



HOMEOWNERS UNDER 150% Area Median Income affected by COVID after January 2020.

Cowlitz Indian Tribal Housing Dept. has been notified after a reconciliation of prior Covid funding that there are limited funds still available ONLY if spent prior to the end of September. There isn't much time and this grant has very specific guidelines so please read carefully.

This grant is provided by the Dept. of Commerce Housing Assistance Fund. Funding and timing are limited. After September 30, 2026, funding will no longer be available so Act fast! Applications processed on a first-come first-serve basis and only complete applications will be placed in order to process.

REQUIREMENTS UNDER THE HAF PROGRAM:

You MUST meet all the following conditions to be eligible. After September 30th the funding will be officially closed. This is a one-time opportunity with limited time and funding. There is no opportunity for exceptions. If you answer yes to ALL of the following questions you may be eligible to apply.

1. Is your household within 150% AMI for your county. Use the following link, select your household size and use the "50% guidelines", multiply by 3 to determine 150%.
<https://www.huduser.gov/portal/datasets/il.html>
2. Were you affected financially by COVID?
3. Do you own your home?
4. Are you behind on any of your household utilities or mortgage payments OR do you need a repair?

If you answered yes to the questions above you may be eligible to apply, but time is of the essence.

PAST DUE UTILITY PAYMENTS:

5. Are you past due on any of your household utilities? (electricity, gas, water, sewer, internet). The billing period may NOT go beyond the month of September. Even if it is due in September. **Example: If your payment for garbage service is due September 22nd but the billing period is from August to October it will not be eligible UNLESS the provider is able to separate any part of the bill that is beyond September 30 2026. The billing period MUST end in September.**

PAST DUE MORTGAGE PAYMENTS

6. Are you past due on your mortgage payment for the month of September? If so:
 - a) Do you own your home? **If you do not have a mortgage, please provide a Deed showing you are an owner on the home.**
 - b) Is your name on the mortgage? **Please provide your most recent statement. Please provide an online statement that has the accurate fees and a date the invoice will be good through. Homes in foreclosure may not be eligible for this program. Members without income who do not have the ability to maintain their mortgage payment may not be eligible. Please provide evidence of your ability to maintain the monthly payments.**
 - c) Is the home your primary residence? **Please show proof. I.e: Address on your ID will be sufficient or a utility bill with your name. Mortgage and ownership documents are not sufficient to show that this is your primary residence.**
 - d) Have you received Housing Assistance in the last 3 months? **You may not be eligible for assistance if you are already receiving assistance with your mortgage, utilities or repairs towards the same home. CITHD does not want to interfere with a current payment plan or assistance.**



POTENTIAL REPAIRS:

7. Due to the time restrictions, the following are examples of repairs provided under this program, pending a contractor is available to complete the project by the end of the month. Completion of the project and payment must be made by the end of September 2026.
- a) **Major Systems:** Fixing faulty **electrical, plumbing, or HVAC** (heating, ventilation, and air conditioning) systems.
 - b) **Structural & Exterior:** Repairing damaged **roofs, foundations, walls, ceilings, windows, and doors.**
 - c) **Hazard Abatement:** Removing or mitigating dangerous materials like **mold, mildew, lead paint, or asbestos.**
 - d) **Accessibility Modifications:** Installing **grab bars, ramps, or chairlifts** to help elderly or disabled residents safely age in place.
 - e) **Safety Alarms:** Upgrading or installing **fire and smoke alarm systems.**
 - f) Your repair must be completed by a licensed and bonded contractor, approved by Housing by September 22, 2026.
 - g) An invoice must be submitted to housing no later than September 28, 2026. (CITHD must send payment request to the CIT Accounting Dept., by September 29, 2026).

✗ Ineligible Repairs

HAF funding explicitly **denies** any work that is not vital to the safe habitation of the home.

- a) **Cosmetic or Aesthetic Work:** Standard interior painting, wallpapering, and carpet cleaning.
- b) **Luxury Materials:** Upgrading to high-end finishes, such as installing marble or granite countertops.
- c) **Detached Structures:** Repairs on detached garages, sheds, carports, or fences (unless mandated by an HOA or local park rule).
- d) **Recreational Additions:** Swimming pools, hot tubs, or building entirely new decks and porches.

