

**KEWEENAW BAY INDIAN COMMUNITY
HOUSING DEPARTMENT**

**HOMEOWNER ASSISTANCE FUND (HAF)
APPLICATION**

**Applications must be complete including all supporting documentation before
the application will be processed.**

Please answer the following questions before filling out the application:

1. Do you own the residence in which you are living currently? Yes No*
2. Is this home your primary residence? Yes No*
3. Are you an enrolled member of KBIC? Yes No*

*If no to any of these questions, stop here. You are not eligible for the KBIC HAF program. Please visit the Treasury website to find additional HAF programs in your area.

Applicant Information

NAME _____ DOB _____

TRIBAL AFFILIATION _____ TRIBAL ID # _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (if not same as above) _____

PHONE NUMBER _____ WORK NUMBER _____

EMAIL ADDRESS _____

Please Note: Application processing will take 4 – 6 weeks

HOUSEHOLD COMPOSITION

Name	DOB	SS Number	Monthly Income	Source of Income

(Do Not Fill Out - For Official Use)

Total monthly income	*12 months	= Annual income
	*12 months	

MORTGAGE INFORMATION

Name of Mortgage Holder _____

Address _____

Point of Contact _____

Phone Number _____

Email Address _____

Please Note: Application processing will take 4 – 6 weeks

FINANCIAL HARDSHIP

1. Do you or any individual in your household qualify for unemployment benefits?
 Yes No
 - a. If yes, attach supporting documentation demonstrating each individual's qualification for unemployment benefits.
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
 - A reduction in household income
 - Loss of employment/Temporary layoff/or Furlough
 - Reduction in hours/pay
 - Unable to work or experiencing financial hardship due to no child care/school
 - Underlying medical condition requiring staying home to prevent exposure
 - Loss of self-employment/business income
 - Over the age of 50 and enduring increased costs because of the COVID-19 pandemic
 - Disabled and enduring increased costs because of the COVID-19 pandemic
 - Incurred significant costs (hospital bills, medication costs, etc.)
 - Other: _____

HOUSING INSTABILITY

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
 - Past due bills associated with homeownership
 - Unsafe or unhealthy living conditions making the home uninhabitable
 - Loans/mortgages associated with homeownership
 - a. If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g. past due utility or past due mortgage notice or foreclosure notice, or documentation of any other evidence of risk.)
 - b. If you checked any of the boxes above, please describe the details of your housing instability:
 - c. _____

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Mortgages

Go to the next section if you do not need mortgage assistance

- 1) Do you need assistance with mortgage payments? Yes* No
(Principal, interest, taxes, insurances, escrow shortages)

Arrears \$ _____ Current \$ _____ Future \$ _____

Name of Mortgage Company/Bank: _____

Payment Address _____

City _____ State _____ Zip Code _____

Loan Account Number: _____

Please provide Mortgage Statement from your lender.

*If requesting prospective mortgage assistance, please contact your lender to ensure the payment is applied to your monthly mortgage payments.

- 2) Do you need assistance with Mortgage reinstatement payments? Yes* No

Arrears \$ _____ Current \$ _____ Future \$ _____

Name of Mortgage Company/Bank: _____

Payment Address _____

City _____ State _____ Zip Code _____

Loan Account Number: _____

Please provide Mortgage Statement from your lender.

*If requesting prospective mortgage assistance, please contact your lender to ensure the payment is applied to your monthly mortgage payments.

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3) Do you need financial assistance with the following: Second mortgage lien payment and/or payoff of a non-profit/government bond second lien? Yes* No

Arrears \$ _____ Current \$ _____ Future \$ _____

Name of Mortgage Company/Bank: _____

Payment Address _____

City _____ State _____ Zip Code _____

Loan Account Number: _____

Please provide supporting documentation from your lender.

*If requesting prospective mortgage assistance, please contact your lender to ensure the payment is applied to your monthly mortgage payments.

4) Are you requesting mortgage principal reduction assistance with a non-profit organization?

Yes No If yes, what is the financial instability/need for requesting a principal reduction.

Name of Non-profit Organization: _____

Payment Address _____

City _____ State _____ Zip Code _____

Loan Account Number: _____

Please provide supporting documentation from the non-profit organization.

Down Payment Loans

Go to the next section if you do not need assistance with down payment loans.

1) Are you in arrears with a loan for down payments? Yes No

Current Monthly Due \$ _____

Please Note: Application processing will take 4 – 6 weeks

Total amount in Arrears \$ _____

Name of Lender/Bank: _____

Payment Address _____

City _____ State _____ Zip Code _____

Loan Account Number: _____

Please provide supporting documentation from your lender.

Delinquent Property Taxes

Go to the next section if you do not need assistance with delinquent property taxes.

1)

Do you have any delinquent 2019 Property taxes due after January 21, 2020? Yes No

Unpaid Amount \$ _____

2) Do you have any delinquent 2020 Property taxes due in 2021? Yes No

Unpaid Amount \$ _____

3) Do you have any delinquent 2021 Property taxes due in 2022? Yes No

Unpaid Amount \$ _____

Payee Name _____

Payment Address _____

City _____ State _____ Zip Code _____

Please provide property tax bill(s)

Insurance

Go to the next section if you do not need assistance with homeowner insurance.

1) Do you have any insurance policies that are in arrears? Yes No

Check all that apply: Homeowner Property Flood Hazard

Insurance Company _____ Policy Number _____

Amount Due \$ _____

Please Note: Application processing will take 4 – 6 weeks

Insurance Company _____ Policy Number _____
Amount Due \$ _____
Insurance Company _____ Policy Number _____
Amount Due \$ _____

Please provide insurance policy for each one needed.

Utilities & Internet Broadband

Go to the next section if you do not need help with utilities or internet broadband

Include the front & back of each utility bill being submitted for payment.

Type of Utility: Electric Gas Propane Fuel Oil Water/Sewer Garbage Internet

Utility Provider: _____ Account Number _____

Total amount \$ _____ **In Shutoff Status?** _____

Type of Utility: Electric Gas Propane Fuel Oil Water/Sewer Garbage Internet

Utility Provider: _____ Account Number _____

Total amount \$ _____ **In Shutoff Status?** _____

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Total amount \$ _____ **In Shutoff Status?** _____

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Total amount \$ _____ **In Shutoff Status?** _____

Type of Utility: Electric Gas Propane Fuel Oil Water/Sewer Garbage Internet

Utility Provider: _____ Account Number _____

Total amount \$ _____ **In Shutoff Status?** _____

Homeowner Displacement Prevention

1) Is your home in need of repairs to prevent your family from being displaced? Yes No

2) Please describe the repair issue that may cause displacement of your family.

The following items will be needed when requesting this program.

- Before pictures of repair issue in your home.
- Three bids for work to be done.
- After pictures of home repairs. (For final payment to be processed)

Please Note: Application processing will take 4 – 6 weeks

Applicant Acknowledgement

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 is below:

By my signature below, I hereby certify 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 KBIC Housing Department 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 the KBIC Tribal Prosecutor determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Form Received by KBIC Housing Department:

STAFF SIGNATURE

DATE

OFFICIAL USE ONLY
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
If denied, formal notification sent on _____
Staff Signature: _____

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**KEWEENAW BAY INDIAN COMMUNITY
HOUSING DEPARTMENT
HOMEOWNER ASSISTANCE FUND PROGRAM
(KBIC HAF)**

Applicant Certificate of Economic Hardship

I, _____, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the KBIC Housing Department of any significant changes to my household income or financial status that would affect my eligibility for HAF.

By my signature below, I certify 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 Signature

Date

Please Note: Application processing will take 4 – 6 weeks

KBIC HAF Program
Authorization for Release of
Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to KBIC Housing Department any information or materials needed to complete and verify my application for participation, in the KBIC HAF program.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the KBIC HAF Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- | | | |
|--------------------------------|-------------------------------|-------------------|
| Past and Present Employers | Veterans Administration | Lending Companies |
| Insurance Companies | Welfare Agencies | Retirement System |
| Social Security Administration | Support and Alimony Providers | Utility Companies |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that the KBIC Housing Department may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year from the date signed.

SIGNATURES	PRINT NAME	DATE
Head of Household		
Spouse		
Adult Member		
Adult Member		

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**FY 2022 Homeowner Assistance Fund
Income Guidelines**

Income Guidelines	Size of Household
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Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Moderate Income	90,000	90,000	90,000	90,000	90,000	90,000	90,000	94,000
150%	90,000	90,000	96,550	107,250	115,850	124,450	133,000	141,000

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