

COLVILLE INDIAN HOUSING AUTHORITY
HOMEOWNERS ASSISTANCE FUND
APPLICATION PROCESS

The Homeowners Assistance Fund (HAF) is a federal grant awarded to the Colville Indian Housing Authority by the U.S. Department of Treasury. Eligibility is determined by the information provided in your application. Missing or incomplete information will delay processing your application and could result in denial of services.

HAF APPLICATION TIMELINE

1. Application is submitted
 - a. CIHA staff will notify an applicant in writing within 5 days if there is missing or incomplete information.
 - b. Applicants have 14 days from the date of the written notice to provide the requested information.
 - i. *It is the applicant's responsibility to submit the required documents.*
 - ii. *Applications **will not** be processed without the required information.*
 - iii. *Inactive applications will have to wait 50 days to reapply.*
2. The application will go through an eligibility review
 - a. An eligibility review can take up to 14 days to complete
 - b. An eligibility review includes:
 - i. Verifying legal owner of home / primary residence
 - ii. Income verification/calculation for household size
 - iii. Verifying delinquency or other costs with 3rd party such as utility company or mortgage lender
3. HAF will issue a Notice of Eligibility in writing
 - a. Approved applications will have payments issued directly to the vendor (Mortgage Lender, utility provider, etc.) on behalf of the applicant.
 - b. Ineligible applications will be provided with a reason for the denial and include information on how to appeal the decision.

HAF APPLICATION CHECKLIST

REQUIRED FOR ALL APPLICANTS

- Complete, signed application
- Documentation showing homeownership
 - o Example: Recent Mortgage Statement, title and/or deed to home, etc.
- Copy of Driver's License or Tribal Enrollment Card **for each household member 18 or older**
 - o Proof of membership of an Indian Tribe for each additional household member *(if applicable)*
- Income Verification **for each household member 18 or older**
 - o Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for most recent year); **OR**
 - o Monthly received in the last 60 days (2 months); **OR**
 - o Statement of No-Income *(if applicable)*
- Signed Attestation of Financial Hardship
 - o Must describe nature of hardship in the space provided
- Signed Release of Information **for each household member 18 or older**

SUBMIT THE FOLLOWING IF APPLICABLE

- Documents showing a reduction in household income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Other documents showing financial hardship

- Additional documents depending on assistance needed – see “*Pre-Application Checklist*”

COLVILLE INDIAN HOUSING AUTHORITY
HOMEOWNERS ASSISTANCE FUND
PRE-APPLICATION CHECKLIST

The Homeowners Assistance Fund (HAF) was established for the purpose of preventing mortgage delinquencies and defaults, foreclosures, loss of utilities or home energy services that could result displacement of homeowners.

In addition to the application and support documents that are required for all applicants (*see HAF Application Checklist*) there are additional documents needed depending on the assistance requested.

Be sure to include all required support documents with your application. Missing or incomplete information will delay processing your application and could result in a denial of services.

USE THIS FORM TO IDENTIFY WHAT ASSISTANCE YOU NEED
CHECK THE BOX NEXT TO WHAT YOU ARE REQUESTING

REQUESTED ASSISTANCE:

- Past Due/Delinquent Mortgage Assistance
 - Application **must include** current mortgage statement and notice of delinquency
- Mortgage Assistance for Loans in Forbearance
 - Application **must include** current mortgage statement and copy of forbearance plan
- Past Due Utility Assistance
 - Application **must include** current utility bill or shut-off notice
- Current Utility Assistance
 - Application **must include** current utility bill
- Past Due / Delinquent Property Taxes
 - Application **must include** current Property Tax statement and notice of delinquency
- Insurance Policy Premium for Uninsured Homes
 - The Homeowners Assistance Fund can assist with payment of an insurance policy premium for homeowners, Fire, Flood, or Mortgage Insurance on an **uninsured home**.
 - If you are requesting assistance with insurance, you **must include 3 quotes** for coverage.
 - CIHA is not responsible for obtaining insurance quotes

FOR OFFICIAL USE

Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

COLVILLE INDIAN HOUSING AUTHORITY
COVID-19 HOMEOWNERS ASSISTANCE FUND
APPLICATION

Applicant Information

Applicant Name:				Date:			
Date of Birth:	SSN:	Tribal Enrollment No.:					
Mailing Address:	City:	State:	Zip:				
Physical Address:	City:	State:	Zip:				
Phone:	Email:						

Demographic Data

CIHA is required to request demographic data on households assisted with this program. **None of the information collected will be used for eligibility determinations.**

You have the right to opt out of answering these questions.

1. Gender

Male Female Other Decline to Answer

2. Race

American Indian/Alaska Native Asian Black or African American
Native Hawaiian/Pacific Islander Multi-Racial
White Other Decline to Answer

3. Ethnicity

Non-Hispanic/Latinx Hispanic/Latinx Decline to Answer

General Information

4. Are you or is a member of your household a member of an Indian tribe? Yes No
a. If yes, attach proof of membership of an Indian Tribe for each household member
5. Are you a homeowner of a dwelling currently used as your primary residence? Yes No
a. If yes, attach proof of a home mortgage or other proof of homeownership.

