



## GRAND RONDE HOUSING DEPARTMENT

28450 Tyee Road – Grand Ronde, Oregon 97347 – (503)879-2401 – Fax (503)879-5973 [www.grtha.org](http://www.grtha.org)

### GRANT APPLICATION CHECKLIST

#### DOWN PAYMENT

**\* This Down Payment Assistance Grant is available for use only once in a lifetime and this checklist does not need to be sent back with the application.**

Prior to completing this application, it is important that you review the Tribal Housing Grant Programs Policies & Procedures for the terms and conditions you will be required to comply with in order to receive this grant (such as your contribution requirements, eligibility requirements and conditions of funding). It is your responsibility to check with your lender to be certain they accept the terms of our program.

Dear GRHD Grant Applicant:

Thank you for your interest in our Down Payment Assistance Program. Please complete all pages of the attached application, including the Authorization for Release of Information, and be sure to provide a W-9 for all adults that reside in the home age 18+. You may need to make additional copies of the W-9 if two isn't enough. Incomplete applications will not be accepted and will be returned for completion. Please provide the following verification for all household members:

- 1. **INCOME** – All sources of income earned or received for all household members (social security, disability payments, workman's compensation, wages, retirement benefits, self-employment, monthly child support, TANF (welfare) payments excluding food stamps, etc.). Include proof of CURRENT, and previous month's wages minimum. Bank statements that show the source of direct deposit is acceptable, check stubs, current Benefit letter(s), and per capita statements are some of the documentation accepted.
- 2. **ASSETS** – All checking accounts, savings accounts, real estate, investments, retirement accounts, mobile homes, recreation vehicles, money market accounts, savings bonds, CDs etc. must be listed in the "Assets" section of the application.
- 3. **SOCIAL SECURITY CARDS** – a copy is required for **every household member** who is two (2) years of age and older.
- 4. **PHOTO I.D.** – Photo identification is required for every household member age eighteen (18) and older. Tribal ID is an acceptable, preferred form of identification for the primary applicant (Tribal member), Driver's License, Veteran ID, School ID.
- 5. **W-9** – A W-9 for every adult (18+) household member is required. Two are included with application, please make the necessary number of copies.

**Sign and date the application and authorization for release of information where indicated. All adults age 18+ are required to sign and date the Authorization for Release of Information.**

*Failure to complete the application or provide the required information will delay the application process. When completing the application please type or print legibly.*

**Once you submit your application to GRHD, you will receive a list of FAQ's and information about what happens next**



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**DOWN PAYMENT ASSISTANCE - Application**

**EXTREMELY IMPORTANT:** Make sure your lender (Bank, Broker, etc.) accepts the terms of our Useful Life Agreement before you go through the loan process (some lenders assume everything is approved, but the final acceptance comes from the underwriters). Please do not lock yourself into a loan agreement prior to verifying that all aspects of our grant terms have been explained and are accepted. **You must verify and date here that you understand** and will make sure you are working with a lender who accepts the terms of the grant. Applicant's Initials \_\_\_\_\_.

This program provides a "one time" grant to each qualifying Tribal member homebuyer for down payment assistance for the purchase of a single-family home.

GRHD utilizes HUD funds to assist members in the very low and low income levels in HUD-approved programs. While this program has no income restriction for participation, your income information must be provided to determine which funding source will be used.

**APPLICANT:<sup>1</sup>**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City State Zip County

Phone: ( ) \_\_\_\_\_ Home Cell Alternate #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

\*Best way to contact you: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

**Person authorized to give/receive information regarding this application if other than applicant (spouse, girlfriend, boyfriend etc.):**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**Applicant's Initials** \_\_\_\_\_ (by initialing I, the Applicant, understand and authorize the person mentioned above to give/receive information regarding my application).

<sup>1</sup> GRHD requires that the primary applicant and all adult household members sign an Authorization for Release of Information so that information contained herein can be verified by third party sources. While other adult (18+) household members are not applicants, information for all household members must be included for application to be considered complete. Incomplete applications will not be processed.

**HOUSEHOLD INFORMATION:** List all persons who reside in the home on a permanent basis. List the applicant first (SELF), then list all other household members. Please list names as they appear on each person’s Social Security card.

