



## **HOMEOWNERS ASSISTANCE APPLICATION**

**Modoc Housing Authority**  
**22 N Eight Tribes Trail**  
**Miami, OK 74354**  
**Phone: 918-542-8175 Fax: 918-542-5415**  
**EMAIL: [modoc.housing@modoctribe.com](mailto:modoc.housing@modoctribe.com)**

**The Oklahoma Homeowner Assistance Fund (HAF) is made available through the American Rescue Plan Act. HAF provides financial assistance on behalf of homeowners who have experienced a significant financial hardship due to COVID-19. Eligible expenses to be paid with HAF funds include mortgage reinstatement, delinquent real estate taxes, restoration of homeowner's insurance and utility assistance.**

Eligible applicants must meet all the following criteria:

- Homeowners who occupy the property as their primary residence.
- Homeowners who have experienced a COVID-19 qualified financial hardship after January 21, 2020
- Homeowners must be at least 30 days delinquent or canceled due to non-payment after January 21, 2020
- Homeowners who are enrolled in a federally recognized tribe.
- Homeowners who are delinquent on eligible expenses, including:
  - Reinstatement of delinquent mortgage
  - Mortgage payment assistance for reinstated homeowners.
  - Delinquent property tax
  - Restoring canceled homeowner's insurance
  - Past due utilities-

- Homeowners who are at or below 100% of the Area Median Income or homeowners who are socially disadvantaged and are at or below 150% of the Area Median Income
- Eligible mortgages must be secured by an instrument of government or government-sponsored entity or financed by a nonprofit, bank, credit union, or mortgage company that adheres to the widely accepted mortgage lending and mortgage servicing practices monitored by the Consumer Federal Protection Bureau.
  - Excluded mortgages include seller-financed transactions, rent-to-own transactions, and family-financed transactions.

### **Financial Documents (for household members over the age of 18)**

- First two pages of the most recent Federal tax return
- 60 days of pay stubs.
- Most recent W-2s
- Most recent mortgage statements.
- Copy of deed
- Most recent County Assessor property tax statement (if requesting assistance to pay non-escrowed tax delinquency)
- Most recent insurance statement (if requesting assistance to pay non-escrowed delinquency)
- If applying for utility assistance – submit a copy of your recent utility bill.
- If applicant or household member is not a Modoc Member- must submit letter from your tribe that you are not already receiving assistance.

### **Identification**

- Photo identification of homeowner(s)
- Social Security cards for all household members over the age of 18
- Copy of Tribal Enrollment Card

**NOTE: Further documentation may be requested during the application process.**

**MODOC HOUSING AUTHORITY**

**COVID-19 HOMEOWNERS ASSISTANCE PROGRAM**

**Applicant Certification of Economic Hardship**

In order for Financial Assistance to be provided under the Homeowners Program, this Certification of Economic Hardship must be completed and signed/dated by each person listed on the Mortgage.

I, \_\_\_\_\_, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Briefly explain how you have experienced hardship due to COVID-19:

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I agree to notify the Modoc 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 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 signature**

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

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

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

**MODOC HOUSING AUTHORITY**  
**COVID-19 HOMEOWNERS ASSISTANCE PROGRAM**  
 Financial Assistance Form

Applicants must submit this Form and supporting documentation to obtain Financial Assistance under the HAF Program.

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribal Enrollment \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

What is the primary applicant's race? \_\_\_ Caucasian \_\_\_ Black or African American  
 \_\_\_ Native American \_\_\_ Other (Please list) \_\_\_\_\_

**Household Information**

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

NAME	SSN	SEX	BIRTHDATE	RELATIONSHIP	TRIBE

**INCOME INFORMATION**

Complete the information below for each member of household with income.

Household Member	Employer	Gross Annual Wages	Social Security	Unemployment Benefits	All Other Income

**UNEMPLOYEMENT:**

Are you currently receiving unemployment? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, have you applied? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, Who Applied? \_\_\_\_\_ Application date? \_\_\_\_\_

Is your unemployment COVID-19 related? \_\_\_\_\_ Yes \_\_\_\_\_ No

In what state? \_\_\_\_\_ Status of Application \_\_\_\_\_

Has anyone experienced a reduction in household income, incurred significant costs, or financial hardship due to COVID-19? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you currently own the home in which you are living? \_\_\_\_ Yes \_\_\_\_ No

Mortgage Holder Name: _____
Contact Phone: _____ Email: _____

a. If yes, attach and submit your current Mortgage documents and deed. (must have tribal enrolled applicant listed on deed)

How much is your monthly mortgage payment? \$ \_\_\_\_\_

Are your taxes included? Yes \_\_\_\_ NO \_\_\_\_

If no, how much are your taxes? \$ \_\_\_\_\_ monthly or annually

Who do you pay your taxes too? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Are you behind on your taxes? Yes \_\_\_\_ No \_\_\_\_

If yes, how much are you behind? \$ \_\_\_\_\_

Is your insurance included? Yes \_\_\_\_ NO \_\_\_\_

If no, how much is your insurance? \$ \_\_\_\_\_ monthly or annually

Who do you pay insurance taxes too? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you behind on your insurance? Yes \_\_\_\_ No \_\_\_\_

If yes, how much are you behind? \$ \_\_\_\_\_

Do you have flood insurances? Yes \_\_\_\_ NO \_\_\_\_

Is it included in your mortgage payment? \_\_\_\_\_

If no, how much is your insurance? \$ \_\_\_\_\_ monthly or annually

Who do you pay insurance taxes too? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you behind on your insurance? Yes \_\_\_ No \_\_\_

If yes, how much are you behind? \$ \_\_\_\_\_

Do you need help paying your utilities? Yes \_\_\_ No \_\_\_

If, Yes list what utilities you need help paying:

1. Type of Utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account# \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you behind on your utilities? Yes \_\_\_ No \_\_\_

2. Type of Utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account# \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you behind on your utilities? Yes \_\_\_ No \_\_\_

3. Type of Utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account# \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you behind on your utilities? Yes \_\_\_ No \_\_\_

**Applicant Acknowledgements**

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit 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:

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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 Modoc 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 Modoc Housing Authority determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**\*NOTICE\* The Homeowners Assistance Program will be available and paid out as long as funds are available, and the program is feasible.**

**Incomplete applications will not be considered.**

Form Received by Modoc Housing Authority:

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

Approved:  Yes  No Reason: \_\_\_\_\_

**MODOC HOUSING AUTHORITY  
22 N EIGHT TRIBES TRAIL  
MIAMI, OK 74354  
(918)542-8175**

**Certification of Zero Income  
(To be completed by all adult household members only, if applicable)**

Household Name: \_\_\_\_\_ Project/Unit: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:

- a) Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b) Income from operation of a business
- c) Rental income from real or personal property.
- d) Interest or dividends from assets.
- e) Social Security payments, insurance policies, retirement funds, pensions, or death benefits.
- f) Unemployment or disability payments.
- g) Public assistance payments.
- h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i) Sales from self-employment resources (Avon, Mary Kay, etc.).
- j) Any other source not named above

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

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Under penalty of perjury, I certify that the information presented in the certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date