



HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION

Name: _____

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: \$ _____

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

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

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: \$ _____

- Mortgage principal reduction³

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.

³"Mortgage principal reduction" includes reductions in a second mortgage provided by a non-profit or governmental entity.

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: \$ _____

HVAC Servicing and Assessment program

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: _____

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: _____

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: _____

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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

