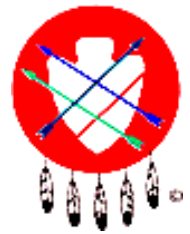




HOUSING AUTHORITY OF THE PEORIA TRIBE OF
INDIANS OF OKLAHOMA
3606 SENCAY AVE
MIAMI, OK 74354
Phone (918)-542-1873 Fax (918)-540-0342



HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

The Housing Authority of the Peoria Tribe of Indians of Oklahoma (HAPTIO's) U.S. Treasury Homeowner Assistance Fund (HAF) Program is designed to assist low-income and moderate-income Native American households/families with emergency homeowner and housing related assistance. Assistance may include monthly mortgage payments, mortgage arrearage, utility charges, utility arrearage, property costs such as insurance, taxes, title issues and homeowner displacement prevention measures but **DOES NOT** include rental assistance, household goods or luxury items as identified in the HAPTIO's Policy. **The HAF program is available for Peoria Tribal members whose property is located anywhere in the United States of America (except for 'Homeowner Displacement Prevention Measures' which must be located within 75-mile radius of HAPTIO's office).** ***** Current residents of the HAPTIO's affordable housing program are not eligible for this assistance unless they have a deed and/or mortgage*****

This program provides assistance of up to a **maximum amount of \$12,500 total per applicant household**. Various types of assistance have restrictions and maximum funding limits, but an applicant may receive more than one type of assistance but not in excess of the \$12,500 max cap. This funding is provided through the U.S. Treasury and is only to be provided during the COVID-19 pandemic emergency and is provided on an urgent basis to eligible applicants. This assistance can only be provided to those families who have not yet received any similar assistance from the HAPTIO, the Peoria Tribe or other sources. The HAF program is designed to provide eligible applicants with one-time assistance regardless of whether the maximum funding amount has been awarded. The HAPTIO reserves the right to recapture or award a lesser amount in such cases.

This program has special eligibility requirements listed as follows: 1) The household/applicant must be a homeowner and the funds shall only be used on the applicant's principal/primary residence. **2) The HAPTIO must determine that one (1) or more household members has experienced a financial hardship after January 21, 2020 as a result of the COVID-19 pandemic, such as reduction in income, incurred significant costs or increased costs, or experienced other financial hardship, directly or indirectly due to COVID-19.** 3) The applicant must attest to the presence or occurrence of a financial hardship. 4) And the applicant household must have an annual income at or below 150% of the area median income or 100% of the national median income, whichever is greater.

The HAPTIO reserves the right to make-a-determination of an applicant's eligibility based upon the application and documentation provided. The HAPTIO reserves the right to modify the actual amount or type of assistance awarded based upon the documentation submitted and/or obtained. The information included with these instructions is not all inclusive and the HAPTIO shall make all awards in accordance with the adopted HAF Policy.

Required Documents:



Household Identification-

- Completed application. It is the **APPLICANTS** responsibility to make sure ALL requested documents are included with the application. If the application is not complete, it will be returned. **MUST INCLUDE ALL REQUIRED DOCUMENTATION**
- Social Security cards for all members of household
- Verification of Tribal enrollment with the Peoria Tribe, either tribal ID or letter from the tribe with enrollment number on it. **CDIB cards not accepted**
- Identification for everyone listed on application. Driver's license or State identification card; birth certificate for minors

Household Residency-

- Mortgage statement for each mortgage
- Copy of warranty deed
- Copies of recent utility bills, if applicable. **A current copy of each utility bill must be submitted every month for payment**
- Documentation of current insurance, insurance statement of premium due or quotes, property tax statement, and/or documentation of title resolution issue, if applicable

Income Verification-

- Income documentation for all household members 18 and older:
 - current pay stubs for the last 30 days; proof of unemployment; or award letter for Social Security and/or retirement benefits
 - 2021 taxes (1040)
- A transaction report from the BIA for the last 12 months if you own trust/restricted property

Income guidelines for surrounding counties:

