



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

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.: _____	Last Four of SSN: _____	
Physical Address: _____	City: _____	State: _____	Zip: _____
Phone: _____	Email: _____		
Mailing Address: _____	City: _____	State: _____	Zip: _____

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.
 - b. If NO, then you do not need to continue this application and may request assistance for the correct services that you are seeking help with.

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

Please list mortgage payment arrears or utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service)

For every type of assistance filled out below, attach supporting documentation for each arrear, current, or prospective payments (mortgage payment, documents showing mortgage or utility costs arrears and interest accrued, etc.)

Mortgage Payment

Financial Institution Name:	Account No.:	Total amount owed \$	Due Date:
Contact Number:	Name on Account:		

Utility Assistance

Utility Provider:	Account No.:	Total amount owed \$	Due Date:
Utility Provider:	Account No.:	Total amount owed \$	Due Date:
Utility Provider:	Account No.:	Total amount owed \$	Due Date:

Internet, Homeowners Insurance, and Property Tax

Internet Service Provider:	Account No.:	Total amount owed \$	Due Date:
Homeowners Insurance Provider:	Account No.:	Total amount owed \$	Due Date:
Property Tax Commission/County Treasurer Name:	Account No.:	Total amount owed \$	Due Date:

B. Current Mortgage Payment and Current Utility Costs

Mortgage Payment

Financial Institution Name:	Account No.:	Monthly Amount \$	Due Date:
Contact Number:	Name on Account:		

Utility Assistance

Utility Provider:	Account No.:	Total amount owed \$	Due Date:
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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.

Utility Provider:	Account No.:	Total amount owed \$	Due Date:
Utility Provider:	Account No.:	Total amount owed \$	

Internet, Homeowners Insurance, and Property Tax

Internet Service Provider:	Account No.:	Total amount owed \$	Due Date:
Homeowners Insurance Provider:	Account No.:	Total amount owed \$	Due Date:
Property Tax Commission/County Treasurer Name:	Account No.:	Total amount owed \$	Due Date:

C. Prospective Mortgage Payments and Prospective Utility Costs

Mortgage Payment

Financial Institution Name:	Account No.:	Total amount owed \$	Due Date:
Contact Number:	Name on Account:		

Utility Assistance

Utility Provider:	Account No.:	Total amount owed \$	Due Date:
Utility Provider:	Account No.:	Total amount owed \$	Due Date:
Utility Provider:	Account No.:	Total amount owed \$	Due Date:

Internet, Homeowners Insurance, and Property Tax

Internet Service Provider:	Account No.:	Total amount owed \$	Due Date:
Homeowners Insurance Provider:	Account No.:	Total amount owed \$	Due Date:
Property Tax Commission/County Treasurer Name:	Account No.:	Total amount owed \$	Due Date:

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 3 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: _____

Amount Due: \$ _____ Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Expense type: _____

Amount Due: \$ _____ Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

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