



**COLVILLE INDIAN HOUSING AUTHORITY
DOWN PAYMENT ASSISTANCE APPLICATION**

PO Box 528, Nespelem, WA 99155
Direct: (509)634-2363 • Fax: (509)634-2335
TTY: 711
Email: Olivia.wynecoop.hsg@colvilletribes.com

The following checklist will assist you with monitoring your application to completion. Your application will be processed when all applicable items have been received with complete information and signatures. If additional information is required you will be contacted via email, telephone, or mail. If any of your information changes, please notify me immediately.

Phase 1:	Item	Check	Submission Date
1.	Application has to be completed including signatures where needed	_____	_____
2.	Copies of SS cards for ALL adults on the application	_____	_____
3.	Copy of Tribal Enrollment card for the applicant & co-applicant	_____	_____
4.	Copy of Washington State ID	_____	_____
5.	Current income verification for ALL adults over 18 years of age (For example, 5-6 Paystubs, income tax statements, copies of checks, bank statements, award letters from Federal, State, and Local agencies)	_____	_____
6.	Statement of Zero Income for all 18yrs and older, if applicable	_____	_____
7.	Homeownership Counseling Program (certificate)	_____	_____
8.	Pre-Approval Letter from Financial Institution	_____	_____
9.	Authorization for Use or Disclosure of Tenant/ Homebuyer File Information Form	_____	_____

**After all items listed in Phase 1 have been received you will receive an eligibility notice:
Pre-Eligible or Ineligible or Pending Items**

After you have been pre-qualified for the DPAP program the following items in Phase 2 will be required to further review your application for final approval of DPAP assistance:

Phase 2:	Item	Check	Submission Date
1.	Purchase and Sales Agreement	_____	_____
2.	Inspection Report	_____	_____
3.	Appraisal with FEMA designation	_____	_____
4.	Lead Base Paint assessment (If home is built before 1978)	_____	_____
5.	Name and Contact number of seller / realtor	_____	_____
6.	Environmental Evaluation (Completed by CIHA)	_____	_____
7.	TSR / Land Assessor Information (Completed by CIHA)	_____	_____
8.	Certificate of Insurance (if in flood plain)	_____	_____
9.	Final Letter from Financial Institution	_____	_____

For Office Use:

- Equifax Credit Check _____
- Public Works Credit Check _____
- Colville Tribal Credit Check _____
- Useful Life documents recorded (BIA and/or County) _____

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DOWN PAYMENT ASSISTANCE PROGRAM**

P.O. Box 528
Nespelem, WA 99155

Phone #(509) 634-2363
FAX #(509) 634-2335
TTY #: 711

Manufactured Home _____ New home _____

APPLICANT				SPOUSE/SIGNIFICANT OTHER			
First Name	Initial	Last Name		First Name:	Initial	Last Name	
Mailing Address		Time at Address		Mailing Address		Time at Address	
City		State	Zip Code	City		State	Zip Code
Physical Location of Residence				Physical Location of Residence			
Former Address		Time at Address		Former Address		Time at Address	
City		State	Zip Code	City		State	Zip Code
Social Security No.	Driver's License / St.	Tribal ID #		Social Security No.	Driver's License / St.	Tribal ID #	
Date of Birth	Home Phone No.	# Dependents		Date of Birth	Home Phone No.	# Dependents	
Other Names Used EMAIL ADDRESS:				Other Names Used EMAIL ADDRESS:			
Attach Paystubs/Income Verification and Tax Documents from previous year, and ALL HOUSEHOLD social security card copies will be required in file. **If self-employed or seasonally employed, please attach income tax returns							
Current Employer				Current Employer			
Address			Telephone No.	Address			Telephone No.
City		State	Zip Code	City		State	Zip Code
How Long	Position/Grade	Monthly Gross \$'s		How Long	Position/Grade	Monthly Gross \$s	
Former Employer & Position			How Long	Former Employer & Position			How Long
Other Household Income – Source, How Long, Mon. Amt. Child Support-				Other Household Income - Source, How Long, Mon. Amt. Child Support-			

HOUSEHOLD MEMBERS: List all persons who live in your household on a permanent basis, not including yourself or your spouse.

NAME	BIRTH DATE	SOC. SEC. #	RELATION SHIP	ENROLL #

INCOME INFORMATION:

List **ALL** household members at least 18 years of age who have income, including yourself and your spouse. This includes wages, salary, public assistance, social security, disability, child support, etc.

NAME	SOURCE OF INCOME	AMOUNT

LEAD BASED PAINT REQUIREMENT:

If Lead Based Paint assessment is required in accordance with 24 CFR part 35, 40 CFR part 745, and CCT’s Toxic Lead Code 6-13, it is the sole responsibility of the applicant to pay for all of the costs involved. No grant will be made until all applicable Lead Based Paint codes are in full compliance. This applies to any pre-1978 built homes.

THIS HOME WAS BUILT IN THE YEAR: _____

COLVILLE INDIAN HOUSING AUTHORITY

APPLICATION FOR DOWN PAYMENT ASSISTANCE

Please complete this Personal Financial Statement.

ASSETS	Present Value	LIABILITIES	Payments	Present Balance
Home		Rent or Mortgage To Whom		
Cash in Bank		Home Insurance		
Auto – Year, Make and Model		Auto		
Auto – Year, Make and Model		Auto		
		Auto Insurance Per Month		
Other Real Estate		Other Real Estate		
Personal Property		Unsecured Colville Tribal Credit		
Other Assets		Colville Tribe		
		Public Works Housing/Solid Waste		
Other:		Colville Indian Housing Authority		
		Credit Cards / Other Debt		
		Educational Loans		
		OTHER:		
		Alimony/Child Support		
TOTAL	\$	TOTAL	\$	\$

Down Payment Amount Requested: \$ _____

Purchase Price of Home: \$ _____

How Many People Live in Your Household? _____

What Mortgage Lender are you applying with? _____

Applicant: Circle One --- MARRIED SEPARATED UNMARRIED (Includes Single, Divorced, Widowed)

CUSTOMER COMMENTS

Please be aware that **THE FEDERAL LAW CONCERNING FRAUD STATES:** Sub Section A

Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully-

- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
- (2) makes any materially false, fictitious, or fraudulent statement or representation; or
- (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title or imprisoned not more than 5 years or both.

I/WE hereby authorize anyone to release income/credit information concerning myself/ourselves to Colville Indian Housing Authority. This authorization is given to enable CIHA to evaluate my/our request for down payment assistance. I/WE certify that all statements are true and complete and are submitted for the purpose of obtaining assistance. Verification may be obtained from any source named in the application, my employer, Colville Tribal Credit, Tribal Police, the State Patrol Department and from any credit-reporting agency. I/WE agree that the application shall remain CIHA property whether it is approved or not approved.

X _____ X _____
Applicant's Signature Date Spouse Signature Date

APPLICANT(s) _____

ENTITY OBTAINING OR RELEASING
 INFORMATION

Colville Indian Housing Authority
P.O. box 528
Nespelem, WA 99155

Contact Housing Services Officer 509 634 2363

1. **PURPOSES:** In signing this consent and authorization form, you are authorizing Colville Indian Housing Authority (CIHA) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the CIHA programs, including but not limited to Mutual Help, Rental, and Down Payment Assistance Programs. CIHA needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

Further, CIHA will need similar information during the time period you are receiving any benefits under CIHA programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.

Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs who have a need for such information during the period you are applying for or are receiving housing benefits from CIHA. CIHA may release certain information to the source and entities or programs identified in Paragraph 2 below.

2. **SOURCES TO WHOM INFO. MAY BE RELEASED, OBTAINED AND VERIFIED:**

- A. Public Utility Districts, including Okanogan PUD, Nespelem Valley Electric, Ferry County PUD, and Avista.
- B. Any and all Colville Tribal Programs or Colville Tribal Enterprise Programs; including but not limited to the Tribal Credit, Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, CCT Payroll, any branch of CETC Payroll, Colville Business Council, Food Distribution Program, Early Childhood Program, Alcohol Program, and Mental Health.

C. Colville Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.

D. Washington State Agencies, including the Employment Security Dept., Dept. of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation wages, benefits, or income.

E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)

F. Current and former employers concerning salary and wages.

G. Financial Institution concerning unearned income (i.e. interest and dividends).

3. **WHO MUST SIGN CONSENT FORMS:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

4. **FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under CIHA programs. Any such denial or termination will be promptly communicated in writing to you by CIHA.

