



'ITQA'WXAM NK^wUWILS SOLIDARITY PROGRAM

APPLICATION CHECKLIST

PROGRAM PURPOSE: The 'Itqa'wxam Nk^wúwilš Solidarity Program envisions a future of right relationship on the traditional homelands of the Séliš, Qlispé, and Ksanka peoples, where right relationship means living in harmony with the land, with each other, with Spirit, and with ourselves.

The program purpose is two-fold: to support Tribal members into safe sanitary affordable housing, and also to provide a pathway, primarily for non-Natives, to take steps toward repair of harms done through colonization in a respectful solidarity community.

The 'Itqa'wxam Nk^wúwilš Solidarity Program will support Tribal members into housing by providing monetary grants making homeownership attainable. First priority will go to non-low-income Housing Authority tenants. Participants will be required to purchase their own homes, and the Housing Authority will provide mortgage and housing-related subsidies. This will free up units for applicants on the low-rent waiting list. The funding for these grants will be raised by or from the members of the solidarity community.

ELIGIBILITY: Low-income households are eligible to apply for different mortgage assistance; this program is applicable to households that exceed the income limit. To be eligible for the 'Itqa'wxam Nk^wúwilš Solidarity Program, the applicant must meet all the following requirements:

1. Enrolled member of the CSKT
2. The applicant must be preauthorized for a mortgage loan through a lender.
3. Lease Compliance History
 - a. Account is current.
 - b. The applicant is in compliance with their current lease.
4. Must be a first-time homebuyer. This is defined as a head of household not owning a qualified home within the last three years or recently divorced.
5. Must have completed SKHA First-time Homebuyer Education class.
6. Verification of Eligibility – Information provided on the application will be verified. This includes, but is not limited to:
 - a. Application data and supporting documents.
 - b. Any other documentation the Housing Authority deems necessary.

APPLICATION CHECKLIST: Applicant must submit the following documentation with the application:

- A completed and signed the 'Itqa'wxam Nk^wúwilš Solidarity Program Application
- Documentation of enrollment in Confederated Salish & Kootenai Tribes (CSKT):
 - a. Copy of tribal ID or
 - b. Certificate of Indian Blood
- Proof of preauthorization for a mortgage

- Copy of Homebuyer Education Certificate (taken within the last 3 years)
- A completed Rental Reference Request form
- Willingness to engage with the 'Itqa' wxam Nk^wúwilš Solidarity community by sharing stories and personal experiences with the non-tribal community.

***Incomplete applications will not be accepted. ***

For more 'Itqa' wxam Nk^wúwilš Solidarity Program information, please go to www.skha.org/solidarity.

Please submit a completed application and supporting documents to frontdesk@skha.org or mail them to P.O. Box 38 Pablo, MT 59855.


SALISH KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION


'ITQA' WXAM NKwUWILS SOLIDARITY
PROGRAM APPLICATION

RECEIVED:

FOR OFFICE USE ONLY

Date of Application: _____

Name: _____

Last
First
Middle

Mailing Address: _____

Street Address
City
State
Zip

Phone Number: _____ Message: _____ Email: _____

Are you a Veteran of the Military Services? Yes No

I have attached CSKT member documentation. Yes No

I have attached mortgage preauthorization. Yes No

I have attached First-time Homebuyer Education certificate. Yes No

I have attached a completed Rental Reference Request form. Yes No

I have not owned a qualified home in the last three years or recently divorced. Yes No

How willing are you to engage with the 'Itqa' wxam Nk^wúwilš Solidarity Program?

- Ongoing interaction and personal sharing
- One-time personal sharing event
- Only willing to engage in writing

I promise that all the information and documentation provided is accurate and honest.

Applicant Signature: _____ Date Signed: _____

**SALISH & KOOTENAI HOUSING AUTHORITY
RENTAL REFERENCE REQUEST**

Landlord: _____ Tenant/Previous: _____

Telephone: _____

Address: _____

I authorize the release of the information requested below to Salish & Kootenai Housing Authority to determine my eligibility for housing assistance. Please mail to PO Box 38, Pablo, MT 59855, or return by fax to 406-675-4495, attention 'Itqa' wxam Nk^wúwilš Solidarity Program.

Signature: _____

Date: _____

To be completed by the landlord

Would you rate this tenant's rental history as:

- Outstanding
- Good
- Fair
- Poor

Please explain the reasoning for the rating:

Completed by: _____

Date: _____

Title: _____