



Brad Campbell, Executive Director  
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# HOMEOWNERS ASSISTANCE FUND (HAF) Program Application

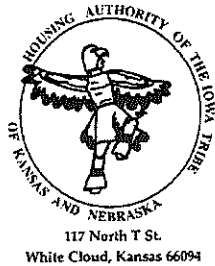
The purpose of the Homeowner Assistance Fund (HAF) is to prevent mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship after January 21, 2020 associated with the coronavirus pandemic.

Applicant eligibility requirements are:

1. A homeowner who has experienced a financial hardship after January 21, 2020, and has a household income equal to or less than 150% of the area median income.
2. The Applicant attests to the nature of the financial hardship experienced after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).
3. At this time, preference will only be provided to homeowners that are enrolled with the *IOWA* Tribe.
4. The homeowner must occupy the dwelling as their primary residence.

**Funds from the HAF may be used for assistance with:**

- Mortgage payment assistance;
- Payment assistance for:
  - Utilities, including electric, gas, home energy and water • Insurance, flood insurance, and mortgage insurance • Delinquent property taxes to prevent homeowner tax foreclosure;
- Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home (*Eligibility for Home Repairs: Home must be located within the service area of the Iowa Tribe of Kansas and Nebraska*);



**The following documents are required by all applicants:**

- Complete and signed application
- Proof of homeownership
  - Mortgage Holder, Title and/or Deed to home, Title Status Report (TSR)
- Picture Identification (Driver's License, State ID, Tribal ID)
- Proof of Enrollment/Tribal ID/CIB
- Income Verification for homeowners
  - See policy for acceptable documents;
  - Zero Income form for any household member without income
- Completed and signed Release of Information for EACH HOMEOWNER

**Submit the following IF APPLICABLE:**

- Mortgage Statement
- Property Tax Statement
- Utility Bill(s)

Incomplete applications will not be processed and will delay the application process and could result in denial of services. If you are missing any of these documents at the time of submission, program staff will follow up with you to submit required documents.

Applications are processed and reviewed as they are received. Preference and priority will be given to homeowners having incomes equal to or less than 100% of the Area Median Income (AMI). However, applicants are eligible with incomes equal to or less to 150% of the Area Median Income (AMI). Applicants will be notified within fourteen (14) days of a *completed* application if they are approved for HAF funding.

If you need assistance with this application, you can call 785.595.3380 from Monday through Friday, between 8:00 am and 4:30 pm Central Time.



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**Homeowners Assistance Fund Program Application**

**ASSISTANCE APPLYING FOR: (PLEASE CHECK ALL THAT APPLY)**

- Mortgage Assistance
- Past Due/Delinquent property taxes
- Utilities
- Essential Home Repairs

**Applicant**

First Name		Middle Initial		Last Name	
Mailing Address					
City		State		Zip Code	
Physical Address				How long at this address?	
City		State		Zip Code	
County		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Email Address		
Phone/Cell number			Message number		
Enrollment:	<input type="checkbox"/> Are you an enrolled member of the Iowa Tribe of Kansas and Nebraska?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
	<input type="checkbox"/> Tribal ID Number:		<input type="checkbox"/> Do Not Know		

**Alternate Contact Information**

First Name	Last Name	Email	Phone Number

**All persons listed as homeowners and their income:**

Other income includes but is not limited to retirement, pension, social security, disability, TANF, child support, foster care, public assistance, alimony, etc. (see HAF policy guidance)

ENTER THE HEAD OF HOUSEHOLD ON THE 1 <sup>ST</sup> LINE First/Last Name	Date of birth	Last 4 digits of SSN	Tribal enrollment number	Monthly employment income	Monthly un-employment income	Other income
1.						
2.						
3.						

Property Information					
Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you continue to occupy the home: <input type="checkbox"/> Yes <input type="checkbox"/> No		# Of Bedrooms	
Type of Home: <input type="checkbox"/> Stick Built Wood Frame <input type="checkbox"/> Manufactured <input type="checkbox"/> Condo					
What year was your home built?			Do you have Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing Assistance					
Are you currently receiving any federally funded mortgage or utility assistance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the mortgage/utility assistance program(s):					
Have you applied for any other mortgage/utility assistance from another agency?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list the program/agency for which you applied:					
Lender/Mortgage Holder Information					
1 <sup>st</sup> Mortgage Company:				Phone Number	
Mailing Address				Account #	
City		State		Zip Code	
Monthly payment:	\$	# Of Months Past due:			
Is this Mortgage: <input type="checkbox"/> Delinquent <input type="checkbox"/> In Default <input type="checkbox"/> In Foreclosure					
2 <sup>nd</sup> Mortgage Company:				Phone Number	
Mailing Address				Account #	
City		State		Zip Code	
Monthly payment:	\$	# Of Months Past Due			
Is this Mortgage: <input type="checkbox"/> Delinquent <input type="checkbox"/> In Default <input type="checkbox"/> In Foreclosure					
Utility Provider Information					
1. Utility company				Phone Number	
Mailing Address				Account #	
City		State		Zip Code	
Email Address					
Monthly Payment:	\$	# Of Months Past Due		Amount Due	\$
2. Utility company				Phone Number	
Mailing Address				Account #	
City		State		Zip Code	
Email Address					
Monthly Payment:	\$	# Of Months Past Due		Amount Due	\$
3. Utility company				Phone Number	
Mailing Address				Account #	
City		State		Zip Code	
Email Address					
Monthly Payment:	\$	# Of Months Past Due		Amount Due	\$