Covered Expenses

You can use HAF assistance to pay for qualified housing costs, which include:

- Mortgage payments, reinstatement fees, and delinquency/default costs (**Payments that will pay for upcoming billing cycles will not qualify.**) Only delinquent payments will qualify.
- Property taxes, municipal liens, and delinquent taxes (**2nd half taxes will not qualify due to the billing cycle exceeding beyond the cut off date for this grant.**)
- Homeowner's, flood, or mortgage insurance (**Only for billing cycles that do not exceed September 30, 2026.**)
- Homeowners Association (HOA) or condo fees (**Only for payments that are applied to months prior to October 1, 2026**)
- Utilities and internet service (**Only for billing cycles that do not exceed September 30, 2026**)
- Under the Homeowner Assistance Fund (HAF), eligible repairs generally include critical health, safety, and habitability fixes that address hazardous conditions or code violations, rather than cosmetic improvements.



NO REIMBURSEMENTS:

While HAF allows for the payment of repairs, CITHD **does not offer retroactive direct reimbursement** for money a homeowner has already spent out-of-pocket. Instead, you are required to apply first so an authorized contractor may be approved and paid directly.

AGING IN PLACE

If you have submitted an Aging in Place application that has not been processed, and you have a repair that may fall under the guidelines below CITHD may ask if you qualify for this program. If so, we may be able to use HAF funding in lieu of CIT funding!

APPLICATION CHECKLIST:

- Applications must be complete.
- No blank spaces are allowed. Read the application carefully and only put n/a if it does not apply.
- Provide all documentation as required. If you need assistance, please reach out to Housing prior to submittal to avoid errors.
- Incomplete applications will not be accepted, and applicant will be required to re-apply and lose their place in line. Due to the time constraints CITHD may not have the ability to pull documentation from another file; please provide all information as requested. CITHD will only place complete applications in line to be processed.
- If you have applied for HAF previously please note that on your application.
- Applications must be received by September 23, 2026 for best chance of approval. Once funding is spent this program will no longer be available.

Eligibility Requirements

To qualify for the Homeowner Assistance Fund (HAF), you must have experienced a COVID-19-related financial hardship, own the property as your primary residence, and meet specific income limits:

- **Financial Hardship:** Suffered financial hardship (such as job loss or income reduction, increased costs of living due to mandates) associated with the COVID-19 pandemic on or after January 21, 2020. **This must be clearly written on your application for it to be accepted.**
- **Primary Residence:** The property must be your main home; second homes or rental properties do not qualify. **You must provide a mortgage statement that has your name on it. If you do not have a mortgage, you must provide a Deed with your name on it.)**
- **Income Limits:** Your household income must be at or below 150% of the area median income (AMI) or 100% of the national median income, whichever is greater (though individual state programs may set lower caps). CITHD uses the HUD income guidelines. [Income Limits Data for HUD Housing Assistance Programs | HUD USER](#) **Please provide your most recent tax return.**

COWLITZ INDIAN TRIBAL HOUSING
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION
EXPIRES SEPTEMBER 30, 2026 APPLICATIONS DUE SEPTEMBER 25, 2026

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. (Tribal ID)
 - b. Are you a homeowner of a dwelling currently used as your primary residence? ☐ Yes ☐ No
 - c. If yes, attach proof of a home mortgage or other proof of homeownership.

Household Member Information:

Name	Date of Birth	Last4 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 2026

- 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 the 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: _____

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

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

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



HOMEOWNER ASSISTANCE FUND (HAF) CLOSE OUT

FINANCIAL ASSISTANCE FORM

Applicants must submit this form and supporting documentation to apply for assistance under the Homeowner Assistance Fund Program. Funding is very limited.

APPLICANT NAME	DATE	
MAILING ADDRESS	CITY	STATE
PRIMARY RESIDENCE ADDRESS IF DIFF	CITY	STATE
DATE OF BIRTH	TRIBAL ENROLLMENT #	SS #

If you answered yes to the following questions, you may be eligible for limited assistance one time only.

1. Are you a homeowner of a dwelling currently used as your primary residence? If yes, please provide documentation verifying you own the property and have owned the property currently and while affected by COVID 19.
2. What is the total amount of your mortgage payment (if you have one)? _____

Mortgage payments may be eligible if you are in arrears. Future payments will not qualify. In most cases active foreclosure will not be eligible due to the time it takes to receive payoffs, etc.

FINANCIAL ASSISTANCE FOR QUALIFIED EXPENSES

The Homeowner Assistance Fund Program (HAF) provides financial assistance to eligible homeowners for the following types of **qualified expenses** that are for the purpose of preventing homeowners from losing utilities, or home energy services, displacements of homeowners due to financial hardships. Payment assistance is eligible for the following:

MORTGAGE PAYMENTS: Delinquent mortgage payment for August or September.

