



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 5/10/22



Form should be mailed to EBCI Office of Budget & Finance or hand delivered to 468 Sequoyah Trail, Cherokee, NC. Form must be notarized.

Minors Participant Information

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_
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
This will be my primary residence
I have land in my name or a ten-year lease
I can show proof of income
Appraisal record of house
Total Amount Requested: \$\_\_\_\_\_
I am between the ages of 18-24

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. Home purchase or construction is permanent housing only and will be buyer's primary residence.
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.
4. A current appraisal must be included with home purchase contract or bill of sale.
5. Proof of availability of funds to cover housing purchase/construction beyond maximum total distribution if the purchase price exceeds the total amount of distribution allowed per the policy.

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 a mandatory 25% federal tax withholding. Documentation must be attached to support the housing need and justify costs. If you have questions about your account or to receive a pre-qualification letter, contact Lavita Hill at lavihill@ebci-nsn.gov. Visit www.usicg.com for personal account information.

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.

(SEAL)

Signature of Notary

Printed Name of Notary

My Commission Expires



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**Application for Early Disbursement Direct Deposit Agreement**



**EBCI Minors Trust Fund** *Revised 5/10/22*

**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 Account #:** \_\_\_\_\_

**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. If form is not filled out completely, a paper check will be mailed.