



SPIRIT LAKE HOUSING CORPORATION HOMEOWNERS ASSISTANCE FUND

The Homeowner's Assistance Fund serves all Homeowners who are enrolled in a Federally Recognized Tribe on the Spirit Lake Reservation, Benson, Eddy, Ramsey and Nelson Counties, and whose household incomes do not exceed 80% of the Area Median Income for the county where they live, and who own or are obligated to pay mortgages on a residential dwelling and meet the following conditions:

1. Financial Assistance Eligibility
 - a. Has either qualified for unemployment benefits;
 - b. Experienced a reduction in household income;
 - c. Incurred significant costs or
 - d. Experienced other financial hardship

All of the above must be directly or indirectly, as a result of COVID-19 emergency **AND**

2. Can demonstrate a risk of experiencing homelessness or housing instability, by providing documentation of total past due amounts such as a past due utility, or eviction notice, or documentation of unsafe or unhealthy living conditions.

Program recipients may be eligible to receive assistance for mortgage and/or utilities, with assistance being provided toward past due charges before future payments.

- Individual payments may include more than one month of assistance, where assistance is prioritized to include past due charges prior to providing future payments.
- May provide mortgage payments, late fees, past due utility bills, utility payments and home energy costs, and internet services
- A single application may assist with past due bills and not more than three months of future payments. Additional assistance will require a new application to be completed and income to be re-verified.
- Future utility assistance will be determined by using the average of the past two monthly bills.
- Past due mortgage payments, late fees and past due utilities prior to April 1, 2020 are **not** eligible.
- Payments will be made directly to the mortgage holder or Construction Contractor; however, if reasonable efforts (within 14 days and 3 attempts) and no response to obtain a W9 have resulted in a non-response

HOMEOWNERS ASSISTANCE FUND APPLICATION CHECKLIST

Please ensure application is complete. Failure to provide documentation will delay due processing of the application or may result in no assistance being provided.

- Must be completed and signed by **ALL** members of the household that are 18 and older or an emancipated minor.
- Must be a resident of the Spirit Lake Reservation, Benson, Eddy, Ramsey and Nelson Counties.
- Copy of most recent utilities bill (if requesting assistance with utilities)
- INCOME VERIFICATION** (of all household members 18 and older)
 - 2020 & 2021 IRS 1040 (**preferred documentation**)
 - Recent paystubs not applicable
 - Unemployment benefit statement not applicable
 - Self-Employment Certification Form not applicable
 - Zero income certification form not applicable
 - Social Security or Social Security Disability letter not applicable
 - Pension letters not applicable
 - Copy of VA or retirement check stubs not applicable
 - Any other income documentation not applicable
- Invoices of **ALL** bills (mortgage/utilities/heating/etc.)
- Bank Mortgage
- INVOICES FOR ALL BILLS YOU ARE REQUESTING TO BE PAID. INVOICES MUST INCLUDE:
 - Date
 - Name of mortgage holder/Business name
 - Address of mortgage holder/business
 - Telephone # of mortgage holder/business
 - Amount of monthly mortgage
 - If delinquent, amount owed must be detailed on invoice
- If receiving other forms of assistance, a copy of recent determination or documentation of homeowner's portion of mortgage.
- Mortgage delinquency or late notice from mortgage holder
- Utility bill, late notice or mortgage ledger from mortgage holder
- Heating invoice (fuel oil/propane/wood/electric/any other heating source)
- Completed W9 for any business or individual that will be paid
- Completed new vendor information sheet for any vendor the Housing Corporation doesn't have on file.
- Home repairs contract with Construction Contractor or Homeowner's choosing.

ANY INVOICE PERTAINING TO TYPE OF ASSISTANCE YOU ARE REQUESTING

HOMEOWNER'S ASSISTANCE FUND APPLICATION

Name of Homeowner: _____

County: _____

Mailing Address: _____

Phone #: _____

Homeowners physical address: _____

City, State, Zip: _____

email: _____

Is this your primary address?

Yes

No

Have you lived at this address for more than 1 year prior to 2020?

Yes

No

Is someone assisting you with this application?

Yes

No

Name of other person completing this application: _____

Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

Is the applicant obligated to pay a Mortgage?

Yes

No

HOUSEHOLD INFORMATION

Total number of persons in household: _____

Total number of minors in household: _____

Family Composition: List ALL Family Members

Last name, First name, Middle initial	Relationship to applicant	sex	Date of Birth	Social Security #	Tribal Affiliation	Enrollment number
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

If list of household members does not match those listed on mortgage agreement please explain:

HOUSEHOLD DEMOGRAPHICS FOR HEAD OF HOUSEHOLD

GENDER	RACE	ETHNICITY
<input type="checkbox"/> Male	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Female	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Choose not to disclose
<input type="checkbox"/> Choose not to disclose	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Choose not to disclose	

INCOME ELIGIBILITY/FINANCIAL HARDSHIP/HOUSING INSTABILITY

Household income will be verified by using an applicant's household income from 2020, 2021 and 2023 IRS documents or documentation of all household member income sources for the most recent 2 months, which may include paystubs, benefit award letters etc.

Please select which income method applicant will use to verify income status:

Is your household providing your 2020, 2021 & 2023 IRS 1040 form(s) for income verification?

- Yes
- No

The income from the IRS 1040 form that will be used is located on line 11.

Is your household providing the most recent income documentation for verification of income prior to application?

