

FOR OFFICIAL USE

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

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

Applicant Information

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

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.

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual Income	Income Source

Household Income Verification

Below, provide information on the total annual income of your household for calendar year 2021.

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 Squaxin Island Tribe, Office of Housing may use as 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 that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement after January 21st, 2020? (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: _____
- a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income).

Additional Requirements

1. Applicants must sign a release of information form allowing the Squaxin Island Tribe, Office of Housing to verify any and all information required to participate in the Homeowner Assistance Fund Program.

Applicant Acknowledgements and Attestation

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes no longer experiencing a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or homeowner displacement.

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

Application Received by Squaxin Island Tribe, Office of Housing:

STAFF MEMBER SIGNATURE

DATE

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Approved: ☐ Yes ☐ No Reason: _____

Denial Communicated: _____ Staff Signature: _____

Homeowner Assistance Fund Program Application Checklist

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

For all Applicants:

- ☐ Documentation showing homeownership
- ☐ Copy of Driver's License 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, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer), or
 - ☐ A written attestation as to household income and Squaxin Island Tribe, Office of Housing may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

Submit the following documentation if applicable:

- ☐ Documents showing a reduction in household income
- ☐ Documents showing an increase in living expenses
- ☐ Bills /receipts showing significant costs (hospital bills, medication costs, etc.)
- ☐ Copy of utility bill(s)
- ☐ Other documents showing financial hardship

Please return completed application and supporting documents to:

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