



## **Tulalip Homeowner's Assistance Fund Application Check List**

Please review your application to make sure that it contains the following information:

- Complete Application (All 5 pages)
- Documentation showing homeownership (The Promissory Note)
- The recorded document securing the property which is either:
  - Mortgage
  - Deed of Trust
  - Other Consensual Security Interest (e.g. Pledge)
- Monthly Invoice or Mortgage Statement (Mortgage Payment Document)
- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (if applicable)
- Annual Household Income Verification
  - Paystubs, W-2, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer)
- Financial Hardship Form OR one of the following:
  - Documents showing an increase in living expenses
  - Bills/Receipts showing significant costs (hospital bills, medication costs, etc.)
  - Copy of Utility bill(s)
  - Other documents showing financial hardship



**TULALIP HOMEOWNER ASSISTANCE FUND (THAF)  
APPLICATION**

<b>*FOR OFFICIAL USE*</b> Date Submitted: _____ Time Submitted: _____ Received by: _____ Application #: _____
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**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**General Information**

- Are you or a member of your household a member of the Tulalip Tribes?  Yes  No  
If yes, attach proof of membership of an Indian Tribe for each household member
- Are you or a member of your household a member of an Indian tribe?  Yes  No  
If yes, attach proof of membership of an Indian Tribe for each household member
- Are you or a member of your household an employee of the Tulalip Tribes, QCV or TGO?  Yes  No
- Are you a homeowner of a dwelling currently used as your primary residence?  Yes  No  
If yes, attach proof of a home mortgage or other proof of homeownership.

**Household Member Information:**

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual Income	Income Source

## Household Income Verification

Provide information on the total annual income of your household for calendar year 2020.

**Annual income** of household: \$ \_\_\_\_\_

Applicant must attach and submit a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer.

The following are the FY 2021 HAF Income Limits for Seattle-Bellevue, WA HUD Metro FMR Area:

FY 2021 HAF Income Limits Summary for Seattle-Bellevue, WA HUD Metro FMR Area								
	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Greater of 100% AMI or 100% U.S. Median Income	\$81,000	\$92,600	\$104,150	\$115,700	\$125,000	\$134,250	\$143,500	\$152,750
Greater of 150% AMI or 100% of U.S. Median Income	\$121,500	\$138,850	\$156,200	\$173,550	\$187,450	\$201,350	\$215,250	\$229,100

I am applying for: (applicants may only receive services from a or b (not both), must provide documentation.)

a. The following services may be funding for up to 6 months:

Mortgage payment assistance, will be paid in 3-month increments, applicant must reapply after 3 months;

Homeowner's utilities, including electric, gas, home energy, and water, assistance will be available for 6 months, bills will need to be submitted monthly. Applicant must reapply after 3 months;

Homeowner's internet service, including broadband internet access service, as defined in 47 CFR 8.1(b) (or any successor regulation), assistance will be available for 6 months, bills will need to be submitted monthly. Applicant must reapply after 3 months;

Homeowner's insurance, flood insurance, and mortgage insurance, assistance will be available for 6 months, bills will need to be submitted monthly. Applicant must reapply after 3 months;

Homeowner's association fees or liens, condominium association fees, or common charges, assistance will be available for 6 months, bills will need to be submitted monthly. Applicant must reapply after 3 months.

b. The following are one-time assistance, with a maximum amount of \$15,000 available. Tulalip Tribes reserves the right to review higher need requests on a case by case basis, and may authorize additional funding.

Down payment assistance loans provided by nonprofit or government entities;

Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures

Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties

**Financial Hardship**

Have you experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? (check all that apply)

- A reduction in household income
- Increase in living expenses
- Loss of Employment/Temporary Layoff/or Furlough
- Increased costs due to healthcare or need to care for a family member
- Other financial hardship; list: \_\_\_\_\_

If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income).

**Additional Requirements**

Applicants must sign a release of information form allowing the THAF to verify any and all information required to participate in the Homeowner Assistance Fund Program.

**Applicant Acknowledgements and Attestation**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes no longer experiencing a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or homeowner displacement.

By my signature below, *I hereby certify and attest* that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify THAF of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if THAF determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OFFICIAL USE ONLY</b> Reason: _____
Denial Communicated: _____	Staff Signature: _____

**TULALIP HOMEOWNER ASSISTANCE FUND (THAF)**

**Applicant Attestation of Financial Hardship**

*In order for financial assistance to be provided under the Tulalip Homeowner Assistance Fund Program, this Attestation of Financial Hardship must be completed and signed/dated by the homeowner.*

I, \_\_\_\_\_, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used a primary residence and I have experienced a financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [*describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member*]

I agree to notify the THAF of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**TULALIP HOMEOWNER ASSISTANCE FUND (THAF)**

**Applicant Authorization for Release of Information**

I, \_\_\_\_\_ [print name] (“Applicant”) am applying for certain financial assistance from THAF under the Homeowner Assistance Fund Program. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to THAF listed below.

Name and address of person or entity possessing information regarding Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address and contact person to whom information is to be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession THAF. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date