- Yes
- No

Check all that apply:

- Most recent Social Security or Social Security Disability Letter
- Pension Award Letter
- Unemployment insurance benefit statement
- Self-Employment most recent years IRS Schedule C or profit and loss statement
- Workers Compensation
- Self-employment income, a profit and loss statement for the two months prior to application or Schedule C form 2023 taxes.
- Documentation of other income not listed above.
- Zero income – My household currently has no income of any kind and there is no imminent change expected in my financial status or employment status. (If so fill out certification of zero income form)
- By checking this box, I am attesting that the documentation provided accurately reflects my household income and I am aware that this information will be used to determine my household income eligibility.***

FINANCIAL HARDSHIP

- Qualified for unemployment benefits or
 - Experienced a reduction in household income
 - Incurred significant costs
 - Experienced other financial hardship and is a risk of experiencing mortgage default
- Yes
- No

Please indicate specific circumstances by checking the applicable box(s) below:

One or more members of the household qualify for unemployment benefits

- Yes
- No

My household has experienced a reduction in household income.

- Yes
- No

Check those that apply from the list below:

- Had increased healthcare costs, including at home care
- Penalties, fees and legal costs associated with past due mortgage payments
- Payments for mortgage or utilities made by using a credit card
- Childcare costs
- alternative transportation for households unable to use public transport

Other (please list what significant costs or other financial hardship incurred:

My household is unable to obtain employment due to continued economic conditions.

- Yes
- No

My household has experienced other financial hardship.

- Yes
- No

By checking this box, I am attesting that my household has experienced a reduction in household income, incurred significant costs or other financial hardship.

RISK OF HOMELESSNESS OR HOUSING INSTABILITY

Applicant **MUST** provide documentation of homelessness or housing instability by providing one of the following:

My household has a current past due mortgage notice.

- Yes
- No

M household has received an eviction notice.

- Yes
- No

My household is past due on utilities and/or has a shut off notice.

- Yes
- No

My household is currently past due on mortgage payments.

- Yes
- No

My household needs assistance with future mortgage payments.

- Yes
- No

UTILITY ASSISTANCE

Have you received Low Income Home Energy Assistance (LIHEAP)

- Yes
- No

If you responded yes to the above question, for what utilities are you receiving assistance?

- Electric
- Natural Gas
- Propane
- Fuel Oil
- Coal
- Wood

My household is past due on utilities

- Yes
- No

The amount of assistance that will be provided for past utilities, will be determined from documentation received, which may include a utility bill, notice to pay or other documentation provided by the utility company.

My household is requesting assistance for future utilities.

- Yes
- No

Home energy costs \$ _____ (total)
(propane, fuel oil, gas) Utility assistance may only be paid to utility providers.

Name of utility provider and account number is required to provide utility assistance.

Please list the name of the utility provider you pay electricity, gas or other home energy costs to:

Utility Type: Electricity Natural Gas Propane Fuel Oil Coal

Utility provider name: _____

Billing Address

City, State, Zip Code

Account Number: _____

Utility Type: Electricity Natural Gas Propane Fuel Oil Coal

Utility provider name: _____

Billing Address

City, State, Zip Code

Account Number: _____

Assistance for utilities require the service to be in the name of the applicant or a member of their immediate household.

By checking this box, I am attesting that my household is not receiving another form of assistance or subsidy for utilities.

DOCUMENTATION/RELEASE OF INFORMATION/CERTIFICATION

- Income Documentation
- Mortgage Agreement
- Mortgage documentation which may include: eviction, default notice
- Documentation which may include, recent utility bill, late notice or notice to pay
- W9 completed for any business or individual requesting payment
- Construction Contract

If your service provider or mortgage lender is not currently a vendor of the Housing Corporation, a W9 and New Vendor Information Sheet must be completed in order for payment to be processed.

**HOMEOWNER ASSISTANCE FUND
APPLICATION CERTIFICATION AND RELEASE OF INFORMATION**

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud or misrepresentation. False, misleading or incomplete information may result in the denial of termination of assistance, and/or potential repayment of assistance funds provided. If you are receiving another form of federal assistance and it is determined that there was a duplication in subsidy you will be required to return the funds that were overpaid to the Spirit Lake Housing Corporation.

In signing this consent form, I am authorizing the Spirit Lake Housing Corporation to communicate and share information to all third-party payees listed in the application and persons or organizations assisting in the application process including but not limited to mortgage, late fees and utilities. I further authorize Spirit Lake Housing corporation to disclose information about my Homeowner Assistance Fund application, program recipient status to other agencies that are assisting with the Homeowner Assistance Fund and agencies that are providing state, local or federal assistance. I understand that my authorization will remain effective from the date of my signature through the duration of my Homeowner Assistance Fund participation.

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

CERTIFICATION OF ZERO INCOME
Spirit Lake Housing Corporation

(To be completed by Adult household members only, only if they have no income and if applicable)

Household name: _____

City: _____ County: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment
 - b. Income from operation of a business
 - c. Rental income from real or person property
 - d. Interest or dividends from assets
 - e. Social security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
 - f. Unemployment or disability payments
 - g. Public assistance payments
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee etc.)
 - j. Any other sources not named above.

2. I currently have not income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds for rent and other necessities: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.

Signature of Applicant

Printed Name of Applicant

Date

VENDOR WORKSHEET

This form needs to be filled out completely to get a Vendor on the SLHC Vendor List or if there is a change in previously submitted vendor information. All information is required and if there is a section that does not apply, enter N/A.

PLEASE RETURN THIS FORM TO SLHC WITH A COMPLETED FEDERAL W-9 FORM.

NAME: _____

REMITTANCE ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CONTACT PERSON: _____

PHONE #: _____

ALTERNATE PHONE #: _____

MOBILE PHONE #: _____

FAX #: _____

E-MAIL: _____

WEBSITE: _____

INDIAN PREFERENCE: YES NO (if yes, please attach certificate)

OTHER/NET TERMS: _____

SIGNATURE: _____ DATE: _____

REMEMBER TO SIGN AND DATE ALL DOCUMENTS