



**WICHITA AND AFFILIATED TRIBES
AMERICAN RESCUE PLAN (ARPA) DEPARTMENT
HOMEOWNER ASSISTANCE FUND (HAF) PROGRAM
APPLICATION**

FOR OFFICIAL USE

Date Submitted: _____
 Time Submitted: _____
 Received by: _____
 Application #: _____

Applicant Information

Applicant Name: _____ Date: _____

Date of Birth: _____ Tribal Enrollment No.: _____ SSN: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Physical Address: _____ City: _____ State: _____

Zip: _____ Email: _____

General Information

1. Are you or a member of your household a member of the Wichita and Affiliated Tribes? Yes No
 - a. If yes, attach proof of membership the Wichita and Affiliated Tribes for each household member
2. Are you a homeowner of a dwelling currently used as your primary residence? Yes No
 - a. If yes, attach proof of a home mortgage or other proof of homeownership.

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual Income	Income Source

Household Income Verification

Below, provide information on the total annual income of your household for calendar year 2020.

1. **Annual income** of household: \$ _____
 - a. 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, depository institution statements demonstrating regular income, or an attestation from an employer, or (2) a written attestation as to household income that the ARPA Department 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

1. Have you 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)
 - A reduction in household income
 - Increase in living expenses
 - Loss of Employment/Temporary Layoff/or Furlough
 - Increased costs due to healthcare or need to care for a family member
 - Other financial hardship; list: _____
 - a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income).

Additional Requirements

1. Applicants must sign a release of information form allowing the ARPA Department to verify any and all information required to participate in the Homeowner Assistance Fund Program.

Applicant Acknowledgements and Attestation

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes 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 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 statements or information, or if I fail to notify ARPA Department 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 ARPA Department determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Application Received by ARPA Department:

ARPA DEPARTMENT STAFF SIGNATURE

DATE

OFFICIAL USE ONLY	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

Homeowner Assistance Fund Program Application Checklist

Please review your application to make sure that contains the following information:

For all Applicants:

- Documentation showing homeownership
- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (*if applicable*)
- Annual Household Income Verification
 - A written attestation as to household income with supporting documentation (paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer), or
 - A written attestation as to household income that the ARPA Department may use as a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

Submit the following documentation if applicable:

- Documents showing a reduction in household income
- Documents showing an increase in living expenses
- Bills /receipts showing significant costs (hospital bills, medication costs, etc.)
- Copy of utility bill(s)
- Other documents showing financial hardship

**WICHITA AND AFFILIATED TRIBES
AMERICAN RESCUE PLAN (ARPA) DEPARTMENT
HOMEOWNER ASSISTANCE FUND (HAF) PROGRAM**

FOR OFFICIAL USE

Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

Financial Assistance Form

Applicants must submit this form and supporting documentation to apply for financial assistance under the Homeowner Assistance Fund Program.

Applicant Information

Applicant Name: _____		Date: _____
Date of Birth: _____	Tribal Enrollment No.: _____	SSN: _____
Physical Address: _____	City: _____	State: _____
Zip: _____	Phone: _____	
Mailing Address: _____	City: _____	State: _____
Zip: _____	Email: _____	

1. Are you a homeowner of a dwelling currently used as your primary residence? Yes No
 - a. If yes, attach and submit your documentation showing your homeownership.
2. What is the total amount of your monthly mortgage payment? \$ _____

Financial Assistance for Qualified Expenses

The Homeowner Assistance Fund Program provides financial assistance to eligible homeowners for the following types of **qualified expenses** that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship:

- (1) mortgage payment assistance;
- (2) payment assistance for:
 - (a) homeowner's utilities, including electric, gas, home energy (including firewood and home heating oil), water, well water issues, gas pressure testing issues and wastewater;
 - (b) homeowner's internet service, including broadband internet access service, as defined in 47 CFR 8.1(b) (or any successor regulation);
 - (c) homeowner's insurance, flood insurance, and mortgage insurance;
- (3) payment assistance for delinquent property taxes to prevent homeowner tax

foreclosures;

A. Mortgage Payment Arrears and Utility Costs Arrears¹

Do you have mortgage payment arrears or utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) arrears?

(check all that apply)

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

Mortgage Payment Arrears:

Total amount in \$ _____

Financial Institution Name: _____

Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Utility Costs Arrears: Total amount in Arrears \$ _____

1. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

¹ **Arrears Payments:** If any Applicant has mortgage payment arrears or utility cost arrears, the ARPA Department Homeowners Assistance Fund (HAF) Program will first pay those arrears payments before providing payments for any current or future mortgage payment or utility costs payments.

5. **Type of Utility:** _____ Amount \$ _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

B. Current Mortgage Payment and Current Utility Costs

Do you expect to be unable to pay your current mortgage payment or current utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) payment?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for current mortgage payment or current utility costs payment, if available (documents showing mortgage payment or utility costs due, etc.)

Current Mortgage Payment due (*mortgage payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Current Utility Costs Payments due (*utility costs that are currently due and owing but not yet in arrears*):

1. **Type of Utility:** _____ Amount \$ _____

Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____

Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

C. Prospective Mortgage Payments and Prospective Utility Costs

Do you expect to be unable to pay your prospective mortgage payment or prospective utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) payments?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each prospective payment if available (documents showing mortgage payment or utility costs due, etc.)

Prospective Mortgage Payments due (*mortgage payments expected to be owed*):
Amount Due: \$ _____
Date Due: _____
Landlord Name: _____ Phone Number: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Prospective Utility Costs Payments due (*utility costs payments expected to be owed*):

1. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

D. Other Qualified Homeowner Expenses

Do you expect to be unable to pay any other Qualified Housing Expenses? (See section on Homeowner Assistance Qualified Expenses on pages 1 and 2 of this form)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)

Expense type: _____ **Payment due:**

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Expense type: _____ **Payment due:**

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Expense type: _____ **Payment due:**

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). 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 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 statements or information, or if I fail to notify the ARPA Department Homeowners Assistance Fund (HAF) Program 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 the ARPA Department Homeowners Assistance Fund (HAF) Program determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Form Received by the ARPA Department Homeowners Assistance Fund (HAF) Program:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

**Homeowner Assistance Fund Program
Form Checklist**

Please review your application to make sure that contains the following information:

For all Applicants:

- Documentation showing homeownership

Submit the following documentation if applicable and available:

- Documents showing mortgage payment arrears and interest/penalties accrued
- Documents showing utility costs arrears and interest/penalties accrued
- Documents showing other qualified expenses
- Utility bills showing current utility costs due

**WICHITA AND AFFILIATED TRIBES
AMERICAN RESCUE PLAN ACT (ARPA) DEPARTMENT
HOMEOWNER ASSISTANCE FUND PROGRAM**

Applicant Authorization for Release of Information

I, _____, (“Applicant”) am applying for certain financial assistance from the Wichita and Affiliated Tribes ARPA Department under the Homeowner Assistance Fund Program. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Wichita and Affiliated Tribes ARPA Department listed below.

Name and address of person or entity possessing information regarding Applicant:

Name and address and contact person to whom information is to be released:

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 Wichita and Affiliated Tribes ARPA Department. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Applicant

Date

WICHITA AND AFFILIATED TRIBES
AMERICAN RESCUE PLAN ACT (ARPA) DEPARTMENT
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 and signed/dated by the homeowner.

I, _____, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used a primary residence and I have experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) 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 ARPA Department 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

Date