



HOMEOWNER ASSISTANCE FUND

The Homeowner Assistance Fund (HAF) assists eligible Seminole Nation tribal homeowners and other tribal homeowners mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after **January 21, 2020**, through qualified expenses related to mortgages and housing. HAF can assist eligible homeowners with mortgage payment assistance, financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default; mortgage principal reduction; mortgage interest rate reductions; payment assistance for utilities, homeowner's insurance, flood insurance, and mortgage insurance; payment assistance for down payment assistance loans, payment assistance for delinquent property taxes; repairs to maintain the habitability of a home, or assistance to enable households to receive clear title to their properties. Telecommunication services (telephone, cable, Internet) delivered to the homeownership dwelling **ARE NOT** considered to be utilities. This program is only available to households with a mortgage or who currently own their home. This program is limited to one tribal member per household. **Payments will be made directly to lenders, utility companies, tax assessors, insurance companies, and certified/approved contractors.**

PROGRAM REQUIREMENTS

- Applicant must be a Native American member/citizen/Freedmen or a member of a Native American Family
- Applicant must be a homeowner
- Applicant must attest that they experienced financial hardship after January 21, 2020
- Applicant's household income must be equal to or less than 150% of the area median income
- Assistance must be for Applicant's primary residence

REQUIRED DOCUMENTS

- Completed application
- Copy of Tribal Membership Card for Tribal household members
- Copy of State Driver's License or ID
- Copy of Social Security cards for all household members
- Proof of homeownership
 - o Mortgage Holder/Utility Form (Tax Identification Number required)
- Utility Bills
 - o Bill **must** be in the Applicant's name or in the name of the spouse of the Applicant
 - o Account number **must** be on bill
- Documentation proving that assistance is for Applicant's primary residence
- Income Verification (**please submit one** of the following for all household members receiving income):
 - o 2020 Tax Returns
 - o 60 Days Check Stubs
 - o Proof of unemployment
- Documentation demonstrating financial hardship after January 21, 2020

CONTACT INFORMATION

Applications may be submitted via:

- Email – haf@hasnok.org
- Mail – P.O. Box 1493, Wewoka, OK 74884
- Fax – (405)257-3961

If you have any questions, please contact the Housing Authority at (405)257-6604.

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FINANCIAL HARDSHIP

Please describe, in as much detail as possible, the nature of your financial hardship (a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner):

When did the financial hardship begin: _____

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Seminole Nation of Oklahoma, can provide documentation in support of my attestation of need.
- I experienced financial hardship after January 1, 2020.
- I am at risk of foreclosure, need mortgage payment assistance, need help reinstating my mortgage, need mortgage principle reduction, need a mortgage interest rate reduction, need down payment loan payment assistance, need assistance with insurance related to my home or mortgage, need utility assistance, need assistance to clear the title to my home, **OR** need repairs to maintain the habitability of my home.
- I am at risk of experiencing homelessness, housing instability or currently reside in unsafe or unhealthy living conditions.
- I am seeking assistance for my primary residence.
- My household income is equal to or less than 150% of the area median income.
- I am **NOT** receiving any other form of Federal assistance to pay my mortgage or utility payment.
- I understand that if any of the above information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

PLEASE NOTE: Once you have been approved/denied for assistance, you will receive a letter in the mail. Please also be aware that you are still required to make payments to your Lender/Utility Company.

You are responsible for any unpaid balances.

Payments may take up to 30 days to credit your account.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

LENDER/UTILITY FORM

Applicant and Lender/Mortgage Holder Information are required. Utility Information is required only if applicant is requesting assistance for utilities. If applicant is requesting assistance for more than one utility provider, this form will be required for each utility which assistance is being requested.

APPLICANT INFORMATION

(MUST BE COMPLETED BY APPLICANT)

Name _____ Address _____

Email: _____

By signing below, I hereby certify that I am in need of assistance due to a financial hardship (a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner). I also certify that financial hardship began no earlier than **January 21, 2020**. I also understand that if any of the information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

Applicant Print Name: _____

Applicant Signature: _____ Date: _____

LENDER/MORTGAGE HOLDER INFORMATION

(MUST BE COMPLETED BY LENDER/MORTGAGE HOLDER)

Name _____ Address _____

Phone _____

Email _____

Tax Identification Number (Required) _____

Does the applicant have overdue mortgage charges? YES NO

If yes, overdue balance due for mortgage charges: \$ _____

Regular Monthly Mortgage Payment: \$ _____

By signing below, I hereby certify the above listed applicant is in need of assistance due to a financial hardship (a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner) that occurred no earlier than **January 21, 2020**. I also understand that if any of the information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

Lender/Mortgage Holder Representative Print Name: _____

Lender/Mortgage Holder Representative Signature: _____ Date: _____

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder's Name _____

Tax Identification Number _____ Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder's Name _____

Tax Identification Number _____ Account Number _____
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PROPERTY TAX INFORMATION

(MUST BE COMPLETED IF TAX ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR TAX ASSESSOR)

Tax Assessor Name _____ Property Holder's Name _____
Tax Identification Number _____ Property Description _____
Taxes owed _____

PROPERTY INSURANCE INFORMATION

(MUST BE COMPLETED IF PROPERTY INSURANCE ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR INSURANCE AGENT)

Insurance Provider Name _____ Property Holder's Name _____
Tax Identification Number _____ Property Description _____
Insurance amount _____

HOME REPAIR INFORMATION

(MUST BE COMPLETED IF HOME REPAIR ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR CONTRACTOR)

Contractor's Name _____ Property Holder's Name _____
Tax Identification Number _____ Property Description _____
Repair amount _____ (attach detailed estimate/quote)

Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority of the Seminole Nation of Oklahoma any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Information Covered: I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- *Identity and Marital Status *Employment, Income, Assets *Residences and Rental Activity
- *Credit and Criminal Activity *Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Groups or Individuals That May Be Asked: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

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

Computer Matching Notice and Consent: I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my applications or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and the State welfare and food stamp agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>Signatures</u>	<u>Printed/Typed Name</u>	<u>Date</u>
Head of Household:	_____	_____	_____
Spouse:	_____	_____	_____
Adult Member:	_____	_____	_____
Adult Member:	_____	_____	_____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.