



Caddo Nation of Oklahoma

Housing

21 Halfmoon Circle | Gracemont, OK 73042 | Phone: 405-480-2100

CNDH Homeowners Assistance Fund (HAF)

Date	
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1) Applicant Information

Name				Enrollment Number	
Physical Address				Telephone	
City		State		Zip Code	
Mailing Address (If Different)				Email Address	
City		State		Zip Code	

2) Household Members

Name	Date of Birth	Tribal Enrollment	Income

3) Income Determination:

I attest my households' annual income is _____. This is including a household members 18 years of age and up.

4) Vendor Information (Mortgage Company, Utility Company, or Internet Company)

HAF funds may be provided for the purpose of “preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship.” Please select the type of assistance you are requesting.



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- Mortgage payment assistance
- Utility assistance
- Homeowner's internet service

Name		Phone Number	
Address		City	
State		Zip Code	
Amount Requested			

Name		Phone Number	
Address		City	
State		Zip Code	
Amount Requested			

Name		Phone Number	
Address		City	
State		Zip Code	
Amount Requested			

Name		Phone Number	
Address		City	
State		Zip Code	
Amount Requested			

Attach documents to support your request (utility bills, insurance bill, document showing back taxes, foreclosure documents, etc.). Please note a W-9 is required if seeking mortgage assistance.



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I declare, under penalties of perjury, the following is true:

1. I attest that I have experienced a financial hardship after January 21, 2020. (Check all that apply) _____ initial
 - Job loss/Temporary Layoff/ or Furlough
 - Reduction in household income
 - Increased significant costs due to hospitalization or medication costs due to COVID-19
 - Unable to work or experiencing financial hardship due to no child care
 - Underlying medical condition requiring staying home to prevent exposure
 - Other financial hardship _____

Attach supporting Documentation

2. I attest that the home described above is my primary residence. _____ initial
3. I attest that I am not receiving funding or benefit from the Homeowners Assistance Fund from any other source for the same assistance being applied for with this application ("Duplicative Benefit"). _____ initial
4. I certify that all of the foregoing information and attached documentation is true and correct. _____ initial
5. I understand that providing false statements, false information, or any misleading statements or information will be grounds for denial of the application. If assistance has already been granted, the CNDH has the right to recapture any of the funds granted and it may be grounds for civil or criminal prosecution. _____ initial
6. I authorize the Caddo Nation Division of Housing to investigate such information with my full cooperation at any time. _____ initial

With my signature, I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Caddo Nation Division of Housing to investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit will subject me to criminal penalties and civil remedies.

Applicant Signature

Date



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HAF Checklist

Please provide the documents

- Copy of Driver's License
- Copy of Tribal Enrollment Card
- Proof of Income for all adults age 18 or older or zero income statement
- Documentation showing proof of homeownership
- Documents showing mortgage payment arrears and interest/penalties accrued (if applicable)
- Documents showing utility arrears or current utility cost due (if applicable)
- Documents showing internet bill (if applicable)
- Pink slip or declaration showing reduction of income due to COVID

