

Down Payment/Closing Cost Program

Please provide the following information with your application. Failure to produce the information will make the application incomplete.

1. Family Composition: List all individuals living in the home.
2. Identification:
 - a. For all persons listed on the application 18 years and older:
 - ❖ Social Security Cards
 - ❖ Driver's license or State Identification
 - ❖ Tribal Identification Cards or CDIB
 - ❖ In certain cases, such as name changes, persons listed on the application may be required to submit Birth Certificates, Marriage Certificates, or Divorce Decrees
 - b. For all persons listed on the application under 18 years of age:
 - ❖ Social Security Cards or certification from the Social Security Administration detailing application was submitted for the Social Security Card may be accepted, until Social Security Card is received.
 - ❖ Tribal Identification Card or CDIB (If listed minor is Native American)
 - ❖ Birth Certificates
3. Income Verification: The applicants' annual income will be determined by estimating the anticipated total income from all sources.
 - a. For all persons listed on the application:

❖ Employer	❖ Per Capita Payment
❖ Social Security	❖ Alimony
❖ SSI	❖ Business Income
❖ Veterans Benefits	❖ IRA/Retirement
❖ Disability	❖ Unemployment
❖ Child Support	❖ Other
4. Prior HUD Assistance: For the Down Payment/Closing Cost Program the CNDH limits assistance to a one-time offering maximum of \$7,000 and \$3,000 maximum to non-first time homebuyers with special approval.
5. Home Buying Process:
 - a. For the applicant:
 - ❖ Copy of the real property contract
 - ❖ Copy of the mortgage application or some other information documenting that the applicant is actively engaged in the mortgage lending process.



Application for Down Payment and Closing Cost Assistance

To qualify for this program you must not owe any money to the CNDH or other Tribal Programs, must not exceed HUD guidelines for annual income limits, must be located in the state of Oklahoma and must be creditworthy. Please note that the CNDH limits assistance to a one time offering.

Applicant Personal Information:

Name:	
Address:	City/State/Zip:
Home Phone:	Work/Cell Phone:
Email Address:	
Are you or any member of your family handicapped or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state who and what certified disability:	
Wheel chair required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Answer the Following Questions:

Have you ever filed an application with the Caddo Nation Division of Housing in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you or any other member of your family been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify person's name and offense:
Have you or your spouse ever lived in CNDH Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

Household Composition: List all persons who will be living in the household.

Name: (Last, First, MI)	Relationship to Head	Gender	Date of Birth	Social Security
	Self			
	Spouse			



Income Verification: Please list all income for every member of the household. Wages, Social Security, SSI, Veterans Benefits, Pensions, Child Support, Alimony, other.

Household Member with Income	Sources of Income	Annual Income	Employer

Disclosures:

Please identify yourself or any of your immediate family that currently serves in any of the following positions for the Caddo Nation:

- Employee of CNDH
- CNDH Board Member
- Caddo Nation Tribal Council Member
- Caddo Nation Tribal Council Member's Immediate Family
- Other: _____
- CNDH Employee's Immediate Relative
- CNDH Board Member's Immediate Relative

Down Payment/Closing Cost

Address/Location of Home Interested in Purchasing:	
Year House was Built:	
Lender:	
Loan Specialist:	Phone Number: _____
Email Address: _____	
Mortgage Company: _____	



PLEASE READ BEFORE SIGNING APPLICATION PACKET. IN ORDER TO RECEIVE SERVICES YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.

APPLICANT CERTIFICATION

I/We certify that the answers/information given on this application in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/we also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. **INCOMPLETE APPLICATIONS WILL BE FILED AS INACTIVE IF INFORMATION IS NOT PROVIDED WITHIN 10 DAYS.**

I hereby authorize the release of account information to and from other financial institutions I have supplied to the Housing Authority of the Caddo Nation in connection with such evaluation. I understand the processing of this application will require providing my information to the Caddo Nation Division of Housing.

Consent: I consent to allow the Caddo Nation Division of Housing to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD/CNDH's assisted housing programs. I understand that income information under this consent form cannot be used to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

Signature of Head of Household Date Social Security Number Signature of Spouse Date

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 PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS 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 participant or 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 BT.SEQ;(if USDA/FmHA)