	1	2	3	4	5	6	7	8
Ottawa County	\$90,000	\$90,000	\$90,000	\$97,050	\$104,850	\$112,600	\$120,350	\$128,150
Craig County	\$90,000	\$90,000	\$90,000	\$97,050	\$104,850	\$112,600	\$120,350	\$128,150
Delaware County	\$90,000	\$90,000	\$90,000	\$97,050	\$104,850	\$112,600	\$120,350	\$128,150
Nowata County	\$90,000	\$90,000	\$90,000	\$90,000	\$104,850	\$112,600	\$120,350	\$128,150
Rogers County	\$90,000	\$96,600	\$108,700	\$120,750	\$130,450	\$140,100	\$149,750	\$159,400

Income guidelines for other counties can be found at <https://www.huduser.gov/portal/datasets/haf-il.html>



Applicant Name: _____ Number of Bedrooms: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physical Address if different from mailing address: _____

Daytime Phone: _____ Alt. Phone and/or email: _____

1. Are you living in a HAPTIO or other Indian/Tribal housing authority/entity home? YES NO
a. If YES, list entity: _____

2. Are all household members U.S. citizens? YES NO
a. If NO, please explain and provide U.S. Immigration Service Form (aka Green Card): _____

3. What types of assistance are you requesting? Check the applicable box(es) and provide name, address, & Phone # of landlord or company for which payment will be directed. *Please note: Maximum amount of assistance allowed per household is \$12,500. See chart for cap amounts for each category

— Mortgage Payment – Please enter the monthly payment amount: _____

o Landlord/Mortgage information: _____

— Mortgage Arrearage – Please enter the total amount past due: _____

— Utility Charges – Please enter the current monthly charge: _____

o Utility Company information: _____

— Utility Arrearage – Please enter the total amount past due: _____

— Property Taxes – Please enter the total amount due: _____

o Property Tax information: _____

— Insurance Costs – Please enter the premium amount due: _____

o Insurance Company information: _____

— Title Resolution Costs – Please enter estimated amount (if known): _____

o Title Company information: _____

— Homeowner Displacement Prevention Measures (Rehab) – Rank in order by needed repair items (1st-4th):

o Roof HVAC Systems Water heater Interior plumbing

Table with 6 columns: Type of Assistance, Max Allowed, Or for up to specific timeframe... whichever is the lesser amount for each of these categories, Insurance Payments, Title Resolution Fees, Homeowner Displacement Prevention Measures (Rehab), and their respective amounts and durations.

4. What is the "LEGAL DESCRIPTION" or "ADDRESS" to your home? You should be able to obtain the legal description from the deed and/or tax records. The HAPTIO needs this info to determine the true ownership of the dwelling unit.

5. Household Composition. Complete the information below for each member who will be living with you.

*** **Social Security numbers are required** ***

#	NAME	RELATIONSHIP	TRIBE	SEX	BIRTHDAY	SOCIAL SECURITY Num.*
1						
2						
3						
4						
5						
6						
7						
8						

6. Family Income Verification. List income in A, B, or C below for each person living in your home (18 years or over) or complete D if there is no income. Please enter N/A over those sections that do not apply.

A. Income from Employment:

(A)	Person with INCOME	Employer Name	Address	Rate Per Hour	Rate Per Week	Total Per Year
1.				\$	\$	\$
2.				\$	\$	\$
3.				\$	\$	\$
4.				\$	\$	\$

B. Other Income: Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list Stimulus payments or income that cannot be anticipated with certainty.

(B)	Source	Rate Per Month	Total Per Year
1.	TANF	\$	\$
2.	Social Security/SSI	\$	\$
3.	Child Support	\$	\$
4.	Unemployment	\$	\$
5.	Pensions	\$	\$
6.	Leases	\$	\$
7.	Own Business	\$	\$
8.	Other	\$	\$



C. **Assets:** Assets such as a home cash, savings account, trust account, rental property, securities, stocks etc., and retirement, pensions, inheritances, personal investment property, guardian/power of attorney income and any other income:

(C)	Source	Value	Total Per Year
1.	Pensions	\$	\$
2.	Leases	\$	\$
3.	Own Business	\$	\$
4.	Home	\$	\$
5.	Other	\$	\$

D. **No Income:** For those household members (18 years and above) who do not have any source of income; please list them and have them sign below:

I hereby certify that I have no (zero) income as of the date identified below:

(D)	Name	Signature	Date
1.			
2.			
3.			
4.			
5.			