Household Member Information:

Below, please list all household members – including children. If the individual has no income please put N/A or \$0.00 in the ‘Income Source’ column. *(Use additional pages if necessary)*

Full Name	Date of Birth	Tribal Enrollment No.	Relation to HOH	Income Source	Amount	Pay Frequency (weekly, bi-weekly, monthly, annual)
<i>Example: John Smith</i>	<i>1/1/1950</i>	<i>99999</i>	<i>Self</i>	<i>Unemployment</i>	<i>\$1500.00</i>	<i>Monthly</i>

Household Income Verification

Below, provide information on either the total annual income of your household for most recent calendar year.

1. **Annual income** of household: \$ _____
 - a. Applicant must attach and submit:
 - i. A written attestation as to household income ***with supporting documentation***, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer.
2. **No income** (if applicable)
 - a. **Each adult in the Household who is 18 years of age or older and does not receive any type of income must complete a Statement of No Income form** found at the back of this application.
 - i. Failure to complete a Statement of No Income will cause delays in processing your application, and could possibly result in denial of services.

Financial Hardship

1. Have you experienced financial hardships 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 displacement? (check all that apply)

- A reduction in household Income.
- Increase in living expenses
- Loss of Employment/Temporary Layoff/or Furlough
- Increased costs due to healthcare or need to care for a family member
- Other financial hardship; list: _____

- a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income).

Additional Requirements

- 1. Applicants and must sign a release of information form allowing the Colville Indian Housing Authority (CIHA) to verify any and all information required to participate in the Homeowners Assistance Fund Program.
 - a. **Additional signed release of information forms must be completed by all adult household members listed on the application.**
 - b. Failure to provide a Release of Information will cause delays in processing your application, and could possibly result in denial of services.

Applicant Acknowledgements

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes no longer experiencing 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 homeowner displacement.

By my signature below, I hereby certify and attest that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify the Colville Indian Housing Authority of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if the Colville Indian Housing Authority determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

COLVILLE INDIAN HOUSING AUTHORITY
COVID-19 HOMEOWNERS ASSISTANCE FUND

Applicant Attestation of Financial Hardship

In order for financial assistance to be provided under the Homeowner Assistance Fund Program, this Attestation of Financial Hardship must be completed and signed/dated by the homeowner.

I, _____, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used a primary residence and I have experienced a financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Specifically: *(Use the space below to describe the nature of the financial hardship endured by your household; for example - a job loss, reduction in income, or increased costs due the need to care for a family member, etc.)*

I agree to notify the Colville Indian Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

I acknowledge that financial assistance provided by the HAF program is not to be duplicative of other federally funded assistance received for the same purpose. By signing this form, I confirm that I have not received other federal financial assistance that duplicates what I am requesting from the HAF.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant

Date

Applicant(s) – Print Name

ENTITY OBTAINING OR RELEASING INFORMATION

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

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
- 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 Services, etc.)
- F. Current and former employers concerning salary and wages.
- G. Financial Institutions 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.

Applicant Signature

Date

Homeowner Assistance Fund Program Application Checklist

Please review your application to make sure that contains the following information:

For all Applicants:

- Documentation showing homeownership
- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (if applicable)
- Release of Information signed by Applicant
 - Additional Release of Information signed by all other adult household members
- Annual Household Income Verification
 - A written attestation as to household income with supporting documentation (paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer)

Submit the following documentation if applicable:

- No Income Statement (Required for each adult member of the household with no income)
- Documents showing a reduction in household income
- Documents showing an increase in living expenses
- Bills /receipts showing significant costs (hospital bills, medication costs, etc.)
- Copy of utility bill(s)
- Other documents showing financial hardship



COLVILLE INDIAN HOUSING AUTHORITY
COVID RESPONSE PROGRAMS
P.O. BOX 528 NESPELEM, WA 99155
 (509) 634-2158 (f) 509.634.2335
 Washington Relay No. for Hearing Impaired 1.800.833.6388

Statement of No Income

Each adult in the Household who is 18 years of age or older and does not receive any type of income must complete a Statement of No Income form as part of the Homeowners Assistance Fund (HAF) application process. Submission of this form does not guarantee the applicant will receive HAF program assistance.

I, _____, do have not have any income; and have not had any income for at least 60 days preceding the date of this statement. This includes earnings from employment, payments from any public assistance program (DSHS/TANF/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State, or Tribal Criminal Law.

My basic living needs (shelter, food, home heating bills, transportation) have been met during the past two (2) months by:
(give a brief explanation how these needs been met/how you paid for these needs)

Shelter: _____

Food: _____

Home Heating: _____

Transportation (How have you been purchasing gas/oil for your vehicle?): _____

Printed Name: _____

Date: _____

Signature: _____

Social Security Number: _____