



Housing Authority of the Sac and Fox Nation
 P.O. Box 1252 ~ 201 N. Harrison
 Shawnee, OK 74802
 405-275-8200 / 1-800-832-7515

**DOWN PAYMENT AND BRIDGE ASSISTANCE APPLICATION
 AND REQUIRED DOCUMENT CHECKLIST**

The purpose of the Housing Authority of the Sac and Fox Nation (HASFN) Down Payment and Bridge Assistance Program is to provide low income Sac and Fox Nation Tribal members and other federally recognized tribes with affordable homeownership financing opportunities to help improve the quality of life in the tribal communities. Sac and Fox Nation tribal members will receive preference.

HASFN's Down Payment and Bridge Assistance is limited to one time assistance for low income Sac and Fox Nation Tribal Members and members of other federally recognized tribes in purchasing or constructing a home. The service area for Sac and Fox Tribal Members with the Down Payment Program is all property within the United States. The service area for Non-Sac and Fox Tribal Members with the Down Payment Program is the Sac and Fox Jurisdiction (Pottawatomie, Payne, Lincoln Counties).

Bridge Assistance can be used as bridge or gap financing in building or acquiring a home. The assistance includes but is not limited to new construction, acquisition, purchase of home sites, developer's fees, building materials and contractor services. Bridge applicants shall be in the process of building or acquiring the home. The service area for all applicants with the Bridge Program is the Sac and Fox Jurisdiction (Pottawatomie, Payne, Lincoln Counties)

Sac and Fox Nation tribal members may be eligible for a grant of up to \$7,000. Other federally recognized (non Sac and Fox) tribal members may be eligible for a grant of up to \$3,000. All awards subject to availability.

Non Sac and Fox tribal members must provide a letter from their tribe stating they are not eligible for down payment assistance or that their tribe does not offer down payment assistance.

NOTE: Homebuyer counseling is required prior to the grant award.

An Environmental Review is required before eligibility can be confirmed.

Please read the Down Payment and Bridge Assistance Policy attached for complete information and the list of required documents that must accompany the application. Please use "N/A" or "I don't know" instead of leaving a question blank.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

% Median	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$53,850	\$61,550	\$69,250	\$77,000	\$83,100	\$89,250	\$95,450	\$101,600
100%	\$67,350	\$77,000	\$86,600	\$96,200	\$103,900	\$111,600	\$199,300	\$127,000

REQUIRED DOCUMENT CHECKLIST

The required documents listed below **MUST** be submitted and initial each item on the checklist below to ensure the application is complete.

- ___ 1. **BIRTH CERTIFICATES** - Copies needed for ALL family members
 - ___ 2. **SOCIAL SECURITY CARDS** - Copies needed for ALL family members
 - ___ 3. **CURRENT AND VALID DRIVER'S LICENSE/STATE ISSUED ID** - Copies needed for ALL family members 18 years and older
 - ___ 4. **CERTIFICATE OF DEGREE OF INDIAN BLOOD** - Official statement of documentation from enrolled tribal entity verifying tribal affiliation and degree fro ALL family members
 - ___ 5. **BENEFITS RECEIVED** - Statement of verification from Social Security, Veterans Administration, Retirement, Department of Human Services, and/or Child Support, etc.
 - ___ 6. **MARRIAGE LICENSE/COMMON LAW STATEMENT/DIVORCE DECREE** - All households must have one or the other except for single head of households
 - ___ 7. **INCOME VERIFICATION** - The form enclosed is to be completed by your employer indicating the number of hours worked per week and the rate of pay. COPIES OF CURRENT CHECK STUBS (PAST 60 DAYS) ARE ACCEPTABLE.
 - ___ 8. **AUTHORIZATION FOR RELEASE OF INFORMATION** - Applicant and all household members above the age of 18 years
 - ___ 9. **DECLARATION OF 214** - Copies and signatures for ALL family members
 - ___ 10. **SIGNATURES** - Everyone over the age of 18 living in the household **MUST** sign where designated
 - ___ 11. **VETERAN AND/OR CERTIFIED DISABILITY STATUS** - Veteran - DD214 Form; Certified Disability - Doctor's Statement
 - ___ 12. **PROOF OF HOME INSURANCE**
 - ___ 13. **USEFUL LIFE BINDING COMMITMENT** (Once approved)
 - ___ 14. **NON-SAC AND FOX TRIBAL MEMBER LETTER OF INELIGIBILITY OF ASSISTANCE FROM THEIR TRIBE**
 - ___ 15. **HOMEBUYER COACHING**
 - ___ 16. **MORTGAGE LOAN DOCUMENTATION SHOWING APPROVED MORTGAGE LOAN AND AMOUNT**
 - ___ 17. **CONTACT INFORMATION FOR THE LENDING INSTITUTION**
 - ___ 18. **CAPABILITY TO CONTRIBUTE 1% OF SALE PRICE**
 - ___ 19. **OBTAIN A HOME INSPECTION AND PROVIDE DOCUMENTATION**
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DOWN PAYMENT AND BRIDGE ASSISTANCE APPLICATION

