



## HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tribal ID # \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

List all household members:

Name	D.O.B.	Tribal Affiliation	District	M/F	SSN	Income <sup>1</sup>	
						Monthly	Annual

Current Monthly Gross Household Income: \$ \_\_\_\_\_

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

<sup>1</sup>Income 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): \_\_\_\_\_

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- 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 default<sup>2</sup>  
Amount: \$ \_\_\_\_\_
  - Mortgage principal reduction<sup>3</sup>  
Amount: \$ \_\_\_\_\_

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

<sup>3</sup>"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 reductions<sup>4</sup>

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: \_\_\_\_\_

<sup>4</sup>"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: \_\_\_\_\_

**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

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**RELEASE AND CONSENT**

The information specified on this Release and Consent will be used by the Tohono O'odham Ki: Ki Association (TOKA) to verify information provided in the Application related to requests for assistance. By signing this form, the Applicant authorizes any mortgage provider, provider of mortgage down payment assistance, utility or home energy services provider, internet provider, insurance agent, homeowner's or condominium association, property tax assessor, or contractor hired to complete home repairs or additions to furnish or release to TOKA such information as TOKA determines to be necessary to verify information provided in the Application for the Homeowner Assistance Fund Program. Additional disclosure of the information will not be made without the specific consent of the undersigned, except to a federal law enforcement agency upon such agency's notification to TOKA of a violation or possible violation of civil or criminal law by the undersigned.

This is a consent to release information about:

\_\_\_\_\_  
Name of Homeowner

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

I understand that this Release and Consent expires automatically on \_\_\_\_\_ (*date*), unless I revoke it sooner in a writing to both TOKA and the person or entity providing the information. Any information already released before my revocation may be used as stated on this Release and Consent.

By my signature below, I affirm that I have read this Release and Consent or it has been read to me, and I understand its content.

\_\_\_\_\_  
Name of Homeowner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date