

**AVCP Regional Housing Authority
US Treasury Homeowner Assistance Fund Program
Application for Assistance**

Date and Time Received:
Received by:

Type of Assistance Request *Check all that apply to your application*

<input type="checkbox"/> Mortgage Delinquency	<input type="checkbox"/> Mortgage Default	<input type="checkbox"/> Mortgage Foreclosure	<input type="checkbox"/> Loss of Utilities	<input type="checkbox"/> Loss of Home Energy Service
<input type="checkbox"/> Internet Service Assistance	<input type="checkbox"/> Homeowner Insurance Assistance	<input type="checkbox"/> HOA Fees	<input type="checkbox"/> Condominium Association fees	<input type="checkbox"/> Prevention of Displacement of Homeowner
<input type="checkbox"/> Qualified Expenses Arrearages				

1. APPLICANT INFORMATION

Name	
Mailing Address	
Physical Address	
City, State and Zip	
Cell Phone	
Landline	
Email Address	

2. TRIBAL AFFILIATION

Name of Tribe	
Mailing Address	
City, State and Zip	

3.

Name of Mortgage Holder	
Mailing Address	
City, State and Zip	
Office Landline or Cell	
Office Fax	
Email Address	

4. UTILITY PROVIDERS INFORMATION

	Name	Address	Telephone
Fuel			
Electricity			
Water/Sewer			

5. FAMILY COMPOSITION, INCOME AND ELIGIBLE FOR

	Name	DOB	SS#	QUALIFIER	INCOME
1	Head				
2	Spouse				
3	<input type="checkbox"/> Adult <input type="checkbox"/> Child				
4	<input type="checkbox"/> Adult <input type="checkbox"/> Child				
5	<input type="checkbox"/> Adult <input type="checkbox"/> Child				
6	<input type="checkbox"/> Adult <input type="checkbox"/> Child				
7	<input type="checkbox"/> Adult <input type="checkbox"/> Child				

Apply the letter(s) below to the Qualifier column above (can be more than one letter)

- | | |
|-------------------------|--------------------------------|
| A. Mortgage Delinquent | D. Loss of Utilities |
| B. Mortgage Default | E. Loss of Home Energy Service |
| C. Mortgage Foreclosure | F. Displacement of Homeowner |

6. SUPPORTING DOCUMENTS FOR QUALIFIER *Check the appropriate box and attach to your application*

- Mortgage Delinquency Mortgage Default Mortgage Foreclosure
- Prevention of Displacement of Homeowner Homeowner Insurance Assistant
- Condominium Association Fees Loss of Utilities Loss of Home Energy Service
- Internet Services Assistance Qualified Expenses Arrearages

7. OTHER DOCUMENTS *Check the appropriate box and attach to your application*

- Attestation as to the household income **Required.**
- Paystubs or other wage statements
- IRS Form 1099
- Tax Returns
- Depository institution statements or
- Attestation from employer

8. SIGNATURE

I/We certify that the information provided to the AVCP Regional Housing Authority for the Homeowner Assistance Fund Program on household composition, income, and qualifiers are accurate and complete to the best of my/our knowledge and belief. The HAF benefits I/we seek do not duplicate other HAF funding programs from other tribes/organizations. I/We understand false statements or information are punishable under federal law. I/We also understand false statements or information are grounds for termination of the Homeowner Assistance Fund Program.

Homeowner/Buyer	Signature	Date
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Spouse	Signature	Date
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OFFICE USE ONLY

Date:

Reviewed by:

INCOME

100%

150%

Income Verified		Maximum Income		<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible
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Check the box that apply to verify or indicate they were provided:

DOCUMENTS

- Homeowner Attestation of Experience Financial Hardship including:
 - Job Loss
 - Reduction in Income
 - Increased Cost in Healthcare
 - Care of need for a family member
 - Loss of Utilities
 - Loss of Home Energy Service

OTHER DOCUMENTS

- Attestation as to the household income
- Paystubs or other wage statements
- IRS Form 1099's;
- Tax filings;
- Depository institution statements or
- Attestation from employer
- Qualified Expenses Arrearages

UTILITIES AND HOME ENERGY COSTS OR ARREARS

- Bill Invoice Other Evidence: _____

DETERMINATION

Incomplete: List what needs to be done to have a complete application

Ineligible: List reason(s) for ineligibility:

- Eligible:** Prepare Check Request Form.
- Mortgage Delinquency
 - Mortgage Default
 - Mortgage Foreclosure
 - Prevention of Displacement of Homeowner
 - Lost of Utilities
 - Loss of Home Energy Service
 - Prevention of Displacement of Homeowner
 - Homeowner Insurance Assistance
 - Condominium Association Fees
 - HOA Fees

Reviewer Name:

Coordinator: