

**Homeowner Assistance Fund (HAF) Program
Application Form Checklist**

Please review your application to make sure that contains the following information:

For all Applicants:

- Documentation showing homeownership
- Copy of Driver's License, Government Issued Photo ID, OR Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (*if applicable*)
- Annual Household Income Verification
 - A written attestation as to household income with supporting documentation (paystubs, W-2s, wage statements, IRS Form 1099, tax filing showing adjusted gross income, direct deposit statements from financial institution demonstrating regular income, written attestation from an employer, Social Security benefit statements, child support payments, etc.)
 - A written attestation as to household income and GRHD may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.
- Documentation showing qualified expenses

Submit the following documentation if applicable and available:

- If you are behind in mortgage payment(s): documents showing mortgage payment arrears and interest/penalties accrued
- If you are behind in utility payment(s): documents showing utility costs arrears and interest/penalties accrued
- Documents showing other qualified expenses
- Utility bills showing current monthly utility costs
(please be sure it's a full bill that shows the service address and name of utility bill account holder)

Additional Requirements

1. Applicants must sign a release of information form (page 5) allowing the GRHD to verify any and all information required to participate in the Homeowner Assistance Fund Program.
2. Applicants must provide documentation of qualified expenses whenever possible.

***Please mail, hand-deliver, or email your application and documentation to:**

Grand Ronde Housing Department
28450 Tyee Road **OR** **Housingassistancefund@grandronde.org**
Grand Ronde, OR 97347

Date Submitted: _____
 Time Submitted: _____
 Received by: _____
 Application #: _____

**GRAND RONDE TRIBAL HOUSING DEPARTMENT
 HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION**

Application Section (if no household member is an enrolled tribal member, put N/A or leave blank)

Applicant Information

Applicant Name: _____ Date: _____

Date of Birth: _____ Tribal Enrollment #: _____ SSN: _____

Physical Address (where you live/pay utilities/own home): _____

City: _____ State: _____

Zip: _____ Phone: _____

Mailing Address (*if different from physical address): _____

City: _____ State: _____ Zip: _____

Email: _____

***All Household members must be listed below, including their income. This is to determine initial program eligibility and cannot be left out.**

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment #	Annual Income	Income Source

General Information

1. Are you or a member of your household a member of an Indian tribe? Yes No
 - a. **If yes**, attach proof of membership of an Indian Tribe for each household member
2. Are you a homeowner of a dwelling currently used as your primary residence? Yes No
 - a. If yes, attach proof of a home mortgage or other proof of homeownership.
 What is the total amount of your monthly mortgage payment? \$ _____

Household Income Verification:

Below, provide information on the total annual income of your household for calendar year 2020.

1. **Annual income** of household: \$ _____
 - a. Applicant must attach and submit: (1) a written attestation as to household income with

supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer, **OR** (2) a written attestation as to household income that GRHD may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

Financial Hardship

- 1. Have you experienced financial hardships associated with the COVID-19 pandemic after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) that has created or increased a risk of mortgage delinquency, mortgage default and foreclosure, loss of utilities or home energy services, or displacement? **(check all that apply)**
 - A reduction in household income
 - Increase in living expenses
 - Loss of Employment/Temporary Layoff/or Furlough
 - Increased costs due to healthcare or need to care for a family member
 - Other financial hardship; list: _____

Applicant Acknowledgements and Attestation

By my signature below, ***I hereby certify and attest*** 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 GRHD 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 GRHD determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

GRAND RONDE TRIBAL HOUSING DEPARTMENT
HOMEOWNER ASSISTANCE FUND PROGRAM

Applicant Attestation of Financial Hardship

In order for financial assistance to be provided under the Homeowner Assistance Fund Program, this Attestation of Financial Hardship must be completed and signed/dated by the homeowner.

I, _____, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used as a primary residence and I have experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [*describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member, rising costs due to issues related to Covid-19, etc.*]

I agree to notify the Grand Ronde Tribal Housing Department of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify and attest 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

Date

GRAND RONDE HOUSING DEPARTMENT (GRHD)
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

Applicant Authorization for Release of Information

I, _____ [print name] (“Applicant”) am applying for certain housing assistance services from GRHD. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to GRHD listed below.

Name and address of person or entity possessing information regarding Applicant:

AS NEEDED

Name and address and contact person to whom information is to be released:

GRHD
28450 TYEE RD
GRAND RONDE, OR 97347

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the TDHE/Tribal Housing Program named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Applicant

Date

Financial Assistance Section

Financial Assistance for Qualified Expenses

The Homeowner Assistance Fund Program provides financial assistance to eligible homeowners for the following types of qualified expenses that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship:

