

**COWLITZ INDIAN TRIBAL HOUSING
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM
APPLICATION**

Applicant Information

Applicant Name: _____ Date: _____

Date of Birth: _____ Tribal Enrollment No.: _____ SSN: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Physical Address: _____ City: _____ State: _____

Zip: _____ Email: _____

General Information

1. Are you or a member of your household a member of the Cowlitz Indian tribe? €Yes €No
 - a. If yes, attach proof of membership for the household member.
2. 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:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual Income	Income Source

Household Income Verification

Below, provide information on the total annual income of your household for calendar year 2020.

1. **Annual income** of household: \$ _____
 - a. Applicant must attach and submit: (1) a written attestation as to household income and (2) 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.

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
 - Loss of self-employment/business income
 - Increased costs due to healthcare or need to care for a family member
 - Underlying medical condition requiring staying home to prevent exposure
 - 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 must sign a release of information form allowing Cowlitz Indian Tribal Housing to verify any and all information required to participate in the Homeowner Assistance Fund Program.

Applicant Acknowledgements and Attestation

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 Cowlitz Indian Tribal Housing 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 Cowlitz Indian Tribal Housing determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Application Received by Cowlitz Indian Tribal Housing:

STAFF MEMBER SIGNATURE

DATE

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Approved: Yes No Reason: _____

Denial Communicated: _____ Staff Signature: _____

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 Cowlitz Indian Tribe for each household member
- 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), or

Submit the following documentation if applicable:

- 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

COWLITZ INDIAN TRIBAL HOUSING
HOMEOWNER ASSISTANCE FUND PROGRAM

Financial Assistance Form

Applicants must submit this form and supporting documentation to apply for financial assistance under the Homeowner Assistance Fund Program.

Applicant Information

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

1. Are you a homeowner of a dwelling currently used as your primary residence? €Yes €No
 - a. If yes, attach and submit your documentation showing your homeownership.
2. What is the total amount of your monthly mortgage payment? \$_____

Financial Assistance for Qualified Expenses

The Homeowner Assistance Fund Program provides financial assistance to eligible homeowners for the following types of **qualified expenses** that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship:

- (1) mortgage payment assistance;
- (2) 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;
- (5) payment assistance for:
 - (a) homeowner's utilities, including electric, gas, home energy, water, and wastewater;
 - (b) homeowner's internet service;
 - (c) homeowner's insurance, flood insurance, and mortgage insurance;
 - (d) homeowner's association fees or liens, condominium association fees, or common charges, and similar costs payable under a unit occupancy agreement by a resident member/shareholder in a cooperative housing development;
- (6) payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;

A. Mortgage Payment Arrears and Utility Costs Arrears¹

Do you have mortgage payment arrears or utility costs (electric, gas, home energy, water, wastewater, internet service) arrears?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrears payment (mortgage payment, documents showing mortgage or utility costs arrears and interest accrued, etc.)

Mortgage Payment Arrears:

Total amount in \$ _____

Financial Institution Name: _____

Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Utility Costs Arrears: Total amount in Arrears \$ _____

1. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

¹ **Arrears Payments:** If any Applicant has mortgage payment arrears or utility cost arrears, Cowlitz Indian Tribal Housing will first pay those arrears payments before providing payments for any current or future mortgage payment or utility costs payments.

5. **Type of Utility:** _____ Amount \$ _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

B. Current Mortgage Payment and Current Utility Costs

Are you unable to pay your current mortgage payment or current utility costs (electric, gas, home energy, water, wastewater, internet service) payment?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for current mortgage payment or current utility costs payment, if available (documents showing mortgage payment or utility costs due, etc.)

Current Mortgage Payment due (*mortgage payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Current Utility Costs Payments due (*utility costs that are currently due and owing but not yet in arrears*):

1. **Type of Utility:** _____ Amount \$ _____

Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____

Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____ Due Date

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____ Due Date

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

C. Prospective Mortgage Payments and Prospective Utility Costs

Do you expect to be unable to pay your prospective mortgage payment or prospective utility costs (electric, gas, home energy, water, wastewater, internet service) payments?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each prospective payment if available (documents showing mortgage payment or utility costs due, etc.)

Prospective Mortgage Payments due (*mortgage payments expected to be owed*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Prospective Utility Costs Payments due (*utility costs payments expected to be owed*):

1. **Type of Utility:** _____ Amount \$ _____ Due Date

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____ Due Date

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
4. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
5. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____

D. Other Qualified Homeowner Expenses

Are you unable to pay any other Qualified Housing Expenses? (See section on Homeowner Assistance Qualified Expenses on pages 1 and 2 of this form)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)

Property Tax Payment Arrears:

Amount Due: \$ _____
 Date Due: _____
 Provider: _____ Phone Number: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Homeowners Insurance Payment due:

Amount Due: \$ _____
 Date Due: _____
 Provider: _____ Phone Number: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Other Payment due: _____

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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 Cowlitz Indian Tribal Housing 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 Cowlitz Indian Tribal Housing determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Form Received by Cowlitz Indian Tribal Housing:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

**Homeowner Assistance Fund Program
Form Checklist**

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

For all Applicants:

- Documentation showing homeownership

Submit the following documentation if applicable and available:

- Documents showing mortgage payment arrears and interest/penalties accrued
- Documents showing utility costs arrears and interest/penalties accrued
- Documents showing other qualified expenses
- Utility bills showing current utility costs due

COWLITZ INDIAN TRIBAL HOUSING
HOMEOWNER ASSISTANCE FUND PROGRAM

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 after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) due, directly or indirectly, to the COVID-19 pandemic.

Specifically, *[describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member]*

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

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