



The Eastern Band of Cherokee Indians
 Treasury Division – Office of Budget & Finance
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085



Application for Early Disbursement for Housing Needs

EBCI Minors Trust Fund Revised 7/1/2021

**RETURN THIS COMPLETED & NOTARIZED APPLICATION TO
 THE EBCI ENROLLMENT OFFICE – PO BOX 2069 – CHEROKEE, NC 28719**

Minors Participant Information

Name: _____ Enrollment Number: _____

 First Middle Last Date of Birth: ____/____/____
 Social Security Number: _____ - _____ - _____
 Telephone: (____) _____ - _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____

Early Distribution for Housing Needs (check all that apply)

Home Purchase OR Home Construction Total Amount Requested: \$ _____
 This will be my primary residence I am between the ages of 18-24
 I have land in my name or a ten-year lease I can show proof of income

Include the following documents with your application:

1. Contract of Purchase/Sale, Bill of Sale, or Sales Quote that shows the total amount of home purchase/construction
2. Proof of Income such as copies of check stubs, copies of tax documents (W2s or 1099s), bank account summary, or copies of your most recent income tax filing
3. Proof that you have land in your name, or that land is included in your housing purchase, or that you have a minimum of a ten-year land lease if purchasing a mobile home. **For house purchase/construction on Trust Land, attach approved copy of 'Site Inspection Application' from Realty Office.
4. Copies of applications filed with the EBCI Housing Program if any, copies of denial letters for bank financing if you have applied, and/or copies of denial letters from other housing sources if any
5. Proof of availability of funds to cover housing purchase/construction beyond funds requested for early distribution from the Minors Trust Fund

 Signature of Applicant Date

Early Disbursement for Housing Needs Policy: In order to be eligible for an advance distribution for housing, beneficiaries must satisfy all the following criteria (a) must be a beneficiary of the Minors Trust Fund with an account balance, (b) must be between the ages of 18-24, (c) housing purchase must be the beneficiary's primary residence, (d) must demonstrate proof of income, and (e) must have land held in the name of the beneficiary or for a mobile home purchase beneficiary must have a minimum of a ten-year lease. If such request is granted the amount shall not exceed 98% of the home's purchase price and 80% of the beneficiary's account balance at the time of request. The amount will be grossed up to cover applicable taxes. Documentation must be attached to support the housing need and justify costs.

NOTARY ACKNOWLEDGEMENT

State of: _____ County of: _____ On this ____ day
 of _____, 20____. Before me, _____, the undersigned Notary
 Public for _____ County, personally appeared: _____
 personally known to me; or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on
 the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated.

 Signature of Notary Printed Name of Notary My Commission Expires

(SEAL)



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 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085
Application for Early Disbursement Direct Deposit Agreement
EBCI Minors Trust Fund *Revised 7/1/2021*



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF MINORS TRUST FUND DISBURSEMENT
****OPTIONAL****

NAME: _____

I hereby authorize EASTERN BAND OF CHEROKEE INDIANS to initiate credit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Checking

Savings

Bank Name: _____ **Bank Address:** _____

City: _____ **State:** _____ **Zip:** _____

Account Name: _____

Routing Number: _____ **Account Number:** _____

Please attach a VOID check or a letter from your financial institution.

FOR HOUSING, HEALTHCARE OR EDUCATION APPLICATIONS

WIRE & DELIVERY INSTRUCTIONS

Receiving Institution ABA #: _____

Receiving Institution: _____

Beneficiary Name: _____

Beneficiary Instructions: _____

FFC: _____

By filling out this form, you accept that you are voluntarily enrolling in direct deposit for your Minors Trust Fund payment. You are responsible for keeping your bank account open. Any changes to your bank account may result in a late payment. The bank account for direct deposit must include the applicant's name.