MENOMINEE INDIAN TRIBE OF WISCONSIN
MENOMINEE TRIBAL HOUSING DEPARTMENT
P.O. Box 459