



Housing Authority of the Cherokee Nation
1500 Hensley Drive
P.O. Box 1007
Tahlequah, OK 74465-1007 |
Phone 918-456-5482
www.HACN.org

Homeowner Assistance Fund Program Description

The HOMEOWNER ASSISTANCE FUND (HAF) was created by the Housing Authority of the Cherokee Nation in response to the COVID-19 pandemic with funding from the US Department of Treasury. Funds are available to assist eligible Cherokee Nation citizen avoid displacement as a result of financial hardship occurring after January 21, 2020 due directly or indirectly to the COVID-19 pandemic. Eligibility criteria is below:

- Head of household or cohabitating partner must be a Cherokee Nation citizen; exceptions may be allowed if a dependent person(s) is the only Cherokee Nation citizen residing in the household at the discretion of the Executive Director or their designee
- Home must be owned by the head of household, their spouse or their cohabitating partner
- Household income must not exceed 100% of the National Median Income or 150% of the Area Median Income, whichever is greater, as established by HUD. Income limits can be found here: <https://www.huduser.gov/portal/datasets/haf-il.html>
- The household must have experienced a financial hardship related directly or indirectly to the COVID-19 pandemic after January 21, 2020
- The home must be the applicant's primary residence
- A deed restriction will be placed on the home; if the home is not used as a primary residence a prorated payback will be required
- Homeowner Assistance Fund applicants may be required to participate in at least one financial assessment session with a Housing Authority of the Cherokee Nation staff member to ensure housing stability.

The following documents must be submitted:

- HAF Application
- Income Assistance Form
- Income Declaration for all household members over 18
- Property deed or verification from the County Treasurer or Assessor documenting property ownership
- Employment Form for all employed household members
- Copy of state or tribally issued ID for head of household, cohabitating partner and anyone who will have an ownership interest
- Attestation by applicant and description of financial hardship experienced after January 21, 2020

*Monetary assistance is contingent upon available funding.

Application Submission

Mail Application to:

HACN
MAP
PO Box 1007
Tahlequah, OK 74465

For Information Please Call:
918-456-5482

If you prefer, you may drop off the application at any Housing Authority office:

- 2871 Hwy 167, Catoosa, OK 74015
- 2260 W. Cherokee, Sallisaw, OK 74955
- 109 13th St., Jay, OK 74346
- 1500 Hensley Dr., Tahlequah, OK 74464



STAMP

Homeowner Assistance Fund

APPLICANT INFORMATION

Full Legal Name		Date	Community
Mailing Address		For Office Use Only: RECEIVED BY:	
City and State	Zip Code	FORWARD TO:	
Main Contact Phone Number Home/Cell	Work Phone	E-mail for contact purposes:	
Do you consent to the use of text messages to communicate program information or appointment reminders? YES NO			

HOUSEHOLD COMPOSITION

FULL NAME(S) – All Household Members including yourself: Last, First, Middle	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
1						
2						
3						
4						
5						
6						
7						
8						

TOTAL HOUSEHOLD INCOME

HOUSEHOLD MEMBER	EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

ASSISTANCE REQUESTED FOR (mark all that apply)

MORTGAGE

PROPERTY INSURANCE

PROPERTY TAXES

If you are requesting assistance with a mortgage, list the mortgage holder's name:

Do you have a notice of sheriff's sale for delinquent taxes? YES NO

Do you have a foreclosure notice? YES NO

09/25/2024

COVID-19 Impact Statement

1. **Since January 19, 2020, how has the COVID-19 pandemic negatively affected your household's income or assets?**

Check all that apply:

- Wages or hours reduced (including when due to need to care for sick household member or for children home from school or daycare) resulting in decreased income
- Currently am or have been unemployed
- Qualified for unemployment benefits
- Laid off or pause in work
- Sick and unable to work
- Loss of child support or spousal support
- Other _____
- I did not experience a reduction in income. *(This does not automatically disqualify an applicant.)*

2. **Since January 21, 2020, what significant increases in expenses have you had due to the COVID-19 pandemic?**

Check all that apply:

- New or increased healthcare costs
- Remote or at-home work expenses
- Childcare or adult dependent care expenses
- Increased food or food delivery expenses
- At-home care for a household member ill from COVID-19
- Personal Protective Equipment (PPE) including masks
- Air quality (filters, ventilators) expenses
- Alternative transportation expenses due to COVID-19 transportation limitations
- Increased utility bills due to staying at home as a result of COVID-19
- Increased utility or heating costs in light of pandemic-related heating cost increasing
- Other _____
- I did not experience an increase in expenses due to the pandemic. *(This does not automatically disqualify an applicant.)*

3. Self-Attestation

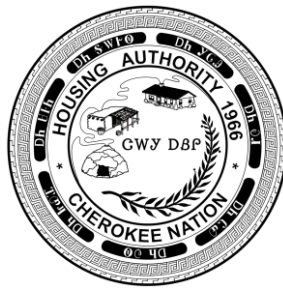
I attest that this information provided for COVID-19 pandemic impact is correct and complete to the best of my knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date



Employment Form

Complete the top half of this form by marking the appropriate box or listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Housing Authority of the Cherokee Nation will contact your employer for employment verification.

Not Applicable **Self-Employed** (include past 3 years' taxes)

APPLICANT INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
SIGNATURE OF APPLICANT	DATE

This section to be completed by Employer

EMPLOYER INFORMATION	
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR):	\$
YEAR TO DATE TOTAL INCOME:	\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:	HOURLY WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:	AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$
REGULAR FULL TIME PART TIME TEMPORARY SEASONAL CONTRACTUAL OTHER	
NOTES:	
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:	
TITLE / POSITION:	DATE OF HIRE:
SIGNATURE OF AUTHORIZED PERSONNEL	
DATE	
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER
	FAX NUMBER

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



Employment Form

Complete the top half of this form by marking the appropriate box or listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Housing Authority of the Cherokee Nation will contact your employer for employment verification.

Not Applicable
 Self-Employed *(include past 3 years' taxes)*

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MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
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INCOME ASSISTANCE AFFIDAVIT

This form must be completed and signed by all household members 18 year of age or older even if no benefits are received.

I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services, provided by a Native American tribe.

I certify that my household receives income assistance as indicated below:

INCOME ASSISTANCE		
TYPE OF BENEFIT	AMOUNT	LIST PERSON(S) RECEIVING BENEFIT AS INDICATED
SSA	\$	
SSI	\$	
VA – VETERANS	\$	
TANF	\$	
CHILD SUPPORT	\$	
AID TO DISABLED	\$	
AID TO ELDERLY	\$	
GENERAL ASSISTANCE	\$	
TRIBAL WORK EXPERIENCE	\$	
UNEMPLOYMENT BENEFIT	\$	
OTHER:	\$	
EXPLAIN OTHER TYPE OF BENEFIT:		
DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE?		IF YES, LIST AMOUNT: \$
YES	NO	

I understand that this affidavit is made as part of the qualification for the Homeowner Assistance Fund. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

HOUSEHOLD SIGNATURE ATTESTATION		
YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY		
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
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IF YOU DRAW BENEFITS FROM A DIFFERENT SOCIAL SECURITY NUMBER, LIST THE NUMBER:		
V.A. CLAIM NUMBER(S):		

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Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- I certify I am not presently employed but I have accepted a position with _____ which will begin on _____. I will be earning \$ _____ per _____ (*week, month, etc.*).
- I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

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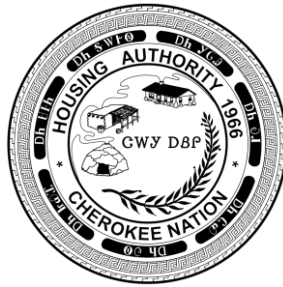
Print Name

Signature

Social Security Number

Date

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Print Name

Signature

Social Security Number

Date

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