

Pawnee Nation Housing Authority

P.O. Box 408, Pawnee, OK 74058 * Phone: 918-762-3454 * Fax: 918-762-2284
Email: pawneenationha@sbcglobal.net * Website: www.pawneenationhousing.org

NON-NAHASDA - HOME IMPROVEMENT LOAN POLICY

The Pawnee Nation Housing Authority (PNHA) recognizes that there are Native American homeowners in the Pawnee community who are in need of assistance to make repairs to their homes and are willing and able to make loan payments to have the work completed. The Pawnee Nation Housing Authority has implemented a Home Improvement Loan Program to assist these homeowners with home improvements related to issues of health, safety and welfare. **(When funds are available.)**

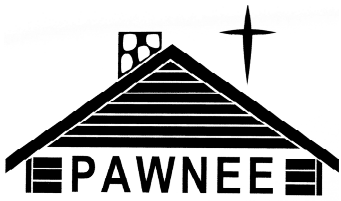
Applications will be reviewed and approved by the PNHA Executive Director based on need. Items to be considered are roofs, plumbing, electrical, heat & air, (all mechanical and electrical must be installed by a licensed contractor). An inspection will be made of the unit by the Housing Authority Project Manager to determine an approximate cost and condition of the unit. The unit must not be in a dilapidated condition. Applicant must agree to apply through other available weatherization programs for additional assistance if necessary.

Bids will be required for services, at least two (2) and contractors must have liability Insurance. All required documentation from contractors must be submitted to PNHA Finance before any work can begin. Payment for services will be made directly to companies or contractors upon completion of an inspection.

Loan amount will not exceed **\$8,000.00** per applicant and the loan period will not exceed twenty-four (24) months. Form of payment shall be a money order or cashier's check and will be due on the first (1st) day of the month. Applicants must have an income that is sufficient enough to make monthly payments until the loan is paid in full.

Eligibility:

1. First priority applicants will be enrolled members of the Pawnee Nation (provide copy of CDIB).
2. Second priority will be members of any Federally Recognized Tribe (provide copy of CDIB).
3. Income verification for all members of the household over 18 years of age. Most recent payroll stub covering the previous 30-day period. Self-Employment – submit a signed and completed Federal Tax Return (including all schedules).
4. Retired or disabled provide a copy of award letters from all sources of income.
5. Proof of ownership of the residence by Deed and legal description.
6. Proof of homeowners insurance or a letter of intent that insurance will be purchased when repairs are made.
7. Applicant must not owe money to the Pawnee Nation Housing Authority.
8. If an applicant defaults on payments, the Housing Authority will initiate garnishment of wages through the District Court of Pawnee County or the Pawnee Nation Tribal Court for restitution of any monies owed the Housing Authority plus court cost and attorney fees.
9. Applicant agrees by signing to abide by all condition of the Pawnee Nation Housing Authority Home Improvement Loan Application Policy conditions.



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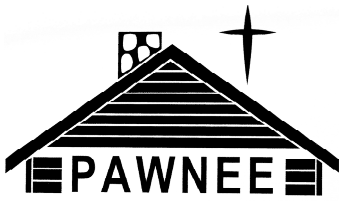
PLEASE COMPLETE THE APPLICATION AND RETURN WITH THE FOLLOWING REQUIRED DOCUMENTS IN ORDER TO PROCESS YOUR LOAN REQUEST

- Identification: Copy of CDIB, Driver's License and Social Security Card for all borrowers.
- Income verification:
 - Most recent payroll stubs for each borrower covering the previous 30-day period
 - Self-employment, please provide your signed and complete Federal Tax Returns (including all schedules).
 - Retired or Disability income, please provide copies of award letters from all sources of income.
- Insurance Verification: Please provide a copy of your homeowners insurance or letter of intent.
- Please be advised that additional documentation may be required prior to full approval.

RETURN ALL DOCUMENTS TO:

PAWNEE NATION HOUSING AUTHORITY
P.O. BOX 408
PAWNEE, OK 74058

OR BY EMAIL AT PAWNEENATIONHA@SBCGLOBAL.NET



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NON NAHASDA – HOME IMPROVEMENT LOAN APPLICATION

___ Approved
___ Denied
Date: _____
Initials: _____

Name: _____ Date: _____
 (Last, First, MI)

Social Security #: _____ Date of Birth: _____
 (mm/dd/yyyy)

Physical Address: _____
 Street City State Zip

Cell Phone: _____ House/Message Phone: _____ Work Phone: _____

Tribal Affiliation: _____ Enrollment/Membership #: _____

Copy front and back of CDIB/Membership Card? Yes ___ No ___

Employer: _____ Length of Employment: _____

Income and Assets:

Type of Income	Wages	Retirement	SS/SSI	Self-Employment	Other
HEAD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SPOUSE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Family Composition:

Last Name:	First Name:	Gender	Relationship	Date of Birth:	SS#

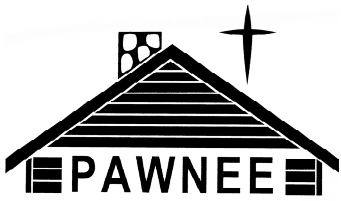
CERTIFICATION

I certify that all information is true and correct to the best of my knowledge. I consent to the Release of Information to/from necessary parties regarding my application.

Applicant Signature: _____ Date: _____

Spouse/Other Signature: _____ Date: _____

Executive Director: _____ Date: _____



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SCHEDULE OF PAYMENT

Loan payments are due on the 1st of each month, payable by money order or cashier's check. Payments will be considered delinquent after the fifth (5) day of each month. Failure to make payments as agreed will result in garnishment of wages or court action to recover any funds, plus court and attorney costs.

Total Amount of Loan: \$ _____ Amount per Month: \$ _____

Begin Date: _____ End Date: _____

Type of Loan: _____

Description: _____

Applicant Signature: _____ Date: _____

Spouse/Other Signature: _____ Date: _____

Home Address: _____

Executive Director: _____ Date: _____

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, in and for said county and State on the _____ Day of _____, 20____, personally appeared _____. To me known to be the identical person(s) who executed the within and foregoing instrument and acknowledge to me that the executed the same as the free and voluntary act and deed for the uses and purposes therein set forth.

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

My Commission Expires: _____

Notary Public

(Seal)