Legal Name	Relationship to Applicant	Date of Birth	Social Security Number <sup>2</sup>	Full Time Student <sup>3</sup>	Tribal Roll Number <sup>4</sup>
	SELF			<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

Does any household member have a disability?  No  Yes *(Your answer to this question is provided strictly on a voluntary basis, is being collected to comply with civil rights record keeping requirements and does not affect your eligibility.)*

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND REASONABLE MODIFICATION:** GRHD understands and recognizes the need to facilitate reasonable accommodations and reasonable modifications to eligible and qualified individuals with disabilities, such as a change in GRHD’s policies, practices, or services, which are necessary for an individual with a disability to benefit from or participate in GRHD’s rental assistance or housing services programs. For more information including instructions of filing for a Reasonable Accommodation or Reasonable Modification, please review GRHD’s Reasonable Accommodation and Reasonable Modification Policy available at [www.grtha.org](http://www.grtha.org), GRHD’s office, or by contacting GRHD at (503) 879-2401 or (800) 422-0232 (ext. 2401).

If any household member requires a reasonable accommodation or reasonable modification in conjunction with this application, please describe requested accommodation/modification here. Additional information may be required prior to authorization for accommodation/modification.

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**INCOME:** Please list income from all sources for each member of the household, including (but not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments (State and Tribal), retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, TANF/welfare assistance (not including food stamps/SNAP), veterans’ assistance (State/Tribal), grants, alimony, and child support. All applicants MUST provide verification of each source of income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If an applicant/household member has no source of income, please list that applicant and enter “None” for Source and “\$0” for Amount. If no verification can be provided that Applicant/household member has no income, he/she will be required to complete a separate certification.

<sup>2</sup> Social Security number verification must be provided for all household members over the age of two (i.e. copy of Social Security card).

<sup>3</sup> Verification of school enrollment must be provided for all students over the age of 18.

<sup>4</sup> Tribal enrollment verification must be provided for all Tribal members.

Household Member	Income Source (i.e., Employment, SSI, TANF)	Amount	Frequency (i.e., monthly/weekly)	Verification Attached <sup>5</sup> (i.e., Check Stub/W-2 etc.)
		\$		
		\$		
		\$		
		\$		
		\$		

Does anyone outside of your household provide regular financial support or pay any of the household bills?

NO  YES If yes, please explain. \_\_\_\_\_

**ASSETS:** List all assets belonging to each applicant, including (but not limited to) savings accounts, checking accounts, safe deposit boxes, homes, revocable trusts available to an applicant, rental property or other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market accounts, individual retirement and Keogh accounts, retirement and pension funds, life insurance policies available to an applicant before death, personal property held as an investment (such as gems, jewelry, coin collections, antique cars, etc.), lump sum or one-time receipts (such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments), mortgages or deeds of trust held by an applicant.

Household Member	Type of Asset	Location of Asset (bank, etc.)	Current Value of Asset <sup>6</sup>	Income/Interest Rate of Asset
			\$	
			\$	
			\$	

Has any household member sold or disposed of any asset(s) in the last two years?  NO  YES If yes, which household member? Please explain. \_\_\_\_\_

**EXPENSES:** Do you pay childcare expenses?  NO  YES If yes, to whom and how much? \_\_\_\_\_

GRHD will provide you with a form to verify this expense.

Do you or any household member pay any out-of-pocket medical expenses?  NO  YES If yes, GRHD will provide you with a form to list these expenses.

**DEBTS:** Please list debts for each member of the household, including (but not limited to) secured and unsecured loans (such as car loans and mortgages), credit cards and other accounts, promissory notes, repayment agreements and account in collection. All household members must provide verification of each debt.

<sup>5</sup> Examples of Income Verification: W-2's, tax returns, employee check stubs (**must include employer name, address, and contact information**), SSI Statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

<sup>6</sup> If any household member owns an asset (such as real property) which has an unpaid balance on a loan secured by that asset, verification of the unpaid balance must be provided.

