

DOWN PAYMENT ASSISTANCE PROGRAM

CRITERIA

Purpose: The Cowlitz Indian Tribal Housing (CITH) down payment assistance program is meant to help our tribal members realize the American dream of homeownership. Depending on income, we use either HUD funds or Cowlitz Tribal gaming funds. Gaming funds allow us to serve those with incomes up to 150% of median income. Down payment assistance of up to \$35,000 may be available to qualified applicants.

Please read the qualification rules below, then sign your acknowledgement of the rules, and return this letter with your application.

- **Eligibility is based on funds available and “wait-list” placement if one has been established.**

REQUIREMENTS:

1. **Do not sign up to buy a home before CITH issues you a letter of eligibility!**

Down payments will not be paid until the eligibility approval letter is sent.

If you do not purchase a home within 3 months of receiving the eligibility approval letter, a new application must be submitted to secure funding.

2. Applicant must meet the basic eligibility qualifications required of all CITH programs.
3. Must qualify and be approved for a mortgage loan from an accredited lending institution and provide CITH with the credit approval letter from the lender. CITH will not process your application without this letter.
4. Home must meet requirements. Raw land is not included in the program, only safe, sanitary, single-family (single unit condo is allowed) and comfortable homes.
5. **Your lender must agree to the recording of the HUD useful life form** (attached) with a 5-10 yr. term for the down payment amount. {If you sell your home within theist 10 years, you must notify CITH and a percentage of your down payment will come back to CITH).
Give this form to your loan officer when you apply for a mortgage. If you need assistance finding a lender, please reach out to our housing specialist, Mindie, at myoung@cowlitz.org.
6. CITH approval of HUD -1 settlement statement & loan terms.
7. No cash back at closing of home purchase allowed.

Down payment is paid directly to the escrow company at closing, not to the tribal member.

Signature _____ Date _____



Cowlitz Indian Tribal Housing

Housing Assistance Eligibility Application

Assistance is subject to current eligibility requirements and availability of funding.

Applicants must use the correct legal name for each member of the household as it appears on each person's Social Security card. **All adult members of the household must sign and date** the last page of this form certifying that the information pertaining to them is accurate and complete.

Check the program(s) for which you are applying and include all required attachments. (See Required Attachment Checklist)

Homeownership Programs:

D Down Payment

Date: _____

PRIMARY APPLICANT INFORMATION:¹

Cowlitz Enrollment# _____ Other tribe E.# _____

Name: _____
Last First Middle Maiden and all other names used

Mailing Address _____

Telephone: Home _____ Cell _____ work _____

Email Address: _____ Driver's License Number: _____

Marital Status (Please circle one) Single Married Widow/er Domestic Partner

Emergency Contact _____
Name Relationship to Applicant² Phone

HOUSEHOLD INFORMATION: List **all persons** who will be living in the residence on a permanent basis and **their incomes**. List the **primary applicant first** then list all other household members. Only children who reside in the unit more than 50% of the time will be considered members of the household.

Legal Name	Relationship to Primary Applicant	Date of Birth	Income amount & source	F/T Student yes/no	Tribal Roll#
	(SELF)				

¹ All adult (18+) household members are applicants and information for each adult must be included for application to be considered complete. Incomplete applications will not be processed. CITH requires that all applicants sign an Authorization for Release of Information so that information contained herein can be verified by third party sources.

Note: All persons 18 yrs. or older must provide income verification.

1. Has any applicant ever received any type of **housing assistance or grant from CITH?** Yes No Who_____

Please explain in your own handwriting why you are requesting assistance.

APPLICANT CERTIFICATION

The applicant(s) certify, confirm, and understand all the following:

- I certify all information provided in this application and supplied as supporting documentation is accurate and complete to the best of my knowledge.
- I understand that assistance is subject to funding availability and HUD & tribal regulations & policies.
- I certify that I understand only one application per household is allowed.
- I understand that the information I provided will be used for the purpose of verifying my eligibility.
- I understand that all attachments included with this application are subject to all the certifications, confirmations, verifications, and acknowledgments made in this declaration.
- I understand that I must report any changes to my total household income and/or to my household composition (number of persons in the household) to CITH.
- **I understand that if I provide false, incomplete or inaccurate information I will be denied assistance: will be required to repay any assistance received, will be subject to penalty under the federal false claims act: and will be prosecuted to the full extent of the law.**
- I understand that to qualify, dwelling unit **rent must not exceed the HUD Fair Market Rent Schedule.**
- I acknowledge that HUD funded housing help from CITH has a lifetime limit. Included in the limit are all CITH programs and rent subsidies (the difference in what I pay and the HUD fair market rent).

Applicant Signature Date

Household Member Signature Date

Household member signature Date

Household member signature Date

Return completed applications to:
Cowlitz Indian Tribal Housing
107 Spencer Rd
Toledo, Washington 98591
Fax: (360) 864-8722
e-mail to: housing@cowlitz.org

Applications are processed in the order in which they are received.
Depending on how many applications we receive, it might take up to 45 days before we are able to let you know in writing whether you are eligible for CITH programs. Please be patient - we have many tribal members to serve.



Cowlitz Indian Tribal Housing

Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to Cowlitz Indian Tribal Housing (CITH), its duly authorized representatives Kim Stube, Samantha DeGoede, Mikayla Morton and Mindie Young, and/or CITH's contracted agent for purposes of verifying my eligibility to receive benefits from CITH.

Those that may be asked to release the information include, but are not limited to: the Cowlitz Tribe, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

In addition, I authorize release of information to the **individuals** named below:

1. 2. 3.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it will constitute grounds for denial or termination of assistance or tenancy, or both.

_____	_____	_____
Applicant	(Printed Name)	Date
_____	_____	_____
<u>Co-Applicant</u> or <u>Adult Household Member</u>	(Printed Name)	<u>Date</u>
_____	_____	_____
<u>Co-Applicant</u> or <u>Adult Household Member</u>	(Printed Name)	<u>Date</u>
_____	_____	_____
<u>Co-Applicant</u> or <u>Adult Household Member</u>	(Printed Name)	<u>Date</u>

CHECKLIST- DOWN PAYMENT ASSISTANCE APPLICATIONS

Applicant Name: _____
PRINTED

A complete application must include every form on this list; incomplete apps will not be processed.

- ___ Copy of driver's license for all adult household members
- ___ Completed application signed & dated by primary applicant & all household members over 18 years old.
- ___ Down Payment Assistance Program Criteria form signed by primary applicant.
- ___ Authorization for Release of Information form signed by all household members over 18 years old.
- ___ Income verification for all household members - earned AND unearned income.
- ___ Federal Tax Return from most recent year for tribal member and spouse/partner.
If you are not required to file a tax return, sign here to certify: _____

Signature: I certify I am not required by law to file **w/IRS**

