principal reduction” includes reductions in a second mortgage provided by a non-profit or governmental entity.
⁴“Mortgage interest rate reduction” includes a reduction in loan interest rate through refinancing or loan modifications. TOKA may pay on behalf of the Homeowner fees and costs for such mortgage interest rate reduction.

Date: _____

Initials: _____

By signing this Application, I attest that the information provided is complete and true to my knowledge. I understand that any false information will void my Application.

Additional attestations are attached to this Application.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Does the household have a household income that is not more than 150 percent of the area median income?

Yes

No

Does the household have a household income that is not more than 100 percent of the area median income?

Yes

No

The household is eligible ineligible

INTAKE OFFICER

DATE

APPROVED: _____

EXECUTIVE DIRECTOR

DATE

