



## Homeowner Assistance Fund Program

### *Application Process*

The Homeowner Assistance Fund (HAF) is a federal grant awarded to the Yakama Nation Housing Authority by the U.S. Department of Treasury. Eligibility is determined by the information provided in your application. Missing or incomplete information will delay processing your application and could result in denial of services.

#### **HAF Application Timeline**

1. Application is submitted
  - a. HAF Program staff will notify an Applicant in writing within fifteen (15) business days if there is missing or incomplete information
  - b. Applicants have thirty (30) days from the date of the written notice to provide the requested information.
    - i. It is the Applicant's responsibility to submit the required documents
    - ii. Applications will not be reviewed or processed without all of the required information
2. The application will go through an eligibility review
  - a. Eligibility review can take up to fifteen (15) business days to complete
  - b. Eligibility review includes the following:
    - i. Verifying legal owner of home/Primary Residence
    - ii. Income verification/calculation for household size
    - iii. Verifying delinquency or other costs with 3<sup>rd</sup> party such as utility company or mortgage lender.
3. HAF will issue a Notice of Eligibility in writing
  - a. Notice of eligibility will be mailed to Applicant within fifteen (15) business days from the date of receipt of the application.
  - b. Approved applications will have payments issued directly to the vendor (e.g., Mortgage lender, utility provider, etc.) on behalf of the Applicant.
  - c. Ineligible applications will be provided with a reason for the denial and include information on how to appeal the decision.

#### **HAF Application Checklist - Required for All Applicants**

- Complete, signed application
- Documentation verifying homeownership
  - Recent mortgage statement, title and/or deed to home, conveyance documents, certified TSR, etc.
- Documentation verifying Primary Residence
- Copy of Driver's License or Washington State ID or Tribal Enrollment card for each household member 18 or older.
- Income verification for each household member 18 or older.
  - Annual income: Wage statement, interest statement, unemployment compensation statement, or a recent copy of Form 1040 as filed with the IRS; or provide a tax account transcript from IRS.gov; or
  - Statement of No-Income, if applicable
- Signed Attestation of Financial Hardship
  - Must describe the nature of hardship in the space provided.
- Sign a Release of Information for each household member 18 or older.

#### **Submit the Following, If Applicable**

- Documents showing a reduction in household income.
- Bills/receipts showing significant costs: hospital bills, medication costs, etc.
- Other documents showing Financial Hardship.
- Additional documents depending on assistance needed - see "Pre-Application Checklist"



# YAKAMA NATION HOUSING AUTHORITY

Homeowner Assistance Fund Program

*Pre-Application Checklist*

In addition to the application and support documents that are required for all Applicants (see the HAF Application Checklist) as there are additional documents needed depending on the assistance requested.

**Be sure to include all required documents with your application. Missing or incomplete information will delay processing your application and could result in a denial of services.**

To provide for more equitable distribution of the HAF funding, the YNHA has determined that all of the Qualified Expenses listed below will be a one (1) time award only per eligible household/family.

**Applicants may only receive services from A or B, but not both; and each type of assistance has an established cap amount award. All awards are subject to funding availability and budget constraints.**

**Identify what assistance you are requesting – Initial the box to what services you are requesting**

SELECT 1 (initial)	Type of Assistance Services for "A"	Required Documentation
	Rehabilitation and Home Repairs	Evidence of homeownership: <ul style="list-style-type: none"> <li>○ Deed of Trust; Mortgage statement; Bill of Sale; County assessor records</li> <li>○ Title status report (TSR) from YN Realty (signed &amp; dated)</li> </ul> <p><i>*Must be current on your mortgage payments, real estate taxes and not have a delinquent account with YNHA to request this service</i></p>
Select up to 3 (initial)	Type of Assistance Services for "B"	Required Documentation
	Other measures to prevent homeowner displacement	Evidence of total balance due – monthly breakdown <ul style="list-style-type: none"> <li>○ Current unredacted loan statement, or</li> <li>○ Current unredacted past-due notice from servicer</li> </ul>
	Mortgage Assistance	Evidence of total balance due – monthly breakdown <ul style="list-style-type: none"> <li>○ Current unredacted loan statement, or</li> <li>○ Current unredacted past-due notice from servicer</li> </ul>
	Delinquent Property Taxes	Evidence of total balance due: <ul style="list-style-type: none"> <li>○ Current property tax bill from county assessor's office</li> </ul>
	Homeowners Insurance/Flood Insurance/Mortgage Insurance	Evidence of total balance due: <ul style="list-style-type: none"> <li>○ Account ledger, or</li> <li>○ Current notice of payment amount and balance due</li> </ul>
	Utility Payment Assistance: electric, gas, water, wastewater, solid waste and home energy (firewood & home heating oil)	Evidence of total balance due – monthly breakdown <ul style="list-style-type: none"> <li>○ Current unredacted billing statement, or</li> <li>○ Current unredacted past-due notice from servicer, or</li> <li>○ Most recent disconnect notice</li> </ul>





