



Pawnee Nation Housing Authority

Homeowners Assistance Fund Program (HAF)

PO Box 408, Pawnee, OK 74058 * jake@pawneenationhousing.org * 918-285-9371

Dear Homeowners Assistance Fund Applicant: (REPAIR APPLICATION)

This temporary Homeowners Assistance Fund Program operates under the U.S. Department of the Treasury funding to respond to the COVID-19 pandemic. For eligible applicants who have faced a reduction in household income due to the pandemic, this program will provide assistance for eligible applicants who need help with mortgage and utility payments. The amount of assistance is based on current available funding levels and payment is not guaranteed until the application has been processed and approved. Please allow up to fourteen (14) business days for processing.

Eligible applicants:

- Pawnee Tribal members within the Pawnee Jurisdiction will be priority applicants.
- Homeowner who is eighteen (18) years of age or older;
- Has combined total household income that does not exceed eighty percent (80%) of U. S. median income limits as published by the U.S. Department of Housing and Urban Development; and
- Who have not received COVID-19 assistance from any other state or federal agency.

Assistance is payable to mortgage companies and utility services only and all payments will be made out to vendors. No payment will be made to an individual.

If application is mailed, faxed or emailed, a HAF Program employee will call the applicant to verify details and attest to them on the last page of this application that all information is true and accurate.

CHECKLIST:

- Completed and Signed application
- Two forms of identification for each adult in the household who are 18 and over. (State ID, CDIB or Tribal Membership Card (if claiming Indian preference), Social Security card, etc.)
- Must have at least one form of identification for children under the age of 18.
- Copy of current mortgage agreement.
- Proof of sustainability after mortgages are made current.
- Copy of Utility Bills, past due or current (electric, gas, propane, etc.).
- Statement of the Financial impact COVID-19 has had on your household
- Proof of Income for all adults in the household who are 18 and over.
 - Unemployment benefits,
 - Proof of reduction in income and/or statement of impact and financial hardship
 - At least 2 check stubs
 - Social Security Benefits Statement
 - Declaration of Zero Income

Please read and complete each section of the application. **Incomplete applications WILL NOT be accepted.**

Homeowners Assistance Fund Program Application

Applicant Information				
Last Name:	First Name:	MI:	Application Date:	
Physical Street Address:	City:	State:	Zip Code:	County:
Mailing Address: (Street or PO Box)	City:	State:	Zip Code:	Federally Recognized Tribe:
Email Address:	Phone Number:		Membership Number:	
Social Security Number:	Is this your first time applying for HAF?		If no, what is the last date of application?	

Household Data (applicant must be included)							
Last, First Name	DOB	Social Security Number	Relationship to Applicant	Gender	Race	CDIB Yes/No	Tribal Membership #
1			SELF				
2							
3							
4							
5							
6							
7							
8							

Assistance Information

What type of Assistance are you applying for? _____ Repairs

Have you received services anywhere else? _____ Yes _____ No If Yes, where? _____

What is the address and/or telephone number of where you received assistance? _____

What type of service did you receive? _____ When did you receive the service? _____

Has your household suffered drastically or been negatively impacted by COVID-19? _____ Yes _____ No

Has anyone in your household been furloughed, had loss of wages, decreased hours or lost employment due to the COVID-19 virus? _____ Yes _____ No

Have you or someone in your household tested positive for COVID-19? _____ Yes _____ No

If you have answered YES to any question above, please fill out the next section to explain how COVID-19 has reduced your income and/or affected you by increasing your household costs due to the pandemic. **Positive test results will be required.**

Self-Certification of Reduction of Income

Explanation of how COVID has affected your income and/or household costs.

Household Income

Do not include income for household members who are below the age of 18 years. Anyone claiming zero income will need to fill out the "Declaration of Zero Income Statement".

Household Member Name:	Source of Income:	Monthly Amount Received:
		\$
		\$

		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Monthly Income Received:		\$

Applicant Rights and Responsibilities

Completed applications will be processed within fourteen (14) business days. The approval notice will include benefit amount and vendor information. Non-Pawnee Nation Native Americans and Non-Native applications will be processed when all members of the Pawnee Nation of Oklahoma have been served.

Federal law governing fraud: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick scheme or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or sues any false writing on documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisonment not more than five (5) years or both."

I have read and understand the above statements. I authorize the Pawnee Nation Housing Authority to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Pawnee Nation Housing Authority of any changes in the information provided on this application, and that all information provided is true and correct to the best of my knowledge, under penalty of law.

Applicant Signature

Date

Other Adult Applicant Signature

Date

=====

On this _____ day of _____, 20____ the applicant listed on this application communicated with me and identified themselves. I stated the details submitted by them on the application and asked the individual to swear and affirm that all the details contained herein are true and correct.

Applicant has agreed in the affirmative.

Given under my hand the day and year last above written.

Signature: PNHA HAF Program Official

* Information, including any personal identifiable information, is solely collected and used for submitting reports as detailed under reporting requirements.

OFFICE USE ONLY	
Client ID #:	Amount Approved:
Application Completion Date:	Application Approved Date:
Application Processed By:	Application Approved By: