



Homeowner Assistance Fund (HAF) Program Application

READ THE FOLLOWING QUESTIONS AND ANSWER THEM BEFORE CONTINUING WITH THE APP:

This section must be complete:

1. DO YOU OWN **AND** RESIDE IN THE HOME YOU ARE ASKING FOR ASSISTANCE FOR? ☐ YES ☐ NO
2. ARE YOU (THE HOMEOWNER) AN ENROLLED MEMBER OF THE BLACKFEET TRIBE? ☐ YES ☐ NO

If you replied "NO" to EITHER question above, you are not eligible for the Blackfeet Housing HAF Program. If you answered "YES" to both, please continue filling out the application.

Purpose of the HAF Program

HAF funds can be provided to eligible participants to mitigate financial hardships occurring after January 21, 2020, associated with the coronavirus pandemic. Funds are allotted for the purpose of; preventing mortgage delinquencies, defaults, and foreclosures, loss of utilities, and energy services.

Eligibility Requirements

- Be a homeowner with respect to qualified expenses related to the dwelling that is such homeowner's primary residence.
- Blackfeet Tribal members of the Blackfeet Indian Reservation in the United States.
- Enrolled member must be the homeowner and provide documentation of homeownership.
- Income eligible according to the Program Guidance.
- Show or attest to a financial hardship in relation to the Covid-19 pandemic.

****CHECKLIST REQUIREMENTS ARE LISTED ON PG.8 OF THE APPLICATION.**

Contact Information

You can fill out the application online at www.blackfeethousing.org.

Also paper applications can be returned to BLACKFEET HOUSING.

- Email the application to: **HAF@blackfeethousing.org**
- Mailing address: Blackfeet Housing, HAF Program, P.O. Box 449 Browning MT, 59417
- Physical address: 121 Rodeo Drive, Browning, MT.

Questions can be emailed to HAF@blackfeethousing.org or call 406-338-3266

HAF DIRECTOR: 406-338-3266 or 406-845-5673

****OFFICE USE ONLY****

DATE RECEIVED: _____

RECEIVED BY: _____

CHECK THE BOX FOR THE ASSISTANCE YOU ARE APPLYING FOR: **(CHECK ALL THAT APPLY)**

This section must be complete:

- | | |
|---|---|
| <input type="checkbox"/> Mortgage Assistance | <input type="checkbox"/> Internet payments |
| <input type="checkbox"/> Reinstate a mortgage | <input type="checkbox"/> Property Taxes |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Homeowners Insurance, HOA fees, etc. |

APPLICANT

PLEASE PRINT CLEARLY

☐ MALE

☐ FEMALE

FIRST NAME

MIDDLE INITIAL

LAST NAME

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ EMAIL: _____

PHONE NUMBER: _____ ☐ CELL MESSAGE NUMBER: _____ ☐ CELL

TOTAL # OF HOUSEHOLD MEMBERS, INCLUDING THE APPLICANT: _____

RACE & ETHNICITY: This section must be complete:

1. Are you Hispanic or Latino? ☐ Yes ☐ No

2. How do you identify yourself? **Select one or more**

☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native

☐ Hawaiian Native/Pacific Islander ☐ White

Financial Hardship/Covid-19 Effects

This section must be complete:

Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (Check all that apply)

- ☐ A reduction in household income
- ☐ Loss of Employment/Temporary Layoff/or Furlough Reduction in hours/pay.
- ☐ Unable to work or experiencing financial hardship due to no child care/school.
- ☐ Underlying medical condition requiring staying home to prevent exposure.
- ☐ Loss of self-employment/business income
- ☐ Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
- ☐ Disabled and enduring increased costs because of the COVID-19 pandemic
- ☐ Incurred significant costs (hospital bills, medication costs, etc.)
- ☐ ANY other financial hardship (explain below):

Household Composition

This section is REQUIRED and must be COMPLETE: All household members must be listed on this page.

Applicant must submit wage statements from the last 60 days, unemployment statement, or copy of last year's Form 1040, SSI statements, child support, public assistance, or a zero income form, or any other form of income for the household members.

