



HOMEOWNER ASSISTANCE APPLICATION



SUPPORTING DOCUMENTS REQUIRED (FOR ALL HOUSEHOLD MEMBERS UNLESS OTHERWISE STATED)

_____ **TRIBAL ENROLLMENT CARD**

_____ **SOCIAL SECURITY CARD**

_____ **INCOME VERIFICATION FORM**
(Income Tax Statement for those claiming an enrolled child(ren),
Unemployment Statement, 8 weeks of GROSS income, attestation verifying
income)

_____ **COPY OF MORTGAGE STATEMENT OR COPY OF DEED OF
TRUST OR DOCUMENTATION OF OTHER CONSENSUAL
SECURITY INTEREST ON A PRINCIPAL RESIDENCE (IF
APPLICABLE)**

_____ **COPY OF UTILITY BILLS**

HOMEOWNER ASSISTANCE APPLICATION INCOME GUIDELINES AND REQUIREMENTS

QUALIFIED EXPENSES:

1. mortgage payment assistance;
2. financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
3. payment assistance for:
 - a. homeowner's utilities, including electric, gas, home energy, and water;
 - b. homeowner's internet service, including broadband internet access service, as defined in 47 CFR 8.1(b) (or any successor regulation);¹
 - c. homeowner's insurance, flood insurance, and mortgage insurance;
4. payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;

The definition of "broadband internet access service" in 47 CFR 8.1(b) is "a mass-market retail service by wire or radio that provides the capability to transmit data to and receive data from all or substantially all internet endpoints, including any capabilities that are incidental to and enable the operation of the communications service, but excluding dial-up internet access service. This term also encompasses any service that the [Federal Communications] Commission finds to be providing a functional equivalent of the service described in the previous sentence or that is used to evade the protections set forth in this part."

ELIGIBLE HOMEOWNERS:

Upon qualification, C.I.H.D. may issue payments as follows:

- Mortgage Delinquencies, Defaults, and Foreclosures (\$15,000 Maximum)
- Prospective Mortgage Payments/Mortgage Assistance - (3 Months Maximum)
- \$1500.00 Maximum Payment for Electric/Energy bills & delinquencies

Must be an active enrolled member of the Eastern Band of Cherokee Indians (E.B.C.I.) or must have an enrolled member living within the household.

At this time, the service area is limited to the following counties:

- Cherokee
- Clay
- Graham
- Haywood
- Jackson
- Macon
- Swain

Applicants whose loans are in such serious default that HAF and 2 subsequent garnishments will not bring account current will not be approved.

Homeowners are eligible to receive amounts allocated to a HA participant under the HAF if they experienced a financial hardship **after January 21, 2020** and have incomes equal to or less than **150% of the area median income**. A HAF participant may provide HAF funds only to a homeowner with respect to qualified expenses related to the dwelling that is such **homeowner’s primary residence**.

HAF participants must require homeowners to attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).

Those families whose income is equal to or less than 100% of the area median income, or US median income, will receive priority.

As funding allows, families with an income equal to or less than 150% of the area median income, or US median income may receive assistance.

Income Determinations are based on the Income Limits below:

U.S. Median Income Limits:

		1	2	3	4	5	6	7	8
U.S.	100%	55,930	63,920	71,910	79,900	86,292	92,684	99,076	105,468
U.S.	150%	83,895	95,880	107,865	119,850	129,438	139,026	148,614	158,202

Area Median Income Limits:

All income limits in surrounding counties of Cherokee, Graham, Haywood, Jackson and Swain all fall below the US Median Income Limits, therefore CIHD will use the US Median Income Limits to determine eligibility.

***EBCI
HOMEOWNER ASSISTANCE
APPLICATION***

HOUSING INFORMATION

_____ Date of Application

Homeowner Assistance (HA)

_____ Applicant's Name

_____ Address

_____ City, State, Zip

_____ Telephone

FAMILY COMPOSITION

1 Family Member #	2 Family Member Name Social Security Number	3 Relation to Family Head	4 Date of Birth	5 Age	6 Sex	7 Occupation
1	_____ SSN _____	Head (Tribal Card Holder)	_____	_____	_____	_____
2	_____ SSN _____	_____	_____	_____	_____	_____
3	_____ SSN _____	_____	_____	_____	_____	_____
4	_____ SSN _____	_____	_____	_____	_____	_____
5	_____ SSN _____	_____	_____	_____	_____	_____
6	_____ SSN _____	_____	_____	_____	_____	_____
7	_____ SSN _____	_____	_____	_____	_____	_____

INCOME

Family Member #	Employer	Estimated Income	
		Monthly	Yearly
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
TOTAL FAMILY INCOME:		_____	_____

This section to be completed by Homebuyer Services Coordinator.

Income tax return _____
Eight weeks of income _____

Total Amount of Income: \$ _____

Statement of Need / Affected by Covid-19

By signing this agreement, I agree housing assistance provided to an eligible household should not be duplicative of any other federally funded housing assistance provided to such household. If you receive any type of housing assistance from the Federal Government, then you DO NOT qualify for the housing assistance program.

Additionally, I attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).

Furthermore, I hereby attest that the above information is full, true, and complete to the best of my knowledge and understand that if any of the provided information is found to be false, legal action will be taken to recover funds inaccurately expended. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Furthermore, I attest that the individual(s) named in this application are at risk for eviction and/or have been negatively impacted by covid-19.

Signature of Applicant

Date

REVIEWED BY: _____

HOMEBUYER SERVICES COORDINATOR