

Homeowner Assistance Fund Program Application Checklist

**HOMEOWNERS MUST RESIDE ON THE FORT BERTHOLD RESERVATION OR WITHIN THE DESIGNATED
FORT BERTHOLD HOUSING AUTHORITY NAHASDA SERVICE AREA.**

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

For all Applicants:

- Documentation showing homeownership
- Copy of Driver's License or Tribal Enrollment Card
- Proof of MHA Nation or TAT tribal membership
- Annual Household Income Verification (check one box)
 - A written attestation as to household income with supporting documentation (paystubs, Form W-2s, wage statements, IRS Form 1040, Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer);
OR
 - A written attestation as to household income and the Fort Berthold Housing Authority may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

Submit the following documentation if applicable:

- Documents showing a reduction in household income
- 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

FOR OFFICIAL USE	
Date Submitted:	_____
Time Submitted:	_____
Received by:	_____
Application #:	_____



FORT BERTHOLD HOUSING AUTHORITY

P.O. Box 310
 Hwy 1804 ND Dr.
 New Town, ND 58763
 Tel. 701.627.4731 Fax 701.627.3802

COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION

Applicant Information

Applicant Name: _____	Date: _____
Date of Birth: _____	Tribal Enrollment No.: _____
SSN: _____	
Mailing Address: _____	City: _____
	State: _____
Zip: _____	Phone: _____
Physical Address: _____	City: _____
	State: _____
	Zip: _____
	Email: _____

General Information

1. Are you or your spouse a tribal member of the MHA Nation? Yes No
 - a. If yes, attach proof of membership for yourself and/or your spouse
2. Are you a homeowner of a dwelling currently used as your primary residence? Yes No
 - a. If yes, attach a copy of the Deed, proof of a home mortgage, or other proof of homeownership.
 - b. Note- If you are paying on a mortgage but do not have a copy of the title to the home, you are still eligible to apply and can provide a copy of the mortgage payment documents.
3. Did your mortgage on your primary residence originate before March 1, 2020? Yes No
 - a. If yes, attach proof of the home mortgage.
4. If you do not have proof of homeownership or title, are you eligible for conveyance but have not been completely conveyed the home such as receiving a building deed? Yes No
 - a. If yes, attach proof of eligibility for conveyance such as a lease purchase agreement.
5. Is your primary residence located on the Fort Berthold Reservation or the designated Fort Berthold Housing Authority NAHASDA Service Area? Yes No
6. Do you have an ownership interest in any other residential property besides your primary residence?

Household Member Information:

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

Household Income Verification

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

1. **Annual income** of household: \$ _____
 - a. Applicant must attach and submit: (1) a written attestation as to household income with supporting documentation, such as paystubs, IRS Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer, or (2) a written attestation as to household income that the Fort Berthold Housing Authority may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household’s geographic area.
2. If you receive assistance, do you have sufficient income to make current or reduced mortgage and escrowed housing-related payments going forward? Yes No
3. Do you have other financial resources such as savings, retirement, or rental income available to cover mortgage payments? Yes No
 - a. If you answered yes, please provide documentation on retirement accounts, other income, and savings account balances.

Financial Hardship

1. Have you experienced financial hardship 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, unaddressed critical home repairs, or displacement and occurred after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date)? (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: _____

Additional Requirements

- a. 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).

Applicants must sign a release of information form allowing the Fort Berthold Housing Authority 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, unaddressed critical home repairs, 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 the Fort Berthold Housing Authority 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 the Fort Berthold Housing Authority determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Application Received by the Fort Berthold Housing Authority:

STAFF MEMBER SIGNATURE

DATE

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

Homeowner Assistance Fund Program Financial Assistance Form Checklist

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

For all Applicants:

- Completed FBHA HAF Program Application with all supporting documentation

Submit the following documentation if applicable and available:

- Documents showing mortgage payment arrears and interest/penalties accrued
- Documents showing utility costs arrears and interest/penalties accrued
- Documents showing other qualified expenses
- Utility bills showing current utility costs due

ATTACHMENT 2

FOR OFFICIAL USE	
Date Submitted:	_____
Time Submitted:	_____
Received by:	_____
Application #:	_____



**FORT BERTHOLD
HOUSING AUTHORITY**

FORT BERTHOLD HOUSING AUTHORITY

P.O. Box 310
Hwy 1804 ND Dr.
New Town, ND 58763
Tel. 701.627.4731 Fax 701.627.3802

Applicants must submit this form with the application and supporting documentation to apply for financial assistance under the Homeowner Assistance Fund Program.

Applicant Information

Applicant Name: _____		Date: _____	
Date of Birth: _____		SSN: _____	
Tribe Enrolled in: _____		Tribal Enrollment No.: _____	
Physical Address: _____		City: _____	State: _____
Zip: _____	Phone: _____		
Mailing Address: _____		City: _____	State: _____
Zip: _____	Email: _____		

Financial Assistance for Qualified Expenses

The FBHA HAF Program funds may only be used for the following types of qualified expenses that are for the purpose of preventing homeowner financial hardship related to COVID-19 after January 21, 2020:

Please check the box for the category of assistance you are applying for.

Category 1 - Mortgage and Housing Expense Payment Assistance.

Short-term monthly payments for mortgage and other escrowed housing expenses such as property taxes, homeowners’ insurance, maintenance fees, and lot rent to assist eligible homeowners who have been keeping up with housing payments despite their financial hardship.

Category 2 - Mortgage Default Resolution.

Assistance other than full reinstatement. The assistance is intended to leverage HAF to allow homeowners to obtain a loan modification or recast that resolves the default and may also lower the monthly payment. This can include payments to reduce arrears and/or principal to enable default resolution and/or payment reduction. Loan modifications may include, but are not limited to the following:

- i. Interest rate adjustments
- ii. Interest only and escrowed payments over a one-year period
- iii. Interest step ups

- iv. Re-amortization of the loan
- v. Principal reduction
- vi. Waiver of late fees and penalties

Category 3 - Mortgage Reinstatement.

A grant to pay for arrearages to reinstate (or bring current) mortgages, utilities, and other eligible costs under the program.

Category 4 - Utility and/or Energy Services Payment Assistance.

Payment of arrears accrued after January 21, 2020 to utility and energy service providers when necessary to ensure continued utility and energy services and unit habitability. Utilities permitted include electricity, heating and cooling, water and sewer.

Category 5 - Home Rehabilitation Assistance.

The FBHA will provide funds for home rehabilitation to homeowners located within the Fort Berthold Reservation or the designated Fort Berthold Housing Authority NAHASDA Service Area to allow homeowners to obtain home repairs that resolves the poor condition of the home to the degree that when the repairs are completed, the dwelling will not continue to be a major hazard to the health and safety of the occupants.

Other Requirements:

The FBHA HAF Program also requires the following:

- **Participation.** If an Applicant is approved for participation in the HAF Program, they must submit financial information and supporting documentation each month for which they seek continued HAF Program Funds, unless such payments are to be provided for a three (3) month period, for which the Applicant must provide such information for the three (3) month period.
- **Maximum Assistance per Household.** Applicants may be approved for more than one type of HAF assistance, but the maximum amount of assistance available for any applicant or property for mortgage and utility assistance combined (Categories 1-4) is three-thousand-dollars (\$3,000.00) per household, and twenty-one-thousand-dollars (\$21,000.00) for home rehabilitation assistance (Category 5). If additional funds become available, the caps will be adjusted.

Category 1- Mortgage & Housing Expense Payment Assistance

Do you have monthly mortgage payments and other escrowed housing expenses such as property taxes, title services, homeowners’ insurance, maintenance fees, and lot rent?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each payment.

Mortgage Payment: (must have originated before March 1, 2020)

Total payment amount requested \$_____

Monthly payment amount \$_____

Financial Institution Name: _____

Phone:_____ Email:_____

Mailing Address: _____

Housing Expenses: Total amount requested \$ _____

1. **Type of Expense:** _____

Monthly payment amount \$ _____

Service Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

2. **Type of Expense:** _____

Monthly payment amount \$ _____

Service Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

Category 2- Mortgage Resolution

Is your mortgage in default or at risk of going into default? Yes No

Please attach supporting documentation for your mortgage payment and arrears.

Current Mortgage Payment: (must have originated before March 1, 2020)

Monthly payment due: \$: _____ Amount in default \$ _____

Amount going to principal: \$ _____ Amount going to interest \$ _____

Amount going to other _____ \$ _____ - Amount going to other _____ \$ _____

Financial Institution Name: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Category 3- Mortgage Reinstatement

Do you have mortgage payment arrears or utility cost arrears (e.g., electric, gas, home energy, water, internet service)? (check all that apply)

If you check any of the boxes below, attach supporting documentation for each payment.

Mortgage Payments Arrears:

Total payment amount in arrears \$ _____

Monthly payment amount \$ _____

Date Due: _____

Financial Institution Name: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Utility Costs Arrears: Total amount in Arrears \$ _____

1. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Category 4- Utility and/or Energy Services Payment Assistance

Do you have payment arrears accrued after January 21, 2020 to utility and energy service providers (for electricity, heating and cooling, water and sewer services)? (check all that apply)

If you check any of the boxes below, attach supporting documentation for each payment.

Utility Costs Arrears: Total amount in Arrears \$ _____

2. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

5. **Type of Utility:** _____ **Amount \$** _____

Utility Provider: _____ **Phone Number:** _____

Billing Address: _____ **City:** _____

State: _____ **Zip:** _____

Category 5 - Home Rehabilitation Assistance

Is your home in a condition that is a major hazard to the health and safety of the occupants? Yes No

If so, please check any of the boxes below and attach supporting documentation for each housing repair expense requested.)

Critical Home Repairs

Electric Systems

HVAC system (heating/cooling)

Plumbing

Windows

Doors

Roof

Siding

Accessibility (examples: wheelchair ramp(s), shower bars, accessible bathtub/shower install, lower counters)

Fire Suppression (extinguishers, sprinkler systems)

Other (Please Describe)

I have a MHA TERO certified

Contractor to do the work

Name: _____

Contact: _____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or any benefits from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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 the Fort Berthold Housing Authority 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 the Fort Berthold Housing Authority determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Form Received by the Fort Berthold Housing Authority:

STAFF MEMBER SIGNATURE

DATE

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

ATTACHMENT 3



FORT BERTHOLD HOUSING AUTHORITY

P.O. Box 310
Hwy 1804 ND Dr.
New Town, ND 58763
Tel. 701.627.4731 Fax 701.627.3802

**COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM
FINANCIAL ASSISTANCE FORM**

APPLICANT ATTESTATION OF FINANCIAL HARDSHIP

In order for financial assistance to be provided under the 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 as my primary residence and I have experienced financial hardship 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, unaddressed critical home repairs, or displacement and occurred after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) (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, please describe:

I agree to notify the Fort Berthold Housing Authority 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

ATTACHMENT 4



FORT BERTHOLD HOUSING AUTHORITY

P.O. Box 310
Hwy 1804 ND Dr.
New Town, ND 58763
Tel. 701.627.4731 Fax 701.627.3802

APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

I am applying for financial assistance from the Fort Berthold Housing Authority Homeowner Assistance Fund Program. As part of my application, I am required to provide background information for determination of my eligibility.

Consent: I authorize and direct any federal, state, tribal, local, or private agency, organization, or individual to release to the Fort Berthold Housing Authority (FBHA) any information or materials needed to complete and verify my application for program participation and to maintain my continued assistance under any and all FBHA programs no matter the funding source. I understand and agree that my signature below authorizes FBHA, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of the Treasury, the Mandan Hidatsa & Arikara Nation, and any other federal, state, tribal, local, or private funding agency, organization, or individual granting or loaning funds to the FBHA to use any information received under this release to administer and enforce their respective program rules and policies. I hereby authorize the release of any and all records or other information regarding me and my household, in whatever format, that a person or entity has in their or its possession to the Fort Berthold Housing Authority.

Information covered: I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be addressed include but are not limited to: identity and marital status; household composition; medical and childcare expenses; employment, income, and assets; credit and criminal activity; residence and rental activity; utility costs; disability assistance expense; and Social Security programs. I understand that this authorization cannot be used to obtain information that is not pertinent to my eligibility for and continued participation in FBHA programs.

Groups or Individuals that may be contacted: Groups or individuals that I authorize to release the above information include but are not limited to: other housing agencies; courts and post offices; schools and colleges; law enforcement agencies; support and alimony providers; past and present employers; utility companies; private employment agencies; child care providers; the U.S. Department of Veterans Affairs and Social Security Administration; any federal, state, tribal, or local human services, health, or employment department; retirement systems; credit providers and credit bureaus; banks and financial institutions, under Section 502(e)(2) of the Graham- Leach-Bliley Act (P.L. 106-102).

Computer matching consent: I understand and agree that the FBHA may conduct computer matching programs to verify the information supplied for my application or recertification, including information received under this authorization or any other authorization I sign. If a computer match is done, I understand that I have the right to notification of any adverse information found and the opportunity to disprove that information. The FBHA may, in the course of its duties, exchange such automated information with other federal, state, tribal, and local agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. 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 to the Fort Berthold Housing Authority. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Print Applicant Name

Applicant Signature

Social Security Number

Date Signed