



**COHARIE MORTGAGE PANDEMIC RELIEF PROGRAM
APPLICATION
SUPPORTING DOCUMENTS REQUIRED
(FOR ALL HOUSEHOLD MEMBERS)**

TRIBAL CARD

BIRTH CERTIFICATE

SOCIAL SECURITY CARD

CRIMINAL RECORD *(with raised seal /16 yrs. and older)*
We can do Criminal Record at Center with your permission.

VERIFICATION OF INCOME
(Income Tax Return and 1 Month Prior To Returning Application)

COPY OF CHECKING/SAVING ACCOUNT BACK STATEMENT
(If applicable)

COPY OF MORTGAGE DOCUMENTATION
(Statement must show mortgage must past due or in foreclosure)

PROOF OF OWNERSHIP
(COPY OF RECORDED DEED OR RECORDED LIFE ESTATE)

UTILTY BILLS/STATEMENTS
(With past due notice)

HOMEOWNER'S PROPERTY TAXES
(With past due notice)

HOMEOWNER'S INSURANCE
(With past due notice)

ALL DOCUMENTS MUST BE GIVEN AT TIME OF SUBMISSION OF APPLICATION.

IF NOT, APPLICATION CAN NOT BE ACCEPTED.

**HOMEOWNERS MORGAGE ASSISTANCE
HOUSING APPLICATION
INCOME GUIDELINES AND REQUIREMENTS**

An “eligible household” is defined as a homeowner household in which at least one or more individuals meets the following criteria:

- i. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- ii. Demonstrates a risk of experiencing homelessness or housing instability; and
- iii. Has a household income at or below 80% Federal Poverty Guidelines.

INCOME CHART 80%

PROGRAM GUIDANCE 2022

# Of Household members	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80%	\$ 50,400	\$ 57,600	\$ 64,800	\$ 72,000	\$ 77,800	\$ 83,600	\$ 89,300	\$ 95,100

This program is only for homeowners that are past due with past due notices or final notices! Homeowners that qualify for this program will have to attend housing counseling in order to receive assistance for mortgages relief. NO EXCEPTIONS .

COHARIE TRIBE
HOMEOWNERS ASSISTANCE FUNDING PROGRAM
HOUSING APPLICATION

HOUSING INFORMATION

_____ Homeowners Assistance Funding Program (HAFP)

_____ Date of Application

_____ Applicant's Name

_____ Address

_____ City, State, Zip

_____ Telephone

FAMILY COMPOSITION

1 Family Member #	2 Family Member Name Social Security Number	3 Relation to Family Head	4 Date of Birth	5 Age	6 Sex	7 Occupation
1	_____ SSN _____	Head (Tribal Card Holder)	_____	_____	_____	_____
2	_____ SSN _____	_____	_____	_____	_____	_____
3	_____ SSN _____	_____	_____	_____	_____	_____
4	_____ SSN _____	_____	_____	_____	_____	_____
5	_____ SSN _____	_____	_____	_____	_____	_____
6	_____ SSN _____	_____	_____	_____	_____	_____
7	_____ SSN _____	_____	_____	_____	_____	_____

Are there any anticipated changes in family composition? Yes _____ No _____
 If Yes, please explain _____

INCOME

Family Member #	Employer	Estimated Income	
		Monthly	Yearly
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
TOTAL FAMILY INCOME:		_____	_____

This section to be completed by Housing Coordinator.

Income tax return _____
W2 _____
Eight weeks of income _____

Total Amount of Income: \$ _____

This section to be completed by Housing Coordinator.

_____ Approved Denied _____ Reason for denial: _____

ASSETS

Checking Account	Yes _____ No _____	Value \$ _____
Savings Account	Yes _____ No _____	Value \$ _____
Stocks	Yes _____ No _____	Value \$ _____
Bonds	Yes _____ No _____	Value \$ _____
Real Property	Yes _____ No _____	Value \$ _____

Have you ever disposed of any assets during the last two years for less than fair market value?
Yes _____ No _____. If Yes, please explain _____

PREVIOUS HOUSING

Have you ever lived in federally assisted housing?
Yes _____ No _____. If Yes, when _____
Address _____
City _____

Do you live in federally assisted housing now? Yes _____ No _____

What is the monthly portion that you pay? _____

DISPLACED, DISABLED, HANDICAPPED DATA: Circle Yes or No (if Yes, please answer A,B,C)

A. Displaced by Urban Renewal or Low-Rent Project or Other Public Action:

1. Address when displaced _____
2. Notified by _____
3. Date notified _____
4. Date moved _____

B. Disabled Head, Spouse, or Single-Person Applicant:

1. Member disabled _____
2. Nature and extent of disability _____

C. Physically Handicapped Head, Spouse, or Single-Person Applicant:

1. Member handicapped _____
2. Nature and extent of handicap _____