QUALIFIED HOUSEHOLD EXPENSES: Delinquent taxes, insurance, or utilities such as Home internet, water, electric, gas, Homeowners insurance, liens, Homeowners dues, etc.

TIMELINE: Due to the timeline of this closeout any charges for future services such as taxes for the future will not be eligible. For example: If your 2nd half taxes are due in October this will NOT be eligible because 2nd half taxes cover a billing timeline of future months (unless you live in a county that pays in arrears). Only past due taxes or other payments will be eligible.



ENTER THE FOLLOWING INFORMATION FOR PAST DUE UTILITY PAYMENTS ONLY

TYPE OF UTILITY OR SERVICE TO HOME	
UTILITY PROVIDER	
BILLING ADDRESS	
PHONE NUMBER OF PROVIDER	
AMOUNT DUE (PAST DUE ONLY)	
Will they accept check or credit card?	

TYPE OF UTILITY OR SERVICE TO HOME	
UTILITY PROVIDER	
BILLING ADDRESS	
PHONE NUMBER OF PROVIDER	
AMOUNT DUE (PAST DUE ONLY)	
Will they accept check or credit card?	

ENTER PAST DUE MORTGAGE PAYMENTS ONLY.

MORTGAGE COMPANY	
ARE YOU ON THE MORTGAGE?	
ARE YOU ON THE DEED?	
MONTHLY PAYMENT AMOUNT	
AMOUNT DUE (PAST DUE ONLY)	
Will they accept check/credit card?	

Other Qualified Homeowner Expenses

Are you unable to pay any other qualified housing expenses that are past due? (See section on Homeowner Assistance Qualified Expenses pages 1 and 2 of this form).

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due (bills showing payments due, documents showing interest accrued, etc. Please note: Documents must be within three days to ensure accurate information is provided.)

Property Tax Payment Arrears: (Only if not included in the escrow portion of your mortgage payment)

Amount Due: \$ _____

Date Due: _____

Pay to the Order of: _____



Billing Address: _____

City _____ State _____ Zip _____

Email if applicable _____ phone _____

Please provide an updated statement including fees. Please provide an updated invoice or statement.
Billing cycle before Sept. 30, 2026 only.

. These may be available online.

Homeowners insurance: (Only if not included in the escrow portion of your mortgage payment)

Amount Due: \$ _____

Date Due: _____

Pay to the Order of: _____

Billing Address: _____

City _____ State _____ Zip _____

Email if applicable _____ phone _____

Please provide an updated invoice or statement. Billing cycle before Sept. 30, 2026 only.

Homeowners Association Dues:

Amount Due: \$ _____

Date Due: _____

Pay to the Order of: _____

Billing Address: _____

City _____ State _____ Zip _____

Email if applicable _____ phone _____

Please provide an updated document that states the billing cycle. Only bills that are before September 30, 2026 will be eligible.



APPLICANT ACKNOWLEDGMENTS

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 may be 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 households 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 Cowlitz Indian Tribal Housing Determines it is appropriate to do so.

Applicant Signature	Date
Co Applicant Signature	Date

Form Received by Cowlitz Indian Tribe

Staff Member Signature above	Date
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APPLICANT CHECKLIST

- DOCUMENTATION SHOWING HOMEOWNERSHIP (Deed or Mortgage statement)
- COPY OF DRIVER'S LICENSE AND/OR TRIBAL ENROLLMENT CARD FOR EACH HOUSEHOLD MEMBER
- PROOF OF TRIBAL ENROLLMENT
- WRITTEN ATTESTATION OF HOW YOU HAVE BEEN AFFECTED FINANCIALLY BY COVID
- ANNUAL HOUSEHOLD INCOME VERIFICATION
- A WRITTEN ATTESTATION AS TO HOUSEHOLD INCOME WITH SUPPORTING DOCUMENTATION (CURRENT) TAX RETURN WITH ALL SUPPORTING DOCUMENTATION INCLUDING W2'S, PAYSTUBS, SOCIAL SECURITY DOCUMENTATION, PENSION DOCUMENTATION, UNEMPLOYMENT, ETC.)
- ADDITIONAL DOCUMENTS MAY BE REQUESTED UPON REVIEW.
- DOCUMENTATION, INVOICES, BILLS, ETC. REGARDING THE RELIEF YOU ARE REQUESTING.

ANY ADDITIONAL QUESTIONS PLEASE REACH OUT TO HOUSING: 360.864.8720 OR
HOUSING@COWLITZ.ORG.

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 as 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