



## **WYANDOTTE NATION**

### **Homeowner Assistance Application**

**14325 PORCUPINE ROAD**

**WYANDOTTE, OK 74370**

The HAF program was established under Section 3206 of the American Rescue Plan Act of 2021 (the "ARP") to mitigate financial hardships associated with coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, and displacements of homeowners experiencing COVID-19 related financial hardships after January 21, 2020 through qualified expenses related to mortgages.

#### **PROGRAM REQUIREMENTS**

- ☐ Applicant must be a homeowner
- ☐ Must be a member of the Wyandotte Nation
- ☐ Homeowner must currently own and occupy the property as their primary residence
- ☐ Homeowner must have experienced a COVID-19 qualified financial hardship after January 21, 2020
- ☐ Homeowner must meet income eligibility requirements
- ☐ Assistance will be provided for primary residence only
- ☐ Homeowners who have filed bankruptcy since January 21, 2020 must provide proof of court ordered "discharge" or "dismissal".
- ☐ Homeowner must complete and sign WNHAF Application
- ☐ Homeowner agrees to provide all necessary documentation to satisfy program guidelines within timeframes established by the WNHAF including certification of socially disadvantaged status, if applicable.
- ☐ WNHAF assistance cannot duplicate assistance provided by other programs.
- ☐ Co-owner is not permitted to separately apply for assistance.

#### **REQUIRED DOCUMENTS**

- ☐ Completed application. If application is not complete, it will be returned.
- ☐ Copy of Tribal Membership Card for Tribal household members
- ☐ Current Government issued Photo ID
- ☐ W9 from the lender

☐ Qualifying COVID-19 hardship attestation and supporting documentation from homeowner identifying and certifying the eligible hardship and that it occurred after January 21, 2020.

☐ Mortgage statement for each mortgage

☐ Proof of primary residence (e.g. recent utility bill)

☐ Valid social security card issued by the Social Security Administration or an original document issued by a federal or state agency which contains the SSN

☐ Income documentation; current paystubs covering 30 days, 2019 and 2020 tax returns with W2's and/or alternative income documents as applicable

☐ If you are applying for utility assistance, a W9 must be provided for each company. Please have them include an email address where a pledge can be sent.

☐ Any other document require by the WNHAF

Note: Applicant must provide each payee's contact and account information if not listed on monthly statement.

#### **CONTACT INFORMATION**

Applications need to be submitted:

- ☐ Mail- 14325 Porcupine Road, Wyandotte, OK 74370      ☐ [kdeweese@wyandotte-nation.org](mailto:kdeweese@wyandotte-nation.org)  
☐ [dgraham@wyandotte-nation.org](mailto:dgraham@wyandotte-nation.org)

**All pages need to be returned and all boxes that apply need to be checked.**

## HOUSING ASSISTANCE FUND APPLICATION

FIRST NAME

MIDDLE NAME

LAST NAME

SOCIAL SECURITY NUMBER

TRIBAL AFFILIATION

ROLL NUMBER

PHONE NUMBER(S)

MAILING ADDRESS

PHYSICAL ADDRESS (IF DIFFERENT)

COUNTY

EMAIL ADDRESS

What is the primary applicant's race: ☐Caucasian ☐Native American ☐Other (please list)\_\_\_\_\_

Complete the information below for each member who will be living with you.

NAME	SSN	SEX	BIRTHDATE	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				

- ☐ Are you behind at least one mortgage payment?
- ☐ Do you have past due property taxes, insurance premiums, HOA fees, condominium fees, cooperative maintenance or common charges that threaten sustained ownership of the property?
- ☐ Have you filed bankruptcy?
- ☐ Are you in foreclosure?
- ☐ Have you experienced a COVID 19 qualified financial hardship: A material reduction in income or material increase in living expenses that created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services that is associated with the coronavirus pandemic. A reduction of income, temporary or permanent loss of earned income documented after January 21, 2020. An increase in living expense, increase in out-of-pocket household expenses such as medical expenses, inadequate medical insurance, increase in household size, cost to reconnect utility services directly related to the coronavirus pandemic after January 21, 2020.

☐ Is your home in need of repairs, that due to the COVID-19 financial hardship, and funding is not available. (Must live within a 100 mile radius of Wyandotte Nation)

By signing below, I hereby certify that:

- The above information is true and accurate. I also understand that if any of the above information supplied is found to be false, I can be required to return any support payments received.
- I have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
- I am at risk of experiencing homelessness, housing instability or currently reside in unsafe or unhealthy living conditions.
- I am **NOT** receiving any other form of Federal assistance to pay my rent or utility payment.
- I am obligated to pay mortgage and utilities on a residential dwelling that I own and have a mortgage interest in.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**For office use only:**

Date received \_\_\_\_\_ Processed \_\_\_\_\_

All documentation received \_\_\_\_\_

Approved/Denied \_\_\_\_\_