# YAKAMA NATION HOUSING AUTHORITY

## Homeowner Assistance Fund Program

### *Applicant Checklist*

Use the checklist below to assist you with gathering the required supporting documents to submit with your application:

#### **Household Verification**

- o Government issued ID, Birth Certificates, Voter Registration, Tribal documents, Health Benefit ID, Driver's License, State ID, Tribal Enrollment card or CIB
- o Proof of membership of an Indian Tribe for each household member (if applicable)
- o Social Security cards for all household members; for minor children a written certification may be submitted in lieu of a social security card.

#### **Proof of Financial Crisis due directly or Indirectly to COVID-19 Pandemic:**

- o Unemployment Benefit award letter
- o Proof of reduction in household income
- o Written and signed attestation from your employer is acceptable
- o Documents showing a reduction in household income
- o Documents showing an increase in living expenses
- o Bills/receipts showing significant costs: hospital bills, medication costs, etc.
- o If documentation is not obtainable a written and signed attestation detailing the hardship is acceptable

#### **Income Earned and Unearned – Must provide proof of All Income that apply for All Household Members:**

- o Current pay stubs for the last 30 days
- o 1040 Tax Statement; W-2s; or a tax account transcript from IRS.gov
- o Award letter from Unemployment
- o Social Security award letter (all pages must be included)
- o Proof of other income (e.g., Child Support, Spousal Support, Self-Employment, Lease analysis, etc.)
- o Bank statements demonstrating regular income
- o Self-Employment Records
- o Written and Signed Attestation from an Employer
- o Pensions, Retirement
- o Annuities

#### **Homeowner Verifications:**

- o Current mortgage or lien agreement signed by the Applicant that identifies where the Applicant resides and establishes the homeowner payment amount
- o Evidence of paying utilities for the residential unit.
- o In the absence of a signed mortgage, evidence of the amount of a homeowner payment may include bank statements, check stubs, or other documentation that reasonably establishes a pattern of payments being made.
- o Evidence documenting the home is Applicant's Primary Residence.

#### **Utility Verifications:**

- o Copy of utility bill(s)
- o Termination /shut-off Notice
- o Invoice or evidence of past due payment due to the provider of the utility or home energy service

#### **Other Expenses:**

- o Homeowner insurance bill
- o Reasonable accrued late fees



**YAKAMA NATION HOUSING AUTHORITY**  
**Homeowner Assistance Fund Program Application**

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Priority:

- 1.  Tribal Member
- 2.  Family member tribal member
- 3.  Other disadvantaged

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**GENERAL INFORMATION**

Are you, or is 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.

3. Have you applied with the Washington State Housing Finance Commission – HAF Program?

If yes, for what services? \_\_\_\_\_ [ ] Yes [ ] No

Please list all household members - including children. If the individual has no income, please put N/A or \$0.00 in the "Income Source" column. Use additional pages if necessary.

Full Name	Date of Birth	Tribal Enrollment No.	Relation to HOH	Income Source	Amount	Pay received: weekly, bi-weekly, monthly, annual
<i>Ex: John Doe</i>	<i>1/1/1950</i>	<i>1000</i>	<i>Self</i>	<i>Unemployment</i>	<i>\$1500.00</i>	<i>Monthly</i>

## HOUSEHOLD INCOME VERIFICATION

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:
    - i. 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.
2. **No Income (if applicable)**
  - a. Each adult in the household who is 18 years of age or older and does not receive any type of income must complete a Statement of No Income form.
    - i. Failure to complete a Statement of No Income will cause delays in processing your application and could result in denial of services.

## 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? 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, current tax filings, depository institution statements demonstrating regular income).



## IDENTIFYING HOUSEHOLDS IN CRISIS

1. Can you afford your regular monthly mortgage payments?  Yes  No
2. Have you received a foreclosure notice?  Yes  No
3. Have you talked to your loan services about options to avoid foreclosure?  Yes  No
4. If you receive HAF assistance will you be able to keep up your payments on your mortgage, homeowners' insurance, utilities and/or property taxes?  Yes  No
5. I own my home (no liens on the property – the above don't apply)  Yes  No

## ADDITIONAL REQUIREMENTS

1. Applicants must sign a Release of Information form allowing the Yakama Nation Housing Authority (YNHA) to verify any and all information required to participate in the Homeowner Assistance Fund Program.
  - a. Additional signed Release of Information forms must be completed by all adult household members listed on the application.
  - b. Failure to provide a Release of Information will cause delays in processing your application and

## APPLICANT ACKNOWLEDGEMENTS

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, and 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 the Yakama Nation Housing Authority 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 for civil or criminal prosecution if the Yakama Nation Housing Authority determines it is appropriate to do so.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date



**YAKAMA NATION HOUSING AUTHORITY**  
**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, signed, and 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 that the property will continue to be the homeowner's owner-occupied Primary Residence once the repairs are made; and that one or more individuals in my household has/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. Please check all that apply and provide details of the nature of the Financial Hardship:

A reduction in household income due directly or indirectly to the COVID-19 pandemic;

\_\_\_\_\_  
\_\_\_\_\_

Experienced ongoing unemployment due to the COVID-19 pandemic (provide dates of unemployment); or

\_\_\_\_\_  
\_\_\_\_\_

Incurred significant costs due directly or indirectly to the COVID-19 pandemic; or

\_\_\_\_\_  
\_\_\_\_\_

Experienced other Financial Hardship due, directly or indirectly, to the COVID-19 pandemic

\_\_\_\_\_  
\_\_\_\_\_

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, no longer facing housing instability, or having a household income that is above 150% of the Area Median Income for the household.

I acknowledge and confirm that the financial assistance provided by the HAF Program is not duplicative of other federally funded assistance received for the same purpose. I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose. I understand that YNHA is relying on these representations and commitments as the basis for providing the assistance requested

By my signature below, I hereby certify and attest that the preceding facts are true and correct to the best of my knowledge and belief, and the attached documentation is true and correct. I understand that providing any false or misleading statements or information will result in denial of the application; or, if assistance has been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if YNHA determines it is appropriate to do so.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

# APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

## Authorization for the Release of Information

U.S. Department of Housing and Urban Development  
Office of Housing  
Office of Public and Indian Housing

Entity requesting release of information:  
(Name, Address and Phone Number)

YAKAMA NATION HOUSING AUTHORITY  
P.O. BOX 156  
WAPATO, WA 98951  
(509) 877-6171 or Toll Free: 877-964-2884

This form cannot be used to request a copy of a tax return.  
Instead, use IRS Form 4506, Request for Copy of Tax Form.

**Purpose:**

The U.S. Department of Housing and Urban Development (HUD) and the above name organization may use the authorization and the information obtained with it, to administer and enforce program rules and policies.

**Individuals OR Organizations That May Release Information**

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and other Financial Institutions

**Authorization**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs.

- Homeowner Assistance Fund
- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10 (C) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below market Interest Rates
- Turnkey III Homeownership Opportunities Program

I authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**Information Covered Inquiries may be made about:**

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identify and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

**Courts**

- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present

**Landlords**

- Provider of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities

**Schools and Colleges**

- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Welfare Agencies

**Computer Matching Notice & Consent**

I agree that a Public Housing Agency Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental Agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above

If I do not sign this authorization, I also understand that may Housing assistance may be denied or terminated.

Signature, Printed Name of Head of Household	Signature, Printed Name of Other Adult Member of the Household
Signature, Printed Name of Other Adult Household Member	Signature, Printed Name of Other Adult Member of the Household





**YAKAMA NATION HOUSING AUTHORITY**

**Housing Assistance Fund Program**

PO Box 1160 / 611 S. Camas Avenue

Wapato, WA 98951

(509) 877-6171

---

**Statement of No Income**

Each adult in the Household who is 18 years of age or older and does not receive any type of income must complete a Statement of No Income form as part of the Homeowner Assistance Fund Program (HAF Program) application process. Submission of this form does not guarantee the Applicant will receive HAF Program assistance.

---

I, \_\_\_\_\_, do not have any income; and have not had any income for at least 60 days preceding the date of this statement. This includes earnings from unemployment, payments from any public assistance program (DSHS/TANF/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State, or Tribal Criminal Law.

My basic living needs (shelter, food, home heating bills, transportation) have been met during the past two (2) months by: (give a brief explanation how these needs have been met/how you paid for these needs).

Shelter: \_\_\_\_\_

Food: \_\_\_\_\_

Home Heating: \_\_\_\_\_

Transportation (how have you been purchasing gas/oil for your vehicle?): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN# \_\_\_\_\_