Applicant Name: Last, First MI	Maiden Name:	Phone Numbers: Home - Work - Cell -	Tribal Affiliation:
Address: If a rural address, provide directions on the back of this page.		Mailing Address, if different:	City, State Zip:
			Tribal Membership #:

Household Composition: List every person living in the household						
Name: Last, First MI	Relationship	Date of Birth	SSN	Handicapped/Disabled: Yes or No	Veteran: Yes or No	Tribe
	Applicant					

List (2) nearest living next-of-kin:			
Name: Last, First MI	Phone	Address	Relationship

Previous Participation

1. Have you ever been a participant with HASFN or any other Housing Authority? ___ Yes or ___ No

If yes, which Housing Authority and when?

What were the circumstances of your leaving the program?

2. Have you ever filed an application with HASFN or any other Housing Authority? ___ Yes or ___ No

If yes, which Housing Authority and when?

3. Are you and your spouse currently in a home that is subsidized by the Department of Housing and Urban Development? ___ Yes or ___ No

4. Have you and your spouse ever owned a home? ___ Yes or ___ No

5. Have you and your spouse ever lived in a Mutual Help Home? ___ Yes or ___ No

If yes, which Housing Authority and when?

6. Have you ever applied for Tribal HIP funds or BIA assistance? ___ Yes or ___ No

7. Have you or any member of your household ever been evicted? ___ Yes or ___ No

If yes, please explain the circumstances:

Enclose official documents from bank, mortgage company, title company, closing agent or documents pertinent to mortgage or non-mortgage scenarios etc., to verify down payment, closing costs and/or bridge assistance as applicable for which payment may be directed. Approved homebuyer applicants for Down Payment and closing assistance must be prepared to invest one percent (1%) out-of-pocket cash toward the purchase price. Copy of home inspections will be required for Down Payment/Bridge Assistance. Applicant may request HASFN to perform a home inspection.

Property Address:

Year home built:

Number of bedrooms:

Lending institution, address, phone and contact person:

Tentative Closing and price, if known:

Income Verification

In order, to establish eligibility for occupancy of public housing, the Housing Authority of the Sac and Fox Nation is required to verify the income of all applicants. The following has informed us that he/she is or has within the past 12 months been employed by your firm. Your cooperation and prompt return of the information requested below will be greatly appreciated. Such information will be held in confidence and used only by the Housing Authority of the Sac and Fox Nation as legally necessary. This form will only be valid for 12 months. ****This form must be faxed back to number above.**

Employee's Name:

Employee's Phone Number:

Social Security #:

Employed From: _____ to _____

Occupation/Position:

Employment is: Temporary Seasonal Full-Time Part-Time

Current Pay Rate: \$ _____ per _____

Effective since:

Average hours worked per week:

Actual earnings during the past 12 months or for period of employment if less than 12 months:

From: _____ To: _____ \$ _____

Employer:

Employer's Signature:

Employer's Title:

Date:

Employer's E-mail:

*****This document may be faxed or emailed back by the employer*****

Public Disclosure Statement

Section 1000.30 and 1000.32 of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA), mandates that a public disclosure regarding conflicts of interest must be made on individuals who apply for assistance for any housing programs from the HASFN and have immediate family ties (mother, father, husband, wife, daughter, son, brother, sister, mother-in-law, father-in-law, daughter-in-law, and son-in-law) to any employees or Board Commissioners of the HASFN or Business Committee of the Sac and Fox Nation of Oklahoma.

To ensure that all applicants are treated fairly, a public disclosure will be done before you are offered a unit.

Do you have any immediate family ties to any of the above-mentioned individuals?

Yes ___ No ___

If yes, please list their name and their relationship to you:

Attestation: The undersigned individual(s) hereby attest(s) that he/she is a participant in one or more of the Housing Authority of the Sac and Fox Nation programs and that he/she is independent of and has no conflict of interest with any persons not listed above.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

FEDERAL PRIVACY ACT NOTICE FOR THE PUBLIC AND INDIAN HOUSING PROGRAMS, MODERATE REHABILITATION, RENTAL ASSISTANCE VOUCHERS, AND SECTION 8 RENTAL CERTIFICATE

PURPOSE:

Family income and other information are being collected by the Housing Authority of the Sac and Fox Nation for the Department of Housing and Urban Development for determination of an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE:

HUD uses family income and other information to assist in managing and monitoring HUD assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, Investigators and Prosecutors. However, the information will not be otherwise disclosed or released outside of HASFN except as permitted or required by law.

PENALTY:

You must provide all of the information required by the public housing agency/Indian housing authority, including all social security numbers you have and use. Giving the social security numbers of all household members six (6) years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION:

The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority, the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.) Title VI of the Civil Rights Act of 1964, and the Title VII of the Civil Rights Act 1964, and the Title VIII of Civil Rights Act of 1968. The Housing and Community Development act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

NAHASDA STATEMENT AND APPLICANT CERTIFICATION

The Native American Housing and Self Determination Act of 1996, Final Rule, was implemented on July 2, 1997. The Department of Housing Urban Development published a rule proposing to implement the Native American Housing Assistance and Self-Determination act of 1996 (NAHASDA). NAHASDA reorganizes the system of Federal Housing Assistance to Native Americans by eliminating several separate programs of assistance and replacing them with a single block grant program.

In addition, to simplifying the process of providing housing assistance, the purpose of NAHASDA is to provide a Federal Assistance Indian Tribes in a manner that recognizes the right of Indian Self Determination and Tribal Self Governance. This rule makes final the policies and comment received on the proposed rule. As required by Section 106 (b)(2) of NAHASDA, HUD developed to the proposed and final rules with active tribes participation and using the procedures of the negotiated rule-making act. Effective Date: April 13, 1998.

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

I further understand that should I be given housing assistance based on a fraudulent application that this assistance will be immediately revoked and I may be subject to prosecution.

I understand that this application contains material covered by the Privacy Act. No record will be communicated to any one or any agency unless requested in writing by the applicant or an office/employee of the housing program or other federal agency requiring it in the performance of their duties.

I have been provided with a copy of the Federal Privacy Act Notice and I understand my rights therein.

Applicant Signature:

Date:

Spouse's Signature:

Date:

(Seal)

DECLARATION OF SECTION 214 STATUS

Notice to Applicants: In order to be eligible to receive the housing assistance sought, each applicant, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury¹, that to the best of my knowledge, I am lawfully within the United States because
(Please check appropriate box):

I am a citizen by birth, a naturalized citizen, or a national of the United States; or

I have eligible immigration status and I am 62 years of age or older. Attach proof of age. ²

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigration status under §§ 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³

Permanent residence under § 249 of the INA⁴

Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 of the INA⁵

Parole status under § 212 (d)(5) of the INA⁶

Threat to life or freedom under §§243(h) of the INA⁷

Amnesty under § A of the INA⁸

(Signature)(Date)

Check box on left if signature is of adult residing in the unit who is responsible for the child named on the statement above.

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories.

2. Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3. Immigrant status under §101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15) respectively [immigrant status]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

4. Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result, of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [Amnesty granted under INA 249].

5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 in INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

6. Parole Status under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result, of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

7. Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result, of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h) [threat to life or freedom].

8. Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Certification:

****All Signatures must be executed before a Notary Public ****

I hereby certify all information, statements, acknowledgements, and documents provided are true and correct to the best of my knowledge, and I understand that fraudulent statements and documents shall be grounds for denial or termination of assistance, shall require payback of all assisted funding, shall prohibit from receiving future assistance, and shall be subject to and punishable by Local, State, Tribal, and/or Federal laws, as applicable. I understand it is my responsibility to submit a complete application and all required documents, and that it is my responsibility to update my application annually (or as required for program participation), and to inform the Housing Authority of the Sac and Fox Nation of any changes of address, income, or other information that may affect program requirements. I consent to conform to the provisions of NAHASDA, to conform to the Rehabilitation Program Policy and Procedures, and to the civil and/or criminal jurisdiction of the Sac and Fox Nation, and/or to such jurisdictional court appropriate for enforcement.

Applicant Signature _____

Date _____

Spouse Signature _____

Date _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public _____

Commission Expires: _____

(Seal)

RECEIPT OF COMPLETED APPLICATION & ELIGIBILITY DETERMINATION (HASFN USE ONLY)

Date and time **COMPLETED** application was received by HASFN: _____

Signature and Title of HASFN employee receiving **COMPLETED** application: _____

Based upon the completed application and supporting documentation submitted, and HASFN's Rehabilitation Program Policy, the applicant is determined to be:

Eligible Not Eligible

If not eligible, state reason: _____

Signature, title and date for person certifying eligibility: _____