

Blackfeet Housing Home Ownership Program Application Checklist

Please be sure to check the following to ensure your application is complete. Applications that are incomplete will be returned.

1. _____ Complete application in INK
2. _____ Family Composition: Include birthdates, social security numbers and relationship to the head of household
3. _____ Birth Certificates for minor children, & Social Security Cards for all members of household
4. _____ All members of the household that are over the age of 18 years have their full middle names on the application.
5. _____ Proof of current income **and/or** employment verification for **ALL** household members 18 years of age and older. Including but not limited to:
 - a. Provide Social Security, Disability, Pension, Retirement, and Unemployment income award letter
 - b. Provide 30 days of your most current consecutive pay stubs
 - c. Child support court order and evidence of receipt of income/final divorce decree and documentation of alimony receipt and/or pay out, if applicable
 - d. Provide all W-2's or 1099's for the previous year
6. _____ Proof of Blackfeet Enrollment (copy of your Tribal ID)
(If you're an enrolled Tribal member)
7. _____ Copy of State ID card or State Driver's License
8. _____ The Monthly Budget must be filled out completely
9. _____ Veteran's Verification (DD-214 Form) [For Veteran Use Only]
10. _____ **EVERYONE** over the age of 18 years **MUST** sign **all** signature pages, front and back.

Please be aware that pending the type of assistance you are requesting you may be required to provide additional information to help us determine assistance

EDUCATIONAL LEVEL

Head of household only

- Below HS Diploma HS Diploma 2 years of College Bachelor's Degree Master's Degree or above

GENERAL QUESTIONS:

Please answer the following questions.

1. Describe your current housing arrangement (circle which applies)
 - a. Homeless
 - b. Living with family member
 - c. Rent (how long _____)
 - d. Own mobile home on a permanent foundation
 - e. Homeowner with Mortgage (Current Mortgage holder: _____)
 - f. Homeowner with Mortgage paid off (When did you pay it off _____)

2. Are you/have you or any household member received services from Housing? Yes No
 - a. What type of services? _____ When? _____

3. Do you or any household member have an outstanding balance with Housing? Yes No
 - a. Who? _____ How much? _____ Current Payback? Yes No
 - b. Who? _____ How much? _____ Current Payback? Yes No

4. Are you or any household member a Veteran of the Military? Yes No
 - a. Who? _____ Do you have a DD-214? Yes No

5. Have you attended a 1st time Homebuyer Class? Yes No
 - a. Where? _____ When? _____

6. Have you or any household member owned a home? Yes No
 - a. Where? _____ When? _____
 - b. Do you still owe on that home? Yes No
 - c. How much do you still owe? \$ _____

7. Have you or any household member been convicted of a felony?

Yes No

 - a. Nature of conviction? _____

8. Do you already own a home? Yes No

EMPLOYMENT INFORMATION:

Please provide employment information on all household members who are currently working.

Head of Household	Current Employment
Name of Employer	_____
Address	_____
Telephone	(____) _____ - _____
Date of Employment	Start _____
Job Title	_____
Supervisor	_____
Rate of Pay	\$ _____ per _____
Hours Per Pay Period	_____

Other Household	Current Employment
Name of Employer	
Address	
Telephone	(____) ____ - ____
Date of Employment	Start _____
Job Title	
Supervisor	
Rate of Pay	\$ _____ per _____
Hours Per Pay Period	

If additional household members are employed please provide information on additional sheet...

MONTHLY EXPENSES

Please provide a complete list of ALL household monthly expenses.

	EXPENSES	PAID TO:	MONTHLY BILL AMOUNT	TOTAL AMOUNT DUE
1	Housing		\$	\$
2	Auto/Car Payment		\$	\$
3	Child Support/Alimony		\$	\$
4	Tribal Credit Loan		\$	\$
5	Personal Loan		\$	\$
6	Credit Card		\$	\$
7	Credit Card		\$	\$
8	Credit Card		\$	\$
9	Credit Collections		\$	\$
10	Credit Collections		\$	\$
11	Education		\$	\$
12	Installment Loans		\$	\$
13	Medical Bills		\$	\$
14	Insurance (Rental, Home)		\$	\$
15	Insurance (Medical)		\$	\$
16	Savings Account		\$	\$
17	Tax (personal)		\$	\$
18	Dining/Eating Out		\$	\$
19	Food/Groceries		\$	\$
20	Household Supplies		\$	\$
21	Entertainment		\$	\$
22	Gifts		\$	\$
23	Charities/Other donations		\$	\$
24	Public Transportation		\$	\$
25	Miscellaneous		\$	\$
26	Pet Expense (food, vet, etc.)		\$	\$
27	Money to Friends/Family		\$	\$
28	Utilities (Power)		\$	\$

