



Salish & Kootenai Housing Authority

Homeowner Assistance Fund

The Homeowner Assistance Fund (HAF) serves all Confederated Salish & Kootenai Tribes (CSKT) tribal members and descendant homeowners who have experienced financial hardship caused by the impacts of the COVID-19 pandemic after January 21, 2020. Household income cannot exceed 150% of the area median income (AMI) or the median income for the United States. Eligible assistance includes payments for mortgage, homeowner's insurance, property taxes, and/or miscellaneous fees. Assistance may be provided up to \$10,000 per household.

Program Requirements

- Applicants must be a CSKT tribal member or descendent
- Applicants must be a homeowner
- Applicants must provide documentation or written attestation that they have experienced financial hardship after January 21, 2020, due to COVID-19
- Applicant's household income must be equal to or less than 150% AMI
- Assistance must be for a primary residence

Required Documents

- Completed application
- Tribal Verification
- Proof of homeownership
- Signed release of information form
- Income Verification
 - Current Tax Returns or 2 Months of Paycheck Stubs or Proof of unemployment
 - Other sources of income (TANF, SSDI, VA, GA, Child Support, etc.)
- Documentation or written attestation demonstrating financial hardship after January 21, 2020
- Documents showing current Mortgage amount, past due amounts (if any), and interest/penalties accrued or foreclosure notice
- Property tax statement with the amount due after January 21, 2020, but not yet paid
- Homeowners insurance (if applicable) statement (Tribal member's name must be on billing statement)
- Statement for homeowner association fee

EMAIL COMPLETED APPLICATIONS TO FRONTDESK@SKHA.ORG

Salish & Kootenai Housing Authority

Homeowner Assistance Fund (HAF) Application

Applicant(s) must submit this form and supporting documentation if they seek financial assistance under the HAF program. **All applications must be completely filled out for processing to begin.**

Do you own the residence to which the mortgage is applied? Yes No

Is this home your primary place of residence? Yes No

Applicant Information

Applicant Name: _____ Tribal Enrollment #: _____

Date of Birth: _____ SSN #: _____

Gender: _____ Race and Ethnicity: _____

Physical Address: _____ City: _____ State: _____

Mailing Address: (if different from Above) _____

Zip: _____ County: _____ Phone: _____

Email address: _____

Name of Mortgage Company: _____ Monthly Mortgage Payment: \$ _____

Contact Phone: _____ Email: _____

Address of Mortgage Company: _____

Tribal Eligibility Information

Are you an enrolled member of the Confederated Salish & Kootenai Tribes? Yes No

Are you a descendant of the Confederated Salish & Kootenai Tribes? Yes No

Household size (total number of adult(s) and minor(s) in household) Adults: _____ Minors: _____

Please attach Enrollment Verification of enrollment.

Non-Tribal affiliates are not eligible for the Salish & Kootenai Housing Authority HAF Program.

HOUSEHOLD COMPOSITION

Please provide the following information on all members of the household:

Last Name, First Name, Middle Initial	Relationship to Applicant	Sex	Date of Birth	Social Security Number	Tribal Affiliation	Enrollment #
1.	Self					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

_____ (INITIALS) I am attesting that the documentation provided accurately reflects my household composition and that this information will be used to determine my application’s eligibility.

INCOME ELIGIBILITY / FINANCIAL HARDSHIP

Household income will be verified by using an applicant’s household income from current year IRS documents or documentation of all household member income sources for the most recent two months. This can include paystubs, employment verifications and benefit awards letters.

Please select which income method applicant will use to verify income status:	Yes	No
Is your household providing current year IRS 1040 form(s)?		
Is your household providing the most recent two months of income documentation?		
Are you providing a most recent Social Security or Social Security Disability letter?		
Are you providing a Pension Award letter?		
Are you providing Temporary Assistance for Needy Families (TANF) documents?		
Are you providing Unemployment Benefit letters or documents?		
Are you providing Child Support award letters or documents?		
Are you providing Worker’s Compensation documents?		
Are you providing self-employment income? (Profit & Loss statements for the two most recent months OR Schedule C from current taxes.)		
Are you providing other income not listed above?		

