

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: <u>https://www.huduser.gov/portal/datasets/haf-il.html</u>
- 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
- I 500 Hensley Dr., Tahlequah, OK 74464



Г

STAMP

Homeowner Assistance Fund

ΔΡΡΙ	ICANT	INFORM	ΙΔΤΙΟΝ

Full Legal Name			Date	Community
Mailing Address				<u> </u>
			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 community	ate program information c	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	UNEMPLOY- MENT BENEFITS	ALL OTHER INCOME	
1								
2								
3								
4								
5								

ASSISTANCE REQUESTED FOR (mark all that apply)						
A.		քեն				
□ MORTGAGE	PROPERTY INSURANCE	PROPERTY TAXES				
If you are requesting assistance with a list the mortgage holder's name:	mortgage,	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				

APPLICANT CERTIFICATION

Please read below before signing this application; to receive services you must meet all eligibility requirements and funding must be available.

Warning: Section 1001 of Title 18 of the US 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 US regarding any matter within its jurisdiction.

I/We certify that the information given on this application is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. Incomplete applications will be returned.

I/We certify that any changes in household income or household composition will be reported to the Housing Authority of the Cherokee Nation. Changes in household income or composition may be reported by contacting HACN at 918-456-5482. Monetary assistance is contingent upon available funding.

I hereby authorize the Housing Authority of the Cherokee Nation to obtain and review my credit report. My signature below also authorizes the release of account information to and from other financial institutions I have supplied to Housing Authority of the Cherokee Nation in connection with such evaluation. I understand the processing of this application will require providing my information to the Housing Authority of the Cherokee Nation

I hereby authorize the Housing Authority of the Cherokee Nation to request any information needed from my Lender/Broker. I hereby authorize my Lender/Broker to provide any and all information requested by the Housing Authority of the Cherokee Nation, including but not limited to a copy of my credit report, copies of income verifications, employment verifications, credit references (including landlord reference), copies of W-2 forms, tax returns, appraisals, and any other documentation used in processing my mortgage loan.

The information obtained from the Lender/Broker is only to be used in the determination of eligibility for Housing Authority programs.

CONSENT: I consent to Housing Authority of the Cherokee Nation requesting and obtaining income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD/Housing Authority's assisted housing programs. I understand income information under this consent form cannot be used to deny, reduce, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received.

Head of Household Signature

Date

Spouse or Cohabitating Partner Signature

Date

PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW.

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:

- \Box 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 COVI D-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	INFORMAT	ION			
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS F	\$					
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:	ECEIVED ANNUA	LLY:				
CURRENT HOURLY PAY RATE (GROSS)	\$					
REGULAR FULL TIME PART TIME	TEMPORARY	SEASON	IAL	CONTRACTUAL	OTHER	
NOTES:						
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:						
TITLE / POSITION:				DATE C	OF HIRE:	
SIGNATURE OF AUTHORIZED PERSONNEL				DATE		
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBI	ER	FA)	X NUMBER	



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	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 WEEKI	LY BI-W	/EEKLY	BI-MONTHLY	MONTHLY	
AVERAGE NUMBER OF HOURS PER WEEK:	URS RECEIVE	ed annual	LY:				
CURRENT HOURLY PAY RATE (GROSS) \$							
REGULAR FULL TIME PART TIME	TEMPORARY	SEASONAL	CONTR	RACTUAL	OTHER		
NOTES:							
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:							
TITLE / POSITION:				DATE O	F HIRE:		
SIGNATURE OF AUTHORIZED PERSONNEL DATE							
COMPANY MAILING ADDRESS (STREET, CITY, STATE, Z	Р)	PHONE NUMBER		FAX	NUMBER		



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 BENE	FIT:					
DOES THE STATE PAY SUPPLEM	MENTAL INSURANCE / M	IEDICARE? YES NO IF YES, LIST AMOUNT: \$				

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



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	UNEMPLOY- MENT BENEFITS	ALL OTHER INCOME

I understand 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.

Print Name

Social Security Number

Signature

Date



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	UNEMPLOY- MENT BENEFITS	ALL OTHER INCOME

I understand 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.

Print Name

Signature

Social Security Number

Date