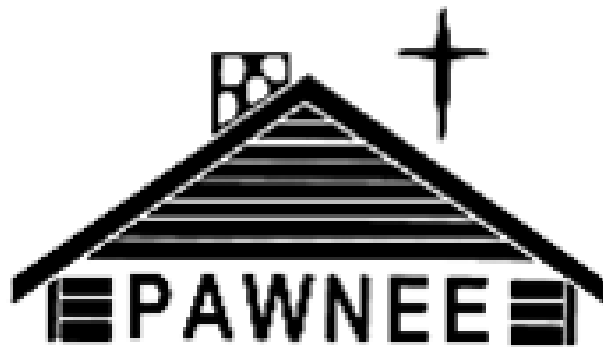


PAWNEE NATION HOUSING AUTHORITY
DOWN PAYMENT ASSISTANCE
POLICY AND GUIDELINES





PAWNEE NATION HOUSING AUTHORITY
DOWN PAYMENT ASSISTANCE PROGRAM
POLICY AND GUIDELINES

The Pawnee Nation Housing Authority Administration and Board of Commissioners endeavors to achieve excellence in the programs they offer and to maximize services to ensure benefits are available to all qualified applicants within budget constrictions.

The Pawnee Nation Housing Authority has instituted a Down Payment Assistance program for enrolled eligible Native American families. Applicants will be served on a first come, first served basis with Pawnee Tribal members as receiving first priority. To be eligible for this program the following criteria must be met on the part of the participant:

1. Applicants must be enrolled **Native American families** and **must live within the State of Oklahoma jurisdictional boundaries**. The income will be determined according to site: Current year PROGRAM GUIDANCE.
2. Applicants must have identified the home to be purchased and be pre-qualified.
3. Applicants must have successfully completed Homebuyer Education Classes and received their certificate.
4. Applicants must be willing to submit to a background investigation to determine that they have no drug-related felony convictions in accordance with 24 CFR Part 1000.
5. Applicants must sign a contractual agreement with the Housing Authority stating that in the event of a foreclosure on the home loan with the lending institution, they will make restitution to **Pawnee Nation Housing Authority** for the full amount of the grant, or be subject to legal proceedings in District Court for a judgment to protect the investment of the Housing Authority.
6. Applicants must submit documentation from an insurance carrier with intent to insure the home to be purchased.
7. When application is submitted the applicant's income must fall within no more than 80% of the National median income level. Prior to funds being disbursed a final verification of income will be processed. If applicant is found to be over income, they will not be eligible for assistance.
8. Applicant must not owe the Pawnee Nation Housing Authority money from past bad debt for any reason.



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INTERNAL GUIDELINES:

Applications will be accepted and considered complete when the Pawnee Nation Housing Authority has received the Housing Authority application for services, evidence of pre-qualification from the lending institution, Certificate of completion of Homebuyer Education Class, C.D.I.B., legal and physical description of the property, documentation from Homeowner Insurance carrier stating intent to insure, copy of the contract from the lending institution, the signed and notarized contractual agreement between Pawnee Nation Housing Authority and the Homebuyer, copy of last 2 years tax returns, certified appraisal of home and a completed criminal history background check.

Not more than ten-thousand dollars (\$10,000.00) will be granted per applicant. These funds will be remitted to the specified mortgage lender.

All homes under this program must meet standard building codes and not be in a substandard or dilapidated condition. All normal requirements concerning lead-based paint and Environmental issues must be met in accordance with 24 CFR, Part 1000.

The approval and processing for this program will be handled by Executive Director of the Pawnee Nation Housing Authority.



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APPLICATION FOR HOME BUYER DOWN
PAYMENT ASSISTANCE PROGRAM

Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone#: _____ Work Telephone #: _____

Place of Employment: _____

How long at present job: _____ Name of Supervisor: _____

Social Security # Applicant: _____ Social Security # Spouse: _____

Spouse's Employment: _____

How long at present job: _____ Name of Supervisor: _____

Has either applicant or spouse ever been convicted for drug related felony: ___ yes ___ no

Applicant's gross monthly income _____ Spouse's gross monthly income _____

Any other income you may want to report to be considered as a part of this application; i.e.: child support, S.S.I., V.A. Disability, S.S.D. _____

Have you ever owned a home before _____ Where _____ When _____

Address of Home to be purchased _____

City _____ State _____



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Name of Lending Institution: _____

Contact Name: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

As a part of this application a release for a background investigation and employment verification is required. By your signature below you agree to have these requirements fulfilled.

Signature of Applicant & Date

Signature of Co-Applicant & Date

EXECUTIVE DIRECTOR

BOARD COMMISSIONER



PAWNEE NATION HOUSING AUTHORITY
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CONTRACTUAL AGREEMENT FOR HOMEBUYER

I, _____ and _____ the co-applicant if applicable, do hereby attest that I (we) have read the policy and guidelines and fully understand them. Further, we fully agree to all stipulations contained within same. I (we) agree that if foreclosure by the lending company is initiated for non payment on the loan that the Pawnee Nation Housing Authority has advised me (us) that they will pursue restitution for the full grant amount in District Court. I (we) understand that this contractual agreement is only a part of the full Policy set forth in the Policy and Guidelines and I (we) are in possession of a full original copy. Further, I (we) agree that we understand that all maintenance and upkeep of the home will be fully borne by me (us) and that no services will be provided by the Pawnee Nation Housing Authority.

Applicant and Date

Co-Applicant and Date

Subscribed and Sworn to me this _____ day of _____ 20____. My notary expires _____.

Signature of Notary

SEAL



PAWNEE NATION HOUSING AUTHORITY
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Down Payment Assistance Family Composition

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone No. _____

Secondary Phone No. _____

FAMILY COMPOSITION

Last Name	First Name	MI	Gender	Relationship	DOB	SSN
1						
2						
3						
4						
5						
6						
7						
8						

I/We certify that the information given to the PNHA on household composition, income, gross, family assets, and 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 grounds for termination of housing assistance. This application will be invalid unless completely filled out.

 Signature of Head of Household

 Date

 Signature of Spouse

 Date