NAME (First, Middle, Last)	DOB	Last 4 digits of SSN	Tribal Enrollment NO.	Annual or Monthly Income	Income Source

Housing Assistance

This section must be complete:

1. Are you currently receiving any federally funded mortgage or utility assistance? ☐ YES ☐ NO

a. If yes, list the mortgage/utility assistance program(s): _____

2. Have you applied for any mortgage/utility assistance from another agency? ☐ YES ☐ NO

a. If yes, list the agency/program: _____

3. Have you received assistance from the program(s) you listed above? ☐ YES ☐ NO

4. Have you been assisted in the past 3 years by BH Sr. Rehab or Elder Home repair?

☐ YES ☐ NO

a. If yes, when: _____

b. What repairs were completed? _____

Property Information

This section must be complete:

NAME(S) ON THE DEED /MORTGAGE /TITLE			
PRIMARY RESIDENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF BEDROOMS	
TYPE OF HOME	<input type="checkbox"/> TRAILER OR MANUFACTURED HOME <input type="checkbox"/> SINGLE FAMILY HOME <input type="checkbox"/> OTHER, IF OTHER, DESCRIBE HOME: _____		
DO YOU HAVE HOMEOWNERS INSURANCE		<input type="checkbox"/> YES <input type="checkbox"/> NO	

The following sections must be complete according to the type of assistance you are requesting:

Property Tax information

COUNTY TAX ASSESSOR: _____

PROPERTY DESCRIPTION: _____ TAXES OWED \$ _____

Mortgage/Lender information

1ST MORTGAGE COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ ACCOUNT NUMBER: _____

MONTHLY PAYMENT: _____ NUMBER OF MONTHS PAST DUE: _____

IS THIS MORTGAGE: ☐ DELINQUENT ☐ IN DEFAULT ☐ IN FORECLOSURE

2ND MORTGAGE COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ ACCOUNT NUMBER: _____

MONTHLY PAYMENT: _____ NUMBER OF MONTHS PAST DUE: _____

IS THIS MORTGAGE: ☐ DELINQUENT ☐ IN DEFAULT ☐ IN FORECLOSURE

Utility Information

1. UTILITY COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ ACCOUNT NUMBER: _____

MONTHLY PAYMENT: _____ NUMBER OF MONTHS PAST DUE: _____

2. UTILITY COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ ACCOUNT NUMBER: _____

MONTHLY PAYMENT: _____ NUMBER OF MONTHS PAST DUE: _____

3. UTILITY COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ ACCOUNT NUMBER: _____

MONTHLY PAYMENT: _____ NUMBER OF MONTHS PAST DUE: _____

Internet Service Provider Information

1. ISP COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ ACCOUNT NUMBER: _____

MONTHLY PAYMENT: _____ NUMBER OF MONTHS PAST DUE: _____

Homeowners Insurance

1. INSURANCE PROVIDER: _____ INSURANCE TYPE _____

PROPERTY DESCRIPTION: _____ INSURANCE AMOUNT \$ _____

2. INSURANCE PROVIDER: _____ INSURANCE TYPE _____

PROPERTY DESCRIPTION: _____ INSURANCE AMOUNT \$ _____

HOA Fees/Other Fees

List any information about HOA Fees or any other fees associated with your homeownership that can jeopardize your housing stability.

1. COMPANY: _____ TYPE OF FEE _____

DESCRIPTION: _____ AMOUNT OWED \$ _____

ADDRESS: _____

2. COMPANY: _____ TYPE OF FEE _____

DESCRIPTION: _____ AMOUNT OWED \$ _____

ADDRESS: _____

Applicant Acknowledgements

This section must be complete:

TO THE APPLICANT: By signing this Form, you are certifying that your household has not already received funding or benefit from Homeowner Assistance Fund from any other source for the same assistance being applied for with this Form ("Duplicative Benefit"). If your household has received such assistance funding or direct benefit, or have a question about whether your household has received a duplicative benefit, please note what that is below:

By my signature below, I hereby certify 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 Blackfeet Housing 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 civil or criminal prosecution if Blackfeet Housing determines it is appropriate to do so.