Household Member	Debt Owed to Who	Total Debt	Monthly Payment (minimum)	Verification Attached <sup>7</sup>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

If you have listed a mortgage above, will that mortgage be paid off before the purchase of this home?  NO  YES

If applicable, how much is your current rent payment each month? \$ \_\_\_\_\_

**GENERAL INFORMATION:**

Has any household member ever received any type of local, state, or federal housing assistance or grant?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Has any household member ever received any type of housing assistance or grant from GRHD?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Is any household member on the waitlist, or have a pending application for any other GRHD program?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Has, or will, any household member apply for a grant in conjunction with this application?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Does any household member currently owe money to either the Confederated Tribes of Grand Ronde or GRHD?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Does any household member currently own money to any federally assisted housing program?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Has any applicant ever been denied assistance or required to repay money for knowingly misrepresenting information to a federally assisted housing program?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security card?

NO  YES If yes, who? Please explain. \_\_\_\_\_  
\_\_\_\_\_

<sup>7</sup> Examples of Debt Verification: Bank statements, credit card account summary or statement, promissory note, loan billing statements.

Note: The entire account number need not be provided. However, verification must show the name(s) on the account and the date the information was provided (i.e., statement date).

Are any members of the household related by blood or marriage to any of the following Tribal officials or employees: members of Tribal Council, members of the GRHD Grievance Committee or GRHD employee?

NO  YES If yes, please list household member(s), name of related official/employee, and relationship to them.

Household member(s) \_\_\_\_\_  
Related official/employee \_\_\_\_\_ Relationship \_\_\_\_\_

**GRANT SPECIFIC INFORMATION:**

Have you made an offer on a home?  NO  YES If yes, see below.

Address of prospective home: \_\_\_\_\_  
Street City State Zip

Your Realtor's Name (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Email if available: \_\_\_\_\_

Are you working with a lender?  NO  YES If yes - Institution's Name: \_\_\_\_\_

Lender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you been pre-qualified by the lender for a home loan?  NO  YES

If yes, please attach a copy of the pre-qualification letter.

**PAYBACK PERIOD/USEFUL LIFE:** The NAHASDA statute requires GRHD to establish an "affordability period" for each housing unit that receives HUD funds. This period is known as a useful life. GRHD requires an affordability period for both HUD and non-HUD funded grants over \$5,000. You may be required to repay a portion of the funds if you sell your home within a certain timeframe after receiving the funds (3 years or 5 years). For more information, please review Section D of the General Provision within the Tribal Housing Grant Programs Policies and Procedures.

**APPLICANT DECLARATION:** I certify that all information provided on this form and supplied as supporting documentation is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying eligibility. I understand that I must report any changes to the information contained herein to GRHD in accordance with applicable policy. Further, I understand that if I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state, or Tribal law; may be denied assistance; and may be required to repay any assistance received.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Return completed applications with all supporting/verifying documentation and signatures and the Authorization for Release of Information to:

**Grand Ronde Housing Department**  
**28450 Tyee Road**  
**Grand Ronde, Oregon 97347**

OR

Email: [michele.plummer@grandronde.org](mailto:michele.plummer@grandronde.org)

**Grant funds are administered on a first-come, first-serve basis and is subject to current eligibility and availability of funds.**

NOTICE: The receipt of grant funds may be considered taxable income in the year received depending on your financial circumstances. Contact your tax person/financial advisor for the answer as each person has a unique circumstance that cannot be answered by GRHD.



## GRAND RONDE HOUSING DEPARTMENT

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### Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to the Grand Ronde Housing Department (GRHD), its duly authorized representative and/or its contracted agent for purposes of verifying my eligibility to receive benefits from GRHD.

Those that may be asked to release the information include, but are not limited to: the Confederated Tribes of Grand Ronde, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

Applicant (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
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<b>Social security number</b>											
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3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
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3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## Homebuyer Education Course

- ❖ If you are a first-time homebuyer, you will need to complete a Homebuyer Education Course, and provide proof of completion for our files. If your lender does not require this, one of the most reliable, recommended courses has been:

FREDDIE MAC CREDIT SMART

<http://www.freddiemac.com/creditsmart/tutorial.html>

*There are other acceptable courses you can take; however, check with your lender to ensure the course is Freddie Mac / Fannie Mae / HUD approved.*

**It's not necessary to pay for a certificate. Verification of the course completion is sufficient. You can ask your lender about a certified, free course if you have problems accessing the above course.**