



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

HOMEOWNER ASSISTANCE FUND (HAF) PROGRAM APPLICATION

The purpose of the Homeowner Assistance Fund (HAF) Program is to provide financial assistance to prevent the displacement of Tribal, Indian, and other socially disadvantaged households experiencing financial hardship due to COVID-19. The HAF Program can help income-qualified households with mortgage delinquencies, defaults, foreclosures, forbearance costs, utility and energy services, insurance, property taxes, home repairs to maintain habitability, and other similar costs necessary to maintain housing stability. This is a temporary program and assistance is subject to availability of funds.

This project is supported, in whole or in part, by federal award number HAF0249 awarded to the Coquille Indian Housing Authority by the U.S. Department of the Treasury.

APPLICATION CHECKLIST

For all Applicants:

- Documentation showing homeownership
- Copy of Driver's License or Photo ID
- Proof of enrollment in a federally recognized Indian Tribe for one or more household members
- Income Verification – A written attestation as to household income with supporting documentation, such as paystubs, W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer.
- Signed Authorization for Release of Information form
- Applicant Attestation of Financial Hardship

Submit the following documentation if applicable:

- Documents showing a reduction in household income
- Documents showing an increase in living expenses
- Bills or receipts showing significant costs (hospital bills, medication costs, etc.)
- Other documents showing financial hardship
- Documents showing mortgage payment arrears and interest/penalties accrued
- Documents showing utility costs arrears and interest/penalties accrued
- Documents showing other qualified expenses (fees to reinstate a mortgage, costs related to a period of forbearance, delinquency, or default, internet service, homeowners insurance, delinquent property taxes, homeowner's association fees, home repairs to maintain the habitability of the home, etc.)

Return the Application and required documentation to:
Coquille Indian Housing Authority
Attn: COVID-19 HAF Program
2678 Mexeye Loop
Coos Bay, OR 97420

Or you may email your forms and documentation to:
haf@coquilleiha.org

If you have any questions while completing the application,
please call CIHA at (541) 888-6501 or toll free at (800) 988-6501.

**Please complete the application in full.
Incomplete applications cannot be processed or funded.**

HAF PROGRAM - FAMILY INFORMATION SHEET

Applicant:

| | | |
|--------------------------|------------------|--|
| Last Name | First Name | Tribe and Enrollment Number |
| Physical Address | City, State, Zip | County |
| Mailing Address | City, State, Zip | Phone |
| Message Phone | Email Address | Social Security Number (SSN) |
| Date of Birth | Gender | Race and Ethnicity |
| Annual or Monthly Income | Income Source | <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled |

Other Household Members:

| | | |
|-----------------------------|--------------------------|-------------------------|
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source |

Attach an additional sheet if necessary.

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you, or is a member of your household, a member of a federally recognized Indian tribe? If yes, please attach documentation. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a homeowner of a dwelling currently used as your primary residence? If yes, please attach documentation showing your homeownership. |

HOUSEHOLD INCOME

Below, please provide information on the total annual income of your household for the calendar year 2022.

Annual income of household: _____

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, assistance award letters, depository institution statements demonstrating regular income, or an attestation from an employer, or (2) a written attestation as to household income that the Coquille Indian Housing Authority may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the Household’s geographic area.

FINANCIAL HARDSHIP

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have one or more individuals in your household 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) |
| | <input type="checkbox"/> A reduction in household Income <input type="checkbox"/> Increase in living expenses <input type="checkbox"/> Loss of employment, temporary layoff, or furlough <input type="checkbox"/> Increased costs due to healthcare or need to care for a family member <input type="checkbox"/> Other financial hardship; please explain: |

HAF PROGRAM - FINANCIAL ASSISTANCE REQUESTED

MORTGAGE AND UTILITY COSTS (Check all boxes that apply)

If you check any of the boxes below, attach supporting documentation (mortgage statement, documents showing mortgage or utility costs and interest accrued if in arrears, etc.) for each.

MORTGAGE Arrears \$ _____ Current Prospective

| | | |
|----------------------------|------------------|----------------------------|
| Financial Institution Name | Contact Phone | Email Address |
| Mailing Address | City, State, Zip | Amount of mortgage payment |

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your property tax included in your mortgage payment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your homeowner's insurance included in your mortgage payment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a second mortgage or home equity loan on your property? If yes, please submit documentation with your application |

UTILITIES Arrears \$ _____ Current Prospective

| | | |
|-----------------|-----------------------------|--------------|
| Type of Utility | Provider and Account Number | Amount |
| Mailing Address | City, State, Zip | Phone Number |
| Type of Utility | Provider and Account Number | Amount |
| Mailing Address | City, State, Zip | Phone Number |
| Type of Utility | Provider and Account Number | Amount |
| Mailing Address | City, State, Zip | Phone Number |
| Type of Utility | Provider and Account Number | Amount |
| Mailing Address | City, State, Zip | Phone Number |
| Type of Utility | Provider and Account Number | Amount |
| Mailing Address | City, State, Zip | Phone Number |

OTHER QUALIFIED EXPENSES

Arrears

Current

Prospective

Other qualified expenses may include internet service, homeowner’s insurance, property taxes, home repairs to maintain habitability, homeowner association fees, repayment of down payment assistance and loans provided by nonprofit or government entities.

(Please attach documentation of various costs.)

| | | |
|-----------------|------------------|---------------|
| Type of Cost | Amount Due | Date Due |
| Provider | Account Number | Phone Number |
| Mailing Address | City, State, Zip | Email Address |
| Type of Cost | Amount Due | Date Due |
| Provider | Account Number | Phone Number |
| Mailing Address | City, State, Zip | Email Address |
| Type of Cost | Amount Due | Date Due |
| Provider | Account Number | Phone Number |
| Mailing Address | City, State, Zip | Email Address |
| Type of Cost | Amount Due | Date Due |
| Provider | Account Number | Phone Number |
| Mailing Address | City, State, Zip | Email Address |
| Type of Cost | Amount Due | Date Due |
| Provider | Account Number | Phone Number |
| Mailing Address | City, State, Zip | Email Address |

APPLICANT ACKNOWLEDGEMENTS AND ATTESTATION

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment, income, contact information, 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 signing this form you are certifying that you have not already received funding or a benefit from another source for the same assistance being applied for with this application. 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 in the box 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 statement or information, or if I fail to notify the Coquille Indian 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 crimination prosecution if the Coquille Indian Housing Authority determines it appropriate to do so.

APPLICANT SIGNATURE

DATE SIGNED

Application received by the Coquille Indian Housing Authority:

STAFF MEMBER SIGNATURE

DATE SIGNED

OFFICIAL USE ONLY

Data entry by: _____ Date: _____ **Application #** _____

Approved: Yes No Reason: _____

Denial Communicated: _____ Staff Signature: _____

**COQUILLE INDIAN HOUSING AUTHORITY
COVID-19 HOMEOWNER ASSISTANCE FUND (HAF) 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 my primary residence and I have experienced a financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [*describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member*]

I agree to notify the Coquille Indian Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature

Date Signed



Coquille Indian Housing Authority

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APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

I am applying for certain housing assistance services from the Coquille Indian Housing Authority. As part of my application for services, I am required to provide background information for determination of my eligibility.

Consent: I authorize and direct any federal, state, tribal, local, or private agency, organization, or individual to release to the Coquille Indian Housing Authority (CIHA) any information or materials needed to complete and verify my application for program participation and to maintain my continued assistance under any and all CIHA programs no matter the funding source. I understand and agree that my signature below authorizes CIHA, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of the Treasury, the Coquille Indian Tribe, and any other federal, state, tribal, local, or private funding agency, organization, or individual granting or loaning funds to CIHA to use any information received under this release to administer and enforce their respective program rules and policies. I hereby authorize the release of any and all records or other information regarding me and my household, in whatever format, that a person or entity has in their or its possession to the Coquille Indian Housing Authority.

Information covered: I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be addressed include but are not limited to: identity and marital status; household composition; medical and childcare expenses; employment, income, and assets; credit and criminal activity; residence and rental activity; utility costs; disability assistance expense; Social Security programs, etc. I understand that this authorization cannot be used to obtain information that is not pertinent to my eligibility for and continued participation in CIHA programs.

Groups or Individuals that may be contacted: Groups or individuals that I authorize to release the above information include but are not limited to: current and previous landlords; other housing agencies; courts and post offices; schools and colleges; law enforcement agencies; support and alimony providers; past and present employers; utility companies; private employment agencies; child care providers; the U.S. Department of Veterans Affairs and Social Security Administration; any federal, state, tribal, or local human services, health, or employment department; retirement systems; credit providers and credit bureaus; banks and financial institutions, under Section 502(e)(2) of the Graham-Leach-Bliley Act (P.L. 106-102).

Computer matching consent: I understand and agree that CIHA may conduct computer matching programs to verify the information supplied for my application or recertification, including information received under this authorization or any other authorization I sign. If a computer match is done, I understand that I have the right to notification of any adverse information found and the opportunity to disprove that information. CIHA may, in the course of its duties, exchange such automated information with other federal, state, tribal, and local agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the Coquille Indian Housing Authority. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Print Applicant Name

Applicant Signature

Social Security Number

Date Signed