_____ (INITIALS) I am attesting that the documentation provided accurately reflects my household income, and I am aware that this information will be used to determine my household income eligibility.

FINANCIAL HARDSHIP

Have you or an individual in the household experienced any of the following financial hardships due, directly or indirectly, to the COVID-19 pandemic? (documents of hardship must be provided)

Please check all that apply:	Yes	No
A reduction of household income / reduction of hours		
Loss of employment / temporary layoff / furlough		
Qualified for unemployment benefits		
Loss of self-employment business income		
Unable to work and experiencing financial hardship due to childcare / school / or to care for a family member		
Unable to work and enduring increased costs due to the COVID-19 pandemic		
Incurred increased medical costs (hospital bills / medication costs / etc.)		

Please describe any other financial hardships you or household members may have experienced due to the COVID-19 pandemic:

_____ (INITIALS) I am attesting that my household has experienced a reduction in household income and incurred significant costs or other financial hardship due directly or indirectly to COVID-19.

HOUSING INSTABILITY

Please check all that apply that your household needs financial assistance with. These can cause your household to experience homelessness or housing instability. Applicant must provide one of these documents to be eligible for financial assistance for these qualified expenses.

- Mortgage statement (attach foreclosure notice, if applicable)
- Insurance policy statement (attach notice of policy lapse in coverage, if applicable)
- Property tax statement (attach notice of past due, if applicable)
- Homeowner association fee statement
- Other financial hardship documentation

Please attach other supporting documents demonstrating the risk of housing instability that is not listed above. If needed, please describe your housing instability's potential in more detail.

Will you need help with future expenses that are not due yet? If yes, please check all boxes that apply.

- Mortgage Payments Homeowner's Insurance Property tax Homeowner Association Fee

APPLICANT ACKNOWLEDGEMENT

By signing this document, you are certifying that you are the owner of the property you are requesting financial assistance. You also certify that you have not received any Homeowner Assistance Funds from another entity duplicating benefits. Furthermore, you certify that all information and documentation attached is true and correct.

It is important to know that any false information, misleading statements, or purposely withheld information will be grounds for denial of the applicant. The applicant will not be eligible to reapply. It is also important to note that denial will apply to applicants who have been found to receive duplicate benefits through another entity. Such documents and activity may also prompt a report to local law enforcement if the Salish & Kootenai Housing Authority determines it is necessary to do so.

Additional requirements: Applicants must sign a release of information form allowing the Salish & Kootenai Housing Authority to communicate and verify the information to outside parties that are required to participate in the HAF program.

Finally, by signing this document, you are informed and understand that you may be required to update your application whenever a determining factor changes, such as employment or household occupancy. You also understand that submitting this application does not guarantee Homeowner Assistance Fund acceptance and does not mean you may stop making mortgage payments on your loan. The payment process may take up to 30 days after receiving and approving the application.

Applicant Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

HOMEOWNER ASSISTANCE FUND

APPLICANT CERTIFICATION AND RELEASE OF INFORMATION

In signing this form, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud or misrepresentation. False, misleading, or incomplete information may result in the denial or termination of assistance and/or potential repayment of assistance funds provided. If you receive another form of federal assistance and it is determined that there was a duplication in subsidy, you will be required to return the funds that were overpaid to Salish & Kootenai Housing Authority.

Some areas where such fraud may occur:

- *Families reporting less than all sources of income, (e.g., only reporting husband’s income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)*
- *Families listing more dependents that are eligible or who live in the household.*
- *Families misrepresenting age to either get benefits for “elderly” or claim children as dependents after they reach age 18.*
- *Families not reporting all assets, such as bank accounts and real estate/homes owned (other than Trust Land, which is not an asset for this program.)*

In signing this consent form, I authorize Salish & Kootenai Housing Authority to communicate and share information with all third-party payees listed in the application and persons or organizations assisting in the application process, including but not limited to rent, late fee, and/or security deposit information. I further authorize Salish & Kootenai Housing Authority to disclose information about my Homeowner Assistance Fund application and program recipient status to other agencies that are assisting with the Homeowner Assistance Fund and agencies that are providing state, local or federal assistance. I understand that my authorization will remain effective from the date of my signature through the duration of my Homeowner Assistance Fund participation.

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date