29	Water/Sewer		\$	\$
30	Home Phone/Internet		\$	\$
31	Cell Phone		\$	\$
32	Cable/Satellite		\$	\$
33	Garbage fees		\$	\$
34	Auto Expenses (Gas, Oil)		\$	\$
35	Auto Repairs		\$	\$
36	Auto Insurance		\$	\$
37	Clothing for family		\$	\$
38	School Lunches		\$	\$
39	Work Clothes/Gear		\$	\$
40	Haircut/Nails		\$	\$
41	Alcohol/Tobacco		\$	\$
42	Diapers/Wipes/Formula		\$	\$
43	Other Personal items		\$	\$
44	Medications		\$	\$
45	Check Cashing fee		\$	\$
46	Bank Fees		\$	\$
47	Pawn Shops		\$	\$
48	Rent-A-Center(s)		\$	\$
49	Child Care		\$	\$
50	Crafts/Hobbies		\$	\$
51	Movie Rentals		\$	\$
52	Gambling		\$	\$
53	Athletic Events		\$	\$
54	Pow Wow/Stick Games		\$	\$
55	Property Taxes		\$	\$
56	Other		\$	\$
57	Other		\$	\$

SIGNATURES

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC Chapter 37 (if VA); by 12 USC, Section 1701 et. Seq. (if HUG/FHA); by 42 USC, Section 145b (if HUD/CPD); and Title 42 USC, 1471 et. SEW., or 7 USC, 1921 et. Seq. (if USDA/FmHa).

I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Blackfeet Housing Homeownership Program to make inquiries to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in default and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify immediately.

Please print your FULL LEGAL NAME below:

Applicant: _____ Social Security Number: _____

Applicant: _____ Social Security Number: _____

Applicant: _____ Social Security Number: _____

NOTICE OF PENALTY FOR MISREPRESENTATION:

Federal regulations establish administrative procedures for imposing civil penalties and assessments against person who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers. The Program Fraud Remedies regulations apply to any person or persons who misrepresents or omits information from applicants for housing, income verification, re-examinations of information, family compositions or ages of family members, etc. Such person or persons may be investigated by the Inspector General may be subject to the following penalties:

1. Up to \$ 5,000.00 for filing such a claim; or
2. Up to \$ 5,000.00 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

1. Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
2. Families listing more dependents than are eligible or who live in the household.
3. Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.
4. Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust land, which is not an asset for this program).

A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL

I/we grant Blackfeet Housing Homeownership Program permission to release information necessary in assisting me in obtaining other services for which I may be eligible.

I HAVE READ AND UNDERSTAND THESE REGULATIONS

Applicant's Signature: X _____ Date: _____

Applicant's Signature: X _____ Date: _____

Applicant's Signature: X _____ Date: _____

Applicant's Signature: X _____ Date: _____

THIS RELEASE OF INFORMATION IS GOOD FROM ONE YEAR FROM THE DATE SIGNED

Authorization to Release Information

I (We) hereby authorize **Blackfeet Housing Homeownership Program**, to verify my employment, and outstanding debt, including my present or previous mortgages, and to make any other inquiries pertaining to the Counseling Services they are providing to me, at their request. Initial _____

Mortgage Lenders/Servicers

I (We) hereby authorize **Blackfeet Housing Homeownership Program**, to obtain any and all information about my account. I understand that information released to Blackfeet Housing, may include, but is not limited to, information relating to my loan amount and payment transactions and/or the provision of copies of my loan documents.
Initial _____

I (We) hereby authorize **Blackfeet Housing Homeownership Program**, to obtain any and all information released to Blackfeet Housing, may include, but is not limited to, information relating to any loan modification, forbearance plan and repayment, transactions and/or the provision of copies of my loan documents.
Initial _____

I acknowledge that this authorization will remain in effect for the duration of time necessary to help me address my financial problems. Blackfeet Housing will also assist in proposing a loss mitigation plan that is within your guidelines. I also acknowledge that should I wish to terminate this authorization, I will notify you in writing.

1st Mortgage _____ Loan Number _____

Authorized Third Party: **BLACKFEET HOUSING**
PO Box 449
Browning, MT 59417
Telephone: (406) 338-5031
Fax: (406) 338- 3464

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant Signature Date

Co-Applicant Signature Date

Social Security Number

Social Security Number

Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

The Blackfeet Housing Homeownership Program is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does The Blackfeet Housing Homeownership Program collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to The Blackfeet Housing Homeownership Program employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct The Blackfeet Housing Homeownership Program to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Blackfeet Housing's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision at any time by contacting our agency.

OPT-OUT: I request that The Blackfeet Housing Homeownership Program make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that The Blackfeet Housing Homeownership Program will NOT be able to answer any questions from my creditors. I understand that I may change my decision at any time by contacting The Blackfeet Housing Homeownership Program.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date

RELEASE: I hereby authorize The Blackfeet Housing Homeownership Program to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date

EMPLOYMENT VERIFICATION

Employer Name: _____

Applicant Name: _____

Social Security Number: _____

Return to:

Blackfeet Housing

Attention: Blackfeet Homeownership Program

Thank you for your prompt response all information is confidential

Email: _____ Fax (406) 338-3464

Please Contact: _____

at (406) 338 -5031 if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization apply the information is left blank.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed Yes No Date of first employment: _____ Last Day of Employment _____

CURRENT Wages/Salary: \$ _____ (circle one) Hourly, Weekly, Bi-weekly, Semi-monthly, Monthly, Yearly

Average # of hours per week _____ Year to date earning: \$ _____ through ____/____/____

Overtime Rate \$ _____ per hour Average # of overtime hours per week _____

Shift Differential Rate: \$ _____ per hour Average of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) Hourly, Weekly, Bi-weekly, Semi-monthly, Monthly, Yearly

List any anticipated change in the employee's rate of pay within the next 12 months _____ :

Effective Date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name and Address

Telephone Number

Fax Number

Email Address

PRIVACY POLICY AND PRACTICES OF BLACKFEET HOUSING

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. Seq. (if HUD/FHA); by 42 USC, Section 5301 et.seq (if HUD/CPD); and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et, seq. (if USDA/FmHa).

We, at Blackfeet Housing value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources: Information that we receive from you on applications or other forms, Information about your transactions with us, our affiliates or others, Information we receive from a consumer reporting agency, and Information that we may receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

Information we receive from your applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;

Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and

Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

Financial service providers, such as companies engaged in providing home mortgage or home equity loans,

Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

X _____ X _____
Signature Date

X _____ X _____
Signature Date

CREDIT REPORT AUTHORIZATION

I hereby authorize and instruct **Blackfeet Housing Homeownership Program** to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by **Blackfeet Housing Homeownership Program**. I understand and agree that **Blackfeet Housing Homeownership Program** intends to use the credit report for the purpose of evaluating my financials to assist me in the best possible work out plan that will best fit me.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to **Blackfeet Housing Homeownership Program** in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

_____ Authorize

_____ Do **Not** Authorize

Blackfeet Housing to do the following:

We may disclose our personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

We do not share personal information with any unaffiliated third parties for the purpose of making sales calls or marketing product and services to you.

I understand that I may revoke my consent to these disclosures by notifying **Blackfeet Housing Homeownership Program** in writing.

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant Signature Date

Applicant Signature Date

Social Security Number

Social Security Number

Date of Birth

Date of Birth

HOUSING COUNSELOR/CLIENT AGREEMENT

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgagee financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

I understand that the **Blackfeet Housing Homeownership Program** provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

BHA and its Counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default including the amount and cause of the default
- Present and explain reasonable options available to the homeowner
- Timely completion of counseling services
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services

Customer's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing two consecutive appointments.

I (We) _____ agree to the following terms of service:

- Will always provide honest and complete information to my/our counselor, verbally or in writing
- Will provide all necessary documentation and follow-up information within the timeframe requested
- Will be on time for appointments and understand that if we are late, we will only be seen for the remainder scheduled time or you may be asked to reschedule.
- We will call within 24 hours if unable to attend an appointment
- Will contact the counselor about any changes in our situation immediately
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Signature

Date

Counselor Name (Print)

Date

Counselor Signature

Date