



## KIOWA TRIBE HOUSING AUTHORITY

1701 E. Central Blvd  
Anadarko, Oklahoma 73005  
Main (405)339-8100



The Homeowner Assistance Fund (HAF) assists eligible Kiowa Tribal Homeowners mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after **January 21, 2020**, through qualified expenses related to mortgages and housing. HAF can assist eligible homeowners with mortgage payment assistance, 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; mortgage principal reduction; mortgage interest rate deductions; payment assistance for utilities, homeowner's insurance, flood insurance, and mortgage insurance; payment for assistance for delinquent property taxes; assistance to enable households to receive clear title to their properties. Telecommunication services (telephone, cable, and internet) delivered to the homeownership dwelling **ARE NOT** considered as utilities. This program is limited to one tribal member per household. **Payments will be made directly to lenders, utility companies, tax assessors, and insurance companies.**

### **PROGRAM REQUIREMENTS**

- Applicant must be a Kiowa Tribal Member
- Applicant must be a homeowner
- Applicant must attest that they experienced financial hardship after January 21, 2020
- Applicant's household income must be equal to or less than 150% of area median income or 100% of United States median income
- Assistance must be for Applicant's primary residence

### **REQUIRED DOCUMENTS**

- Completed** application
- Copy of Tribal Membership Card for Tribal Household members
- Copy of State's Driver's License or ID
- Copy of Social Security cards for all household members
- Proof of homeownership
  - Mortgage Holder/Utility Form(**Tax Identification Number Required**)
  - **W-9 Mortgage Holder**
- Utility Bills
  - Bill **must** be in Applicant's name or in the name of the spouse of the Applicant
  - Account number **must** be on bill
  - **W-9 Utility Company**
- Documentation proving that assistance is for Applicant's primary residence
- Income verification (**please submit one** of the following for all household members receiving income):
  - Previous year's Tax Returns
  - 60 days Check Stubs
  - Proof of unemployment
  - Social Security Award Letter
- Documentation demonstrating financial hardship after January 21,2020

**CONTACT INFORMATION**

Applications may be submitted via:

- Mailed – Applicant may mail completed application with **all required verification** to 1701 E. Central Boulevard, Anadarko, OK 73005
- In person – at 1701 E. Central Boulevard, Anadarko, OK 73005

***If you have any questions, please contact the Kiowa Tribe Housing Authority at  
(405)339-8100***

# HOMEOWNERS ASSISTANCE FUND PROGRAM APPLICATION

## Kiowa Tribe Housing Authority

|                        |          |               |
|------------------------|----------|---------------|
| NAME (First)           | (Middle) | (Last)        |
| Social Security Number | Phone #  | Email address |

|                        |          |               |
|------------------------|----------|---------------|
| SPOUSE NAME (First)    | (Middle) | (Last)        |
| Social Security Number | Phone #  | Email Address |

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Physical Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

County

**ASSISTANCE NEEDED (Select one)**

- Mortgage / Forbearance
- Taxes / Insurance
- Mortgage Principal Reduction
- Mortgage Interest Rate Reduction
- Assistance to clear title to my home
  - Utility Co. \_\_\_\_\_ Account # \_\_\_\_\_
  - Utility Co. \_\_\_\_\_ Account # \_\_\_\_\_
  - Utility Co. \_\_\_\_\_ Account # \_\_\_\_\_
  - Utility Co. \_\_\_\_\_ Account # \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Complete the information below for each member who is living in the home.

| NAME | SSN | GENDER | BIRTHDATE | RELATIONSHIP |
|------|-----|--------|-----------|--------------|
|      |     |        |           |              |
|      |     |        |           |              |
|      |     |        |           |              |
|      |     |        |           |              |
|      |     |        |           |              |
|      |     |        |           |              |
|      |     |        |           |              |
|      |     |        |           |              |

**FINANCIAL HARDSHIP**

Please describe, in as much detail as possible, the nature of your financial hardship ( a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services or displacement for a homeowner); \_\_\_\_\_

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

When did the financial hardship begin? \_\_\_\_\_

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Kiowa Tribe Housing Authority, can provide documentation in support of my attestation of need.
- I experienced financial hardship after January 21, 2020.
- I am at risk of foreclosure, need mortgage payment assistance, need help with reinstating my mortgage, need mortgage principal reduction, need a mortgage interest rate reduction, need assistance with insurance related to my home or mortgage, need payment assistance for delinquent property taxes, need utility assistance **OR** need assistance to clear the title to my home.
- I am at risk of experiencing homelessness, housing instability or currently reside in unsafe or unhealthy living conditions.
- I am seeking assistance for my primary residence.
- My household income is equal to or less than 150% of area median income or 100% or less than the United States median income.
- I am **NOT** receiving any other form of Federal assistance to pay my mortgage or utility payment.
- I understand that if any of the above information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

**PLEASE NOTE: Once you have been approved/denied for assistance, you will receive a letter in the mail. Please also be aware that you are still required to make your payments to your Lender/Utility Company.**

**YOU ARE RESPONSIBLE FOR ANY UNPAID BALANCES.**  
**PAYMENTS MAY TAKE UP TO 30 DAYS TO CREDIT YOUR ACCOUNT.**

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LENDER/UTILITY FORM**

Applicant and Lender/Mortgage Holder Information are required. Utility Information is required only if applicant is requesting assistance for utilities. If applicant is requesting assistance for more than one utility provider, this form will be required for each utility which assistance is being requested.

**APPLICANT INFORMATION**

**(MUST BE COMPLETED BY APPLICANT)**

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

by signing below, I hereby certify that I am in need of assistance due to a financial hardship (a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner). I also certify that financial hardship began no earlier than **January 21, 2020**. I also understand that if any of the information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

**APPLICANT PRINT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LENDER MORTGAGE HOLDER INFORMATION**

**(MUST BE COMPLETED BY LENDER/MORTGAGE HOLDER)**

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**TAX IDENTIFICATION NUMBER (REQUIRED)** \_\_\_\_\_

Does the applicant have overdue mortgage charges?  YES  NO

If yes, overdue balance due for mortgage charges: \$ \_\_\_\_\_

Regular Monthly Mortgage Payment: \$ \_\_\_\_\_

By signing below, I hereby certify the above listed applicant is on need of assistance due to a financial hardship (a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner). I also certify that financial hardship began no earlier than **January 21, 2020**. I also understand that if any of the information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

**Lender/Mortgage Holder Representative Print Name:** \_\_\_\_\_

**Lender/Mortgage Holder Representative Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### UTILITY PROVIDER INFORMATION

**(MUST BE COMPETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)**

Utility Provider Name: \_\_\_\_\_ Accountholder's Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**(Required)**

Utility Type:  Electric  Water  Gas/Propane  Sewer  Trash

### UTILITY PROVIDER INFORMATION

**(MUST BE COMPETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)**

Utility Provider Name: \_\_\_\_\_ Accountholder's Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**(Required)**

Utility Type:  Electric  Water  Gas/Propane  Sewer  Trash

### UTILITY PROVIDER INFORMATION

**(MUST BE COMPETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)**

Utility Provider Name: \_\_\_\_\_ Accountholder's Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**(Required)**

Utility Type:  Electric  Water  Gas/Propane  Sewer  Trash

### UTILITY PROVIDER INFORMATION

**(MUST BE COMPETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)**

Utility Provider Name: \_\_\_\_\_ Accountholder's Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**(Required)**

Utility Type:  Electric  Water  Gas/Propane  Sewer  Trash

## PROPERTY TAX INFORMATION

**(MUST BE COMPLETED IF TAX ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR TAX ASSESSOR)**

Tax Assessor Name: \_\_\_\_\_ Property holder's Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Property Description: \_\_\_\_\_

Taxes Owed: \_\_\_\_\_

## PROPERTY INSURANCE INFORMATION

**(MUST BE COMPLETED IF PROPERTY INSURANCE ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR INSURANCE AGENT)**

Insurance Provider Name: \_\_\_\_\_ Property holder's Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Property Description: \_\_\_\_\_

Insurance Amount: \_\_\_\_\_

**RELEASE OF INFORMATION**

---

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Kiowa Tribe Housing Authority of Oklahoma any information or materials needed to complete and verify my application for participation in the Homeowners Assistance Fund (HAF) Program. I understand and agree that this authorization or the information obtained with it will be used by The Kiowa Tribe Housing Authority in administering and enforcing program rules and policies.

**Information Covered:** I understand that, depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include but are not limited to:

\*Identity and Marital Status \*Employment, Income, Assets \*Residences and Mortgage Activity

I understand that this authorization cannot be used to obtain any information about myself that is not pertinent to my eligibility for participation in the HAF program.

**Groups or Individuals That May Be Asked:** The groups or individuals that may be asked to release the above information include but are not limited to:

\*Current employers \*Veterans administration \*Retirement Systems \*State Unemployment Agencies  
\*Banks and other Financial Institutions \*Social Security Administration \*Utility Companies  
\*Support and Alimony Providers

**Computer Matching Notice and Consent:** I understand and agree that the Kiowa Tribe Housing Authority may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove that information. The Kiowa Tribe Housing Authority may, in the course of its duties, exchange automated information with other organizations to ensure the applicant is not receiving mortgage or utility assistance from other sources.

**Conditions:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

|                   | Signature | Printed/Typed Name | Date |
|-------------------|-----------|--------------------|------|
| Head of Household |           |                    |      |
| Spouse            |           |                    |      |
| Adult Member      |           |                    |      |
| Adult Member      |           |                    |      |
| Adult Member      |           |                    |      |