Signature: _____ Date: _____

Attestation Applicant Acknowledgements

This section must be complete:

I understand that I am required to update my application if any determining factor of eligibility changes before my application is processed. This includes employment/annual income, contract information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 150 percent of the Area Median Income for the household.

By my signature below, I hereby certify 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 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 Blackfeet Housing determines it is appropriate to do so.

Disclaimer

The United States expressly disclaims any and all responsibility or liability to the Recipient or third persons for the actions of the Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.

Funds provided by the US Treasury.

Signature: _____ Date: _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

This section must be complete: ALL ADULTS IN THE HOUSEHOLD MUST SIGN THIS PAGE.

I/we, the undersigned, with this, authorize the BLACKFEET HOUSING and their agents to obtain any information, necessary, to process the HOMEOWNER ASSISTANCE FUND application. This information may be obtained from the following sources, and of the Programs of the BLACKFEET NATION, Federal, State, and Local governments and any of their agencies and representatives, Law Enforcement Agencies, Financial Institutions and current and prior utilities, insurances companies, or mortgage holding companies. This is not all inclusive and may include any additional agency, government, or private source, as deemed necessary by the BLACKFEET HOUSING and/or their agents.

The information requested may be given by fax, telephone, or in writing. This release is valid for (15) months from the date of the applicant's signature. This release is valid if photocopied and does not have to have an original signature.

I/we have read the terms and conditions of the AUTHORIZATION FOR THE RELEASE OF INFORMATION and with this, give consent for the release of any requested information.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

_____-_____-_____
S.S.N. OF APPLICANT

_____-_____-_____
DATE OF BIRTH

TODAY'S DATE

PRINT NAME OF OTHER HH ADULT

SIGNATURE OF OTHER HH ADULT

_____-_____-_____
S.S.N. OF APPLICANT

_____-_____-_____
DATE OF BIRTH

TODAY'S DATE

PRINT NAME OF OTHER HH ADULT

SIGNATURE OF OTHER HH ADULT

_____-_____-_____
S.S.N. OF APPLICANT

_____-_____-_____
DATE OF BIRTH

TODAY'S DATE

ATTENTION:

All required documents must be attached in order to be considered for assistance.

PLEASE BE ADVISED

THIS APPLICATION FOR A **ONE TIME PAYMENT**. AFTER APPROVAL IS DETERMINED AND FUNDS ARE EXPENDED FOR INDIVIDUAL APPLICANTS, THERE WILL BE NO OTHER CONSIDERATION IF REMAINING FUNDS EXIST THAT WERE NOT USED DURING THE INITIAL AWARD. THERE WILL BE NO EXCEPTION TO THIS POLICY. WE WILL WORK WITH APPLICANTS DURING THE DETERMINATION OF THE AWARD TO HELP THEM GET THE MOST OUT OF WHAT IS AVAILABLE TO EACH APPLICANT PER POLICY.

APPLICATION CHECKLIST

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNTIL REQUESTED ITEMS ARE SUBMITTED

- ☐ Copy of Picture ID for applicant.*
- ☐ Proof of Blackfeet Enrollment for the registered homeowner.*
- ☐ Social security cards for all household members.*
- ☐ Income verification for all household members age 18 and older.*
e.g.: wage statements from the last 60 days, unemployment statement, or copy of last year's Form 1040, SSI statements, TANF or Child Support from the last 60 days, zero income form.
- ☐ Proof of homeownership*
- ☐ All areas marked "This section must be completed" need to be filled out and signature pages must be signed.*
- ☐ Utility bill(s)/past due statements in the homeowners name (if applicable)
- ☐ Internet bill/past due statements in the homeowners name (if applicable)
- ☐ Mortgage Statements from bank/financial institution
- ☐ Foreclosure Notice
- ☐ Proof of loss of income from wages/self-employment (if applicable).
- ☐ Any other documents showing need for assistance

- Make sure you ask for copies to be made. **DO NOT** turn in original documents. •
- HAF will not make copies from your file if you lose your documents. •

Items marked with a (*) and in blue are required for all applications regardless of the type of assistance requested.