Property Tax Information			
County tax Assessor:			
Property Description:		Taxes Owed:	\$
Home Repairs Needed to Prevent Displacement OR Risks Health & Safety			
Please list <i>prioritized</i> repairs needed for your home, reason for repairs, and your best estimated costs of these repairs			
	Repairs needed:	Reason for repairs:	Estimated Costs:
Example	Need electrical repairs	Fire hazard, lights flicker	\$7,000
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

Home Repairs that exceed the approved amount set by the HAF policy will be the sole responsibility of the home owner. ITHA will not be responsible for costs previously incurred by the homeowner or outside the purview of the HAF policy. However, ITHA will make every effort to assist the family with other resources to ensure home repairs are feasible.

ITHA may accept or reject any bid from a Contractor based on funds availability and if the repairs are not deemed necessary to the habitability of the home. ITHA Maintenance will review all bids and inspect the home/repair needs prior to funds being approved and work commencing. All work must be pre-approved by ITHA Maintenance and be completed by an approved contractor.

Due to limited funding available, the homeowner may need to prepare their home for repairs prior to work being done by the contractor. Failure to complete any preparation work may delay any repairs, move you down on the priority list, or possibly disqualify you for HAF funding.

**COVID-19 Financial Hardship**

Eligibility Criteria An "eligible household" is defined as a household in which at least one or more individuals meet the following criteria:

- COVID-19 Financial Hardship: Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- Housing Status: Demonstrates a risk of experiencing homelessness or housing instability; and
- Income: Has a household income at or below 150 percent of the area median

Eligibility Criteria: (PLEASE CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> Unemployment<br><input type="checkbox"/> Reduced Employment/Compensation<br><input type="checkbox"/> Temporary Layoff<br><input type="checkbox"/> Loss of self-employment/Business Income<br><input type="checkbox"/> Closure of place of employment<br><input type="checkbox"/> Increased household cleaning costs<br><input type="checkbox"/> Utility costs increased due to children being home from school<br><input type="checkbox"/> Experienced a large unexpected medical cost related to COVID-19<br><input type="checkbox"/> Obligation to be absent from work to care for homebound school aged children<br><input type="checkbox"/> Unable to work due to experiencing financial hardship due to no childcare | <input type="checkbox"/> Increased personal costs (PPE, hygiene products)<br><input type="checkbox"/> Increased food costs<br><input type="checkbox"/> Increased cost for telework<br><input type="checkbox"/> Increased cost for isolation or quarantine due to COVID-19<br><input type="checkbox"/> Required self-quarantine based on advice<br><input type="checkbox"/> Required self-quarantine based on diagnosis of COVID-19<br><input type="checkbox"/> Over the age of 50 and enduring increased costs due to the COVID-19 pandemic<br><input type="checkbox"/> Disabled and enduring increased costs due to the COVID-19 pandemic<br><input type="checkbox"/> Other pertinent circumstances: explain below |
|--|---|

Explanation of hardship:


**Applicant Acknowledgements**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contract information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 150 percent of the Area Median Income for the household.

By my signature below, I hereby certify 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 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 for civil or criminal prosecution if Nez Perce Tribal Housing Authority determines it is appropriate to do so.

**Disclaimer**

The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.

Funds provided by US Treasury.

Signature:

Date:

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# Authorization for the Release of Information

<b>Organization Requesting Release of Information:</b>  Iowa Tribe Housing Authority (ITHA) 117 North T Street White Cloud, KS 66094 P: (785) 585-3380 E: iowaha@carsoncomm.com	Applicant Name: _____  Address: _____  City, State, Zip Code: _____
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**Purpose:** In signing this consent form, you are authorizing the above named organization to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and criminal history. ITHA needs this information to verify your eligibility for housing assistance. ITHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** ITHA will protect the information it obtains with appropriate and reasonable security measures. ITHA may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information, and fraud prevention purposes. ITHA is required to protect the information it obtains in accordance with any applicable privacy law. ITHA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on this consent form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility for housing assistance. Denial of eligibility may be subject to ITHA's grievance procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

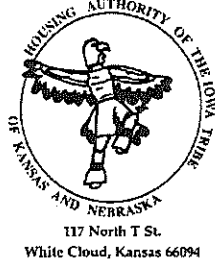
- Current and Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

**Consent:** I consent to allow ITHA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my typed name shall have the same legal validity and enforceability as a manually executed signature to the fullest extent permitted by applicable law.

Signatures:

Head of Household	Date		
Spouse or Co-head	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Penalties for Misusing this Consent:** HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



## Homeowners Assistance Fund (HAF) Zero Income Form

### USE THIS FORM IF YOU DO NOT HAVE ANY INCOME

(Separate zero income forms are to be completed by all homeowners if applicable)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
  
3. How do you plan to continue paying housing costs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.

Funds provided by US Treasury.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date