

All required documents **must** be attached in order to be considered for assistance.

COVID- 19 Homeowner Assistance Fund

Form Checklist

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

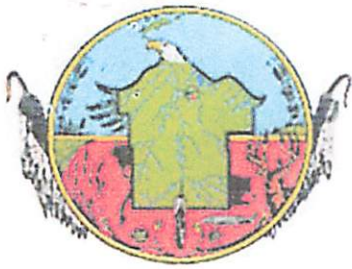
All Applicants must submit the following:

- Copy of Warranty Deed (Tribal Members name must be on the Deed) OR Lot lease on the Bad River Indian Reservation.
- Tribal Verification- Tribal ID or Tribal Certificate that has the enrollment number on it.
- Income Verification Documentation
- Signed Release of Information Form

Submit the Following Documentation If Applicable:

- Documents showing current Mortgage amount, past due amounts (if any) and interest/ penalties accrued or foreclosure notice.
- Delinquent property tax statement with amount due after January 21, 2020, but not yet paid.
- Homeowners insurance/ flood insurance (if applicable) statement (Tribal members name must be on billing statement)
- Statement for Homeowner/ Condo association fee.
- Documents showing Utility Costs Arrears and interest/ penalties accrued
- Current Utility bills showing current Utility costs due (Entire Bill -no photos)
- Documents showing other housing expenses related to COVID-19 for which payments are due.
- Copy of mortgage statement.

All required documents **must** be attached in order to be considered for assistance.



FOR OFFICIAL USE
Date Submitted: _____
Received by: _____

The Bad River Band of Lake Superior Chippewa
Indians
Covid-19 HOMEOWNER ASSISTANCE FUND
(H.A.F)

Mortgage Assistance and Utility Assistance Application

Applicants must submit THIS form and supporting documentation that they seek Financial Assistance under the HAF Program. All Applications MUST be completely filled out and have supporting documentation for the processing to begin.

1. Do you own the residence in which you are living? ____ Yes ____ NO
2. Is this home your primary place of residence? ____ Yes ____ No

**** If yes to both, continue filling out application!!!!**

If no, you are not eligible for the Homeowner Assistance Program.

Applicant Information

Applicant Name: _____ Date: _____
Date of Birth: _____ SSN: _____
Tribal Enrollment No: _____
Physical Address: _____ City: _____ State: _____
Mailing Address: (if different from above) _____
Zip: _____ County: _____ Phone: _____
Email Address: _____

Name of Mortgage Company _____ Monthly Mortgage Payment _____
Contact Name _____ Email: _____
Address of Mortgage Company: _____

General Information

3. Are you an enrolled member of the Lake Superior Band of Bad River Chippewa Indians? ____ Yes ____ No
☐ If yes, attach proof of your membership.
☐ If no, you are not eligible
4. Have you or anyone in your household been unemployed longer than 90 days? ____ Yes ____ No
5. Household size (total number of adults and minors in household): _____

Past Due Mortgage, Delinquent Property Taxes, And Utility Costs Arrears:
Only includes Delinquent Property Tax, Past Due Mortgage and Utility Costs Arrears incurred on or after January 21, 2020.
Arrears include: Interest charges and penalties accrued from the date on which the first missed payment after January 21, 2020 was due.

Household Composition

Please provide the following information on All household members:

Name	Date of Birth	Annual Monthly Income	Last four Digits SSN #	Income Source
1.				
2.				
3.				
4.				
5.				
Total Monthly Income		X12months=	annual income	

Annual Household Income

Applicant must have attached and submitted a wage statement, Social Security benefit letter, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020 or 60 days of their most recent paystubs,

Applicants are strongly encouraged to submit their most recent 2020 IRS 1040 tax form, this is the preferred method of income verification, and this will greatly assist processing application.

Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? ____ Yes ____ No
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (Check all that apply)
 - A reduction in household income
 - Loss of Employment temporary Layoff/ or Furlough
 - Reduction in hours/pay
 - Loss of self-employment /business income
 - Unable to work or experiencing financial hardship due to no childcare/school or to care for family member
 - Over the age of 50 and enduring increased costs because of the COVID -19 pandemic
 - Disabled and enduring increased costs due to the Covid -19 pandemic
 - Incurred increased medical costs (hospital bills, medication costs, etc.)
 - Other financial hardship; list: _____

Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
- ☐ A past due mortgage with foreclosure notice
 - ☐ A past due utility with disconnect notice
 - ☐ Any other evidence of such risk
- a. If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g., past due utility or foreclosure notice, or documentation of any other evidence of risk.)
- b. If you checked any of the boxes above, please describe the details of your housing instability:

A. Past Due Mortgage, Delinquent Property Tax, Property Insurance, and Utility Costs Arrears

Do you have any Mortgage Payment Arrears, Delinquent Property Tax, or Utility Costs Arrears?

(Check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrear's payment (mortgage statements documents showing mortgage loan/ property tax or utility costs arrears and interest accrued, etc., Tribal Members name must appear on each statement/ bill)

Do you have a forbearance plan with your mortgage company? Yes _____ No _____

Current Monthly Mortgage Payment Due: \$ _____

Name of Mortgage Company Bank: _____ Loan Account #: _____

Are Property Taxes and Insurance included in Mortgage payment? Yes _____ No _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip Code: _____

MUST PROVIDE MONTHLY MORTGAGE STATEMENT/PAYMENT COUPON

☐ Mortgage Arrears: (Mortgage due after January 21, 2020, and not paid due to COVID 19 Pandemic)
Total amount in Arrears \$ _____

Please provide mortgage statement coupon book from your lender

☐ Delinquent Property Taxes: 2019 Property taxes due after January 21, 2020. Unpaid Amount: \$ _____
2020 Property taxes due in 2021. Unpaid Amount \$ _____

Submit full copy of current Property Tax Statement with Payment History.

Property Insurance and Flood Insurance (if applicable). Amount due: \$ _____

Insurance Company: _____ Policy Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip Code: _____

Submit full copy of insurance invoice.

☐ **Homeowners/Condominium Association Fees:** \$ _____

Provide Statement with current and past due fees.

Name of Association: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip Code: _____

Submit copy of any invoices you are seeking payment for.

☐ **Utility Costs Arrears (Utility Cost payments in arrears):**

Total amount in Arrears \$ _____

1. Natural Gas/ Propane / Fuel Oil: Amount \$ _____ (Attach Current bill)

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

2. Electricity: Amount \$: _____ (Attach Current Bill)

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

3. Water/ Sewer: Amount \$: _____ (Attach Current Bill)

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

4. Trash Removal: Amount \$: _____ (Attach Current Bill)

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

5. Internet Service: Amount \$: _____ (Attach Current Bill)

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

(For any of the requested assistance please submit most recent utility statement/ bill.)

B. Other Housing Expenses

Do you expect to be unable to pay any other Housing Expenses? (*Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease*)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due

☐ **Payment due:**

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefits from the Homeowner Assistance Fund from any other source for the same assistance being applied for with this Form ("Duplicative Benefit"). If you have received such, Homeowner Assistance 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 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 Bad River Housing Authority H.A.F Program Case Manager 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 for civil or criminal prosecution if the Bad River Housing Authority H.A.F. Program Staff determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Additional Requirements

- I. Applicants must sign a release of information form allowing the Bad River Housing Authority H.A.F. Program Staff to verify any and all information required to participate in the COVID -19 Homeowner Assistance Fund.

Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.

B. Other Housing Expenses

Do you expect to be unable to pay any other Housing Expenses? (Expenses related to housing incurred due, directly, or indirectly, to the novel coronavirus disease)

If you check any boxes below, attached supporting documentation for each housing expenses payment due.

☐

Payment due:

Amount Due: \$ _____

Due Date: _____

Provider: _____ Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Applicant Acknowledgements

To The Applicant: By signing this form, you are certifying that you have not already funding or benefits from the Homeowner Assistance Fund from any other source for the same assistance being applied for with this form ("Duplicative Benefit"). If you have received such, Homeowner Assistance funding or direct benefit, or have question about whether you have received duplicative benefit, please note what that is below: _____

By my signature below, I hereby certify that all 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 Bad River Housing Authority H.A.F. Program Case Manager of the changes to my household's eligibility, will be grounds for denial of application or, if assistance has already been granted, recapture of any funds granted, may be grounds for civil or criminal prosecution if the Bad River Housing Authority H.A.F. Program Staff determines it is appropriate to do so.

Applicant Signature

Date

Additional Requirements

1. Applicants must sign a release of information form allowing the Bad River Housing Authority H.A.F Program Staff to verify any and all information required to participate in the Covid-19 Homeowners Assistance Fund.

Office use only

Approved : Yes _____ No _____ Reason: _____
Denial Communicated: _____ Staff Signature: _____

Bad River Housing Authority P.O. Box 57 Odanah, WI 54861

Fax: 715-682-6818

Hand Deliver to 75860 U.S Highway 2 Ashland, WI 54806

Questions and applications can be emailed to BRHA-CM@badriver-nsn.gov

Or Call 715-682-2271 Ext. 1671. Jessica Parisien H.A.F Case Manager,
Ext. 1678 Ashley Bates H.A.F Case Manager.

All required documents must be attached in order to be considered for assistance. If application is incomplete, it will be stamped incomplete and returned to applicant with all documents attached.

Attestation Applicant Acknowledgements

I understand that I am required to update my application whenever any determine factor of eligibility changes. This includes employment/annual income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 100 percent of the Median Income for the household.

Applicant Signature

Date



BAD RIVER HOUSING AUTHORITY COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM

Release of Information

P.O. Box 57 75860 U.S. Hwy. 2 Odanah, Wisconsin 54861
(715) 682-2271 ext. 1671 • FAX: (715) 682-6818

First Name: _____ Middle _____ Last _____

Enrollment#: _____ Date of Birth: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State _____ Zip _____

ATTESTATION AND AUTHORIZATION

By signing my name below, I hereby certify that I meet the Homeowner Assistance Fund Program (H.A.F.) requirements for financial need and the information submitted on this application is true and correct to the best of my knowledge. I also authorize the Bad River Housing Authority (BRHA) to share this information with the Bad River Tribal Enrollment Department to verify my tribal enrollment status. Additionally, I authorize the BRHA to discuss my application with my financial institute(s) and utility companies.

I attest that I have suffered economic impacts through increased expenditures and/or decreased income due to the COVID-19 Public Health Emergency. I further attest that I am in need of emergency financial assistance and that such economic assistance is necessary due to the COVID-19 Public Health Emergency.

By signing my name below, I further attest that any disbursement I received from the BRHA H.A.F. Program will be expended on emergency needs incurred due to the COVID 19 public health emergency, including but not limited to expenditures associated with mortgage delinquencies and defaults, homeowner's insurance, utility payments, distance learning, tele-working, healthcare, personal protective equipment, costs associated with increased mental health, stress and anxiety and other emergency individual needs. I agree to maintain all receipts documenting my expenditures, which I will provide to the BRHA upon request. I acknowledge that any funds I use improperly are subject to recoupment.

(Signature)

(Printed Name)

(Date)