

**SQUAXIN ISLAND TRIBE, OFFICE OF HOUSING
HOMEOWNER ASSISTANCE FUND PROGRAM**

Financial Assistance Form

Applicants must submit this form and supporting documentation to apply for financial assistance under the Homeowner Assistance Fund Program.

Applicant Information

Applicant Name:		Date:	
Date of Birth:	Tribal Enrollment No.:	SSN:	
Physical Address:		City:	State:
Zip:	Phone:		
Mailing Address:		City:	State:
Zip:	Email:		

1. Are you a homeowner of a dwelling currently used as your primary residence?
☐ Yes ☐ No
 - a. If yes, attach and submit your documentation showing your homeownership.
2. What is the total amount of your monthly mortgage payment? \$ _____

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) 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

(4) payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;

(5) measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home, or assistance to enable households to receive clear title to their properties;

(6) 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.

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 for each arrears payment (mortgage payment, documents showing mortgage or utility costs arrears and interest accrued, etc.)

☐ **Mortgage Payment Arrears:**

Total amount \$ _____

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 \$ _____

¹ **Arrears Payments:** If any Applicant has mortgage payment arrears or utility cost arrears, Squaxin Island Tribe, Office of Housing first pays those arrears payments before providing payments for any current or future mortgage payment or utility costs payments.

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: _____

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. Other Qualified Homeowner Expenses

Do you expect to be unable to pay any other Qualified Housing Expenses?

(homeowner's insurance, flood insurance, and mortgage insurance, homeowner's association fees and delinquent property taxes)

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.)

☐

Payment due:

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

☐

Payment due:

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

☐

Payment due:

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

D. Measures to Prevent Homeowner Displacement

Such as home repairs to maintain the habitability of a home, or assistance to enable households to receive clear title to their properties.

Describe critical repairs needed to prevent displacement from your home:

Approximate cost for repairs: _____

***Attach all supporting documents and photos**

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 (“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 Squaxin Island Tribe, Office of Housing 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 Squaxin Island Tribe, Office of Housing determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Form Received by Squaxin Island Tribe, Office of Housing:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY

Approved: ☐ Yes ☐ No Reason: _____

Denial Communicated: _____ Staff Signature: _____

**Homeowner Assistance Fund Program
Form Checklist**

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

For all Applicants:

- ☐ Documentation showing homeownership

Submit the following documentation if applicable and available:

- ☐ Documents showing mortgage payment arrears and interest/penalties accrued
- ☐ Documents showing utility costs arrears and interest/penalties accrued
- ☐ Documents showing other qualified expenses
- ☐ Utility bills showing current utility costs due
- ☐ Critical home repairs documents and photos

Please return completed application and supporting documents to:

**Squaxin Island Tribe
Office of Housing – HAF Program
10 SE Squaxin Lane
Shelton, WA 98584**