- (1) Mortgage payment assistance;
- (2) Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
- (3) Mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
- (4) Facilitating mortgage interest rate reductions;
- (5) Payment assistance for:
 - (a) Homeowner's utilities, including electric, gas, home energy (including firewood and home heating oil), water, and wastewater;
 - (b) Homeowner's internet service, including broadband internet access service, as defined in 47 CFR 8.1(b) (or any successor regulation);
 - (c) Homeowner's insurance, flood insurance, and mortgage insurance;
 - (d) Homeowner's association fees or liens, condominium association fees, or common charges, and similar costs payable under a unit occupancy agreement by a resident member/shareholder in a cooperative housing development; and
 - (e) Down payment assistance loans provided by nonprofit or government entities;
- (6) Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;
- (7) Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home, including the reasonable addition of habitable space to alleviate overcrowding, or assistance to enable households to receive clear title to their properties;
- (8) Counseling or educational efforts by housing counseling agencies approved by HUD or a tribal government, or legal services, targeted to households eligible to be served with funding from the HAF Program related to foreclosure prevention or displacement.
- (9) Payment of lot rent for a manufactured home, where such payment would promote housing stability and prevent the default of the resident of the manufactured home.

Please contact your lender to ensure they will accept a lump payment and apply it appropriately as the funding is intended. For example: if you are requesting 4 months of mortgage payment assistance that totals \$7,000, you will want to check to make sure they do not apply it as one lump sum to principal that leaves you still owing the next month payment. Most lenders are aware of these types of funding programs across the Nation but there may be lenders who are not participating in it.

It is your responsibility to check with your lender and if they agree, we will need a W-9 for the lender in order to generate a payment which comes in the form of a check. Or they can reach out to GRHD directly.

A. Mortgage Payment Arrears and Utility Costs Arrears¹

Do you have mortgage payment arrears or utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) arrears? (Check all that apply)

If you check any of the boxes below, attach supporting documentation (if you have it) for each arrears payment (mortgage payment, documents showing mortgage or utility costs arrears and interest accrued, etc.)

___ **Mortgage Payment Arrears:** Total amount in arrears \$ _____

Financial Institution Name: _____

Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

___ **Utility Costs Arrears:** Total amount in Arrears \$ _____

1. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

¹ **Arrears Payments:** If any Applicant has mortgage payment arrears or utility cost arrears, The Grand Ronde Housing Department will first pay those arrears payments before providing payments for any current or future mortgage payment or utility costs payments.

B. Current Mortgage Payment and Current Utility Costs

Do you expect to be unable to pay your current mortgage payment or current utility costs (electric, gas, home energy-including firewood and home heating oil, water, wastewater, internet service) payment? **(Check all that apply)**

If you check any of the boxes below, attach supporting documentation for current mortgage payment or current utility costs payment, if available (documents showing mortgage payment or utility costs due, etc.)

___ **Current Mortgage Payment due** (mortgage payment for the current month that is due and owing but not yet in arrears):

Amount Due: \$ _____ Date Due: _____
Financial Institution Name: _____
Phone Number: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____

___ **Current Utility Costs Payments due** (utility costs that are currently due and owing but not yet in arrears):

1. **Type of Utility:** _____ Amount \$ _____
Due Date _____ Utility Provider: _____
Phone Number: _____ Billing Address: _____
City: _____ State: _____ Zip: _____
2. **Type of Utility:** _____ Amount \$ _____
Due Date _____ Utility Provider: _____
Phone Number: _____ Billing Address: _____
City: _____ State: _____ Zip: _____
3. **Type of Utility:** _____ Amount \$ _____
Due Date _____ Utility Provider: _____
Phone Number: _____ Billing Address: _____
City: _____ State: _____ Zip: _____
4. **Type of Utility:** _____ Amount \$ _____
Due Date _____ Utility Provider: _____
Phone Number: _____ Billing Address: _____
City: _____ State: _____ Zip: _____
5. **Type of Utility:** _____ Amount \$ _____
Due Date _____ Utility Provider: _____
Phone Number: _____ Billing Address: _____
City: _____ State: _____ Zip: _____

C. Prospective Mortgage Payments and Prospective Utility Costs

Do you expect to be unable to pay your prospective mortgage payment or prospective utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) payments? **(check all that apply)**

If you check any of the boxes below, attach supporting documentation for each prospective payment if available (documents showing mortgage payment or utility costs due, etc.)

___ **Prospective Mortgage Payments due** (mortgage payments expected to be owed):

Amount Due: \$ _____ Date Due: _____

Financial Institution Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

___ **Prospective Utility Costs Payments due** (utility costs payments expected to be owed):

1. **Type of Utility:** _____ Amount \$ _____

Due Date _____ Utility Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____

Due Date _____ Utility Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____

Due Date _____ Utility Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____

Due Date _____ Utility Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____

Due Date _____ Utility Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

D. Other Qualified Homeowner Expenses

Do you expect to be unable to pay any other Qualified Housing Expenses? (See section on Homeowner Assistance Qualified Expenses on pages 1 and 2 of this form)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)

Expense Type _____

Amount Due: \$ _____ Date Due: _____

Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Expense Type _____

Amount Due: \$ _____ Date Due: _____

Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Expense Type _____

Amount Due: \$ _____ Date Due: _____

Provider: _____

Phone Number: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Applicant Acknowledgements

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* such as from a State or County HAF funding (“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 and attest*** 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 The Grand Ronde 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 Grand Ronde Housing Department determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE