

# SOCIAL SERVICES APPLICATION FOR THE HOMEOWNER'S ASSISTANCE FUND



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE COMPLETED IN A TIMELY MANNER.

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>MAIDEN NAME</b>

<b>PHYSICAL ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>	<b>MESSAGE NUMBER</b>

Is the applicant a tribal member? Yes \_\_\_ No \_\_\_

**Enrollment Number :** \_\_\_\_\_

Do you live on an Indian Reservation? Yes \_\_\_ No \_\_\_

**Residing Reservation:** \_\_\_\_\_

Are you obligated to pay mortgage on your primary residence? Yes \_\_\_ No \_\_\_

**When was the last time you paid your mortgage?** \_\_\_\_\_

If you are not obligated to pay mortgage,  
do you have the deed to your primary residence that you are applying for? Yes \_\_\_ No \_\_\_

Are you applying to convey you home (transfer right of ownership)? Yes \_\_\_ No \_\_\_

Can you afford your regular mortgage payment at this time? Yes \_\_\_ No \_\_\_

Have you received a foreclosure notice? Yes \_\_\_ No \_\_\_

Have you talked with your servicer about options to avoid foreclosure? Yes \_\_\_ No \_\_\_

Have you or any member of your household applied for or received Homeowner Assistance Funds (HAF) through the state, tribe, or any other source? **Yes \_\_\_ No \_\_\_**

If yes please attach verification. (Award letter)

<b>ASSISTANCE RECEIVED FROM</b>	<b>MONTHS ASSISTANCE WAS RECEIVED</b>

### **MEMBERS OF HOUSEHOLD**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>DISABLED Yes or No</b>	<b>EMPLOYED Yes or No</b>
	Applicant				

### **HOUSEHOLD INCOME**

List all current sources of income for you and each household member 18 and older. You must submit all income documentation, three months of pay stubs from all jobs, tribal income, EDD, (unemployment statement), or a copy of your form 1040 as filed with the IRS.

<b>NAME</b>	<b>SOURCE OF INCOME INCLUDE ALL SOURCES</b>	<b>MONTHLY GROSS INCOME</b>	<b>ANNUAL INCOME</b>
	<b>TOTALS:</b>		

**IMPACT OF COVID-19**

**LOSS OF INCOME** – Have you or someone in your household had a loss of income due to Covid? (Loss of employment, temporary layoff, furlough, loss of self-employment/business income [income is reported on IRS form 1040]) **Yes \_\_\_ No \_\_\_**

**REDUCTION OF INCOME** – Have you or someone in your household had a reduction of income due to Covid? (Loss of employment, temporary layoff, furlough, reduction in hours/pay? **Yes \_\_\_ No \_\_\_**

**INCREASE OF EXPENSES** – Have you or someone in your household had an increase in expenses due to Covid? (Having to buy sanitizing supplies, disabled and enduring increased costs, incurred significant costs, hospital bills, medication costs, underlying medical condition requiring staying home to prevent exposure, unable to work or experiencing financial hardship due to no childcare/school) **Yes \_\_\_ No \_\_\_**

**STATEMENT OF CURRENT ABILITY TO RESUME ANY REQUIRED  
REGULAR PAYMENTS AFTER YOUR ACCOUNT IS REINSTATED:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## NEED FOR ASSISTANCE DUE TO COVID-19

**Must be due to a loss of income, reduction of income or increase of expenses.**

**Must only mark ONE assistance type**

Do you need assistance with mortgage (reinstatement) payments? Yes \_\_\_ No \_\_\_

If yes please fill out the information below and attach your full mortgage statement.

<b>MORTGAGE LENDER NAME</b>	<b>MORTGAGE LENDER ADDRESS</b>

<b>FULL ACCOUNT NUMBER</b>	<b>PAST DUE CHARGES</b>	<b>REGULAR MONTHLY PAYMENTS</b>

Do you need assistance with insurance (homeowner, flood, mortgage)? Yes \_\_\_ No \_\_\_

If yes please fill out the information below and attach your full insurance statement.

<b>INSURANCE PROVIDER</b>	<b>ADDRESS OF PROVIDER</b>

<b>FULL POLICY NUMBER</b>	<b>PAST DUE CHARGES</b>	<b>REGULAR MONTHLY PAYMENTS</b>

Do you need assistance with property taxes? Yes \_\_\_ No \_\_\_

If yes please fill out the information below and attach you full property statement.

<b>PROPERTY TAX PROVIDER</b>	<b>ADDRESS OF PROVIDER</b>

<b>FULL POLICY NUMBER</b>	<b>PAST DUE CHARGES</b>	<b>REGULAR MONTHLY PAYMENT</b>

Do you need assistance with utilities (electric, propane, gas, water, etc.)? **Yes**\_\_\_ **No**\_\_\_  
 If yes please attach the full bill for utility request.

<b>NAME OF UTILITY PROVIDER</b>	<b>ADDRESS OF UTILITY PROVIDER</b>
<b>ACCOUNT NUMBER</b>	<b>PAST DUE CHARGES</b>

<b>NAME OF UTILITY PROVIDER</b>	<b>ADDRESS OF UTILITY PROVIDER</b>
<b>ACCOUNT NUMBER</b>	<b>PAST DUE CHARGES</b>

Do you need assistance with home repairs? **Yes**\_\_\_ **No**\_\_\_

If yes please list repairs needed (by priority) to prevent displacement or risk of health, welfare and safety.

---



---



---



---



---



---



---

**Estimate of repairs:** \$ \_\_\_\_\_

Home repairs that exceed the approved amount set by Pit River Tribe will be the sole responsibility of the homeowner. Pit River Tribe will not be responsible for costs previously incurred by the homeowner. When submitting for home repairs, please submit scope of work, estimate of repairs, and pictures of area that needs repair.

## 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.

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

Specifically, describe the nature of your financial hardship 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 Pit River Tribe Social Services HAF program staff 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 Printed Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## SELF-CERTIFICATION

I do hereby certify that my household composition is true and correct, and my household income represents income for every member of my household over the age of 18. I further acknowledge that falsification of information or any material falsehoods or omissions in my application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. I give consent authorization to the Pit River Tribe Social Services Department, HAF program and its respective agents, and employees to share, disclose, analyze, and discuss all documentation and information provided within this application and in subsequent communications related to the Federal Homeowner Assistance Funds Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Date application received: \_\_\_\_\_ Date approved: \_\_\_\_\_ Date denied: \_\_\_\_\_

- Experienced financial hardship after January 21, 2020.
- Household must be the primary residence on a residential dwelling.
- One or more individuals within the household has or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly to the COVID-19 outbreak.
- One or more individuals within the household can demonstrate a risk of experiencing housing instability.
- The household incomes equal to or less than 100% of the area median income or equal to or less than 100% of the median income for the United States, whichever is greater.
- The household income is at or below 150% of area median income.

Number of household members \_\_\_\_\_ Eligibility Determination Income \$ \_\_\_\_\_

HAF Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

HAF Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

If denied, reason for denial : \_\_\_\_\_

# NEEDED DOCUMENTATION TO COMPLETE APPLICATION

<p><b>FOR ALL PROGRAM OPTIONS</b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete, legible, signed application</li> <li><input type="checkbox"/> Proof of income for all adult members in the household (most current)</li> <li><input type="checkbox"/> Proof of ownership of primary residence</li> <li><input type="checkbox"/> Valid ID for all adult members in the household</li> <li><input type="checkbox"/> Proof of current tribal enrollment</li> <li><input type="checkbox"/> Statement of financial hardship</li> </ul>
<p><b>Mortgage Reinstatement</b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current mortgage statement, with past due amounts (must show full name and account number)</li> <li><input type="checkbox"/> Statement of current ability to resume any required regular payments after account is reinstated</li> <li><input type="checkbox"/> W-9 from mortgage company</li> </ul>
<p><b>Mortgage Payment</b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current mortgage statement, with past due amounts, must show full name and account number</li> <li><input type="checkbox"/> Statement of current ability to resume any required regular payments after account is reinstated</li> <li><input type="checkbox"/> W-9 from mortgage company</li> </ul>
<p><b>Delinquent Utility Bills</b></p> <p><b>Gas, Water, Sewer, Trash, Electricity, Internet</b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Statement of current ability to resume any required regular payments after account is reinstated</li> <li><input type="checkbox"/> Current utility statement, with past due amounts (must show full name and account number)</li> <li><input type="checkbox"/> W-9 for New Vendors</li> </ul>



<p><b>Property Taxes, Insurance Premiums, HOA Fees, Condominium Fees, Cooperative Maintenance, etc.</b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Statement of current ability to resume any required regular payments after account is reinstated</li> <li><input type="checkbox"/> Current statement, (must show full name and account number)</li> <li><input type="checkbox"/> W-9 from Property Charge company</li> </ul>
<p><b>Home Repairs</b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cost of repairs (invoice, bill, receipts, etc.)</li> <li><input type="checkbox"/> Pictures of area needing repairs</li> <li><input type="checkbox"/> Repair plans (scope of work)</li> <li><input type="checkbox"/> Copy of permits if they are needed</li> <li><input type="checkbox"/> Draw schedule of repairs</li> <li><input type="checkbox"/> Contract between homeowner and contractor/qualified person</li> <li><input type="checkbox"/> W-9 for new vendors</li> </ul>

**PIT RIVER TRIBE SOCIAL SERVICES DEPT**

**Homeowners Assistance Fund Verification Release of Information**

**Each household member 18 years and older must sign**

I hereby authorize Pit River Tribe Social Services Department, Homeowners Assistance Fund Program to request information regarding my financial and personal information to determine eligibility. The requested information is held in strict confidence and is only used for establishing eligibility.

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Resident Name:** \_\_\_\_\_

**Other Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Resident Name:** \_\_\_\_\_

**Other Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Resident Name:** \_\_\_\_\_

**Other Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*THIS DOCUMENT IS VALID ONE YEAR FROM DATE ORIGINALLY SIGNED\*\*\***

**OFFICE USE ONLY**

**ASSISTANCE RECEIVED**

**Mortgage Reinstatement**      Amount : \_\_\_\_\_ Date : \_\_\_\_\_  
**Mortgage Assistance**      Amount : \_\_\_\_\_ Date : \_\_\_\_\_  
**Utilities**      Amount : \_\_\_\_\_ Date : \_\_\_\_\_  
**Property Charge**      Amount : \_\_\_\_\_ Date : \_\_\_\_\_  
**Home Repairs**      Amount : \_\_\_\_\_ Date : \_\_\_\_\_

NOTES :

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

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS NEED TO BE DROPPED OFF, MAILED IN, SCANNED IN, OR FAXED**

**PICTURES NOT ACCEPTED**

For Any Questions, Contact Social Services at:

**530-335-5421**

**ext. 2013, 2015, or 2019**

Can drop applications off at:

**Main St. Tribal Office in Burney**

Mailing Address:

**Pit River Tribe Social Services Dept. 36970 Park Ave. Burney Ca 96013**

Emails: [ssintake1@pitrivertribe.gov](mailto:ssintake1@pitrivertribe.gov)

[ssintake2@pitrivertribe.gov](mailto:ssintake2@pitrivertribe.gov)

[ssintake4@pitrivertribe.gov](mailto:ssintake4@pitrivertribe.gov)

Fax : **530-335-6340**

**APPLICATIONS WILL NOT BE ACCEPTED UNTIL APRIL 1, 2024**