7. **Statement and Attestation of the Applicant:** Please read the following statements and mark any or all that are applicable. Eligibility requires the applicant to be able to attest to the following statements. These statements are a part of the eligibility requirements that have been set forth by the U.S. Department of the Treasury. **As the head of household and primary applicant, I attest that:**

- A. **YES**, I am a homeowner and the home listed on the application is my primary residence.
- B. **YES**, the household/applicant has one or more household members that have experienced a financial hardship after January 21, 2020, **Note: Examples may include but are not limited to a reduction in income, incurred significant costs, or experienced financial hardship caused directly or indirectly by the COVID-19 pandemic.**
- C. **NO** applicant or household member has received any duplicative assistance covering the same costs/expenses identified in this application, from the HAPTIO or any Tribe or entity.

8. **Signature and Consent to Release Information:** I understand that this application is not a contract and is not binding in any manner. I hereby authorize the HAPTIO to obtain any-and-all information necessary for the purpose of verifying the statements made above. I also understand by signing below, I hereby certify that all information contained herein is accurate to the best of my knowledge and I understand that knowingly providing false information is grounds for denial and/or termination of assistance and punishable by fine and imprisonment.

Signature of Applicant/Head

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to THE HOUSING AUTHORITY OF THE PEORIA TRIBE OF INDIANS OF OKLAHOMA any information or materials needed to complete and verify my application for participation under HAPTIO's U.S. Treasury funded HAF program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of the Treasury in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements previous or current information regarding me or my household may be needed. Verification inquiries that may be requested but are not limited to:

IDENTINTY AND MARITAL STATUS EMPLOYMENT, INCOME, ASSETS RESIDENCES AND RENTAL ACTIVITY
PROPERTY OWNERSHIP CREDIT AND CRIMINAL ACTIVITY

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 HAF housing assistance 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:

PREVIOUS LANDLORDS	PAST AND PRESENT EMPLOYERS	VETERANS ADMINASTRATION
COURTS AND POST OFFICES	WELFARE AGENCIES	RETIREMENT SYSTEMS
TRIBAL OFFICES	STATE UNEMPLOYMENT AGENCIES	BANKS/FINANCIAL INSTITUTIONS
LAW ENFORCEMENT AGENCIES	SOCIAL SECURITY ADMINISTRATION	CREDIT PROVIDERS/CREDIT BUREAUS
SUPPORT AND ALIMONY PROVIDERS	MEDICAL AND CHILD CARE PROVIDER	UTILITY COMPANIES

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HAPTIO or the U.S. Treasury may conduct computer matching programs to verify the information supplied for my application. 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. HAPTIO and U.S. Treasury may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

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 and one month from the date signed.

	<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
HEAD OF HOUSEHOLD:	_____	_____	_____
SPOUSE:	_____	_____	_____
ADULT MEMBER:	_____	_____	_____
ADULT MEMBER:	_____	_____	_____
ADULT MEMBER:	_____	_____	_____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

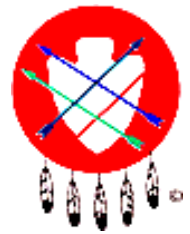


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Disclosures:

Are you a PHA employee, PHA commissioner, Peoria or Ottawa Business Committee Member or closely related (father, mother, son, daughter, brother, or sister) to any of the above?

(Circle One) Yes/No

If Yes, Name _____

Relationship _____

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

- I certify that the information on the application is true and complete to the best of my knowledge
- I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program
- I give permission to the Housing Authority to make inquiries for the purpose of verification of statements made in the application, including inquiries with any current or former landlords or employers.
- I understand that providing false information may disqualify me or could result in the Housing Authority discontinuing rental housing assistance payments.

The above information is correct to the best of my knowledge. I understand that any false statement or information provided in the application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison.

Applicant Signature

Date

Co-Applicant Signature

Date

NOTE: It is the responsibility of the applicant to notify the Housing Authority of any changes of address, income, or family composition and to respond to all correspondence received from the Housing Authority in a timely manner. Failure to comply will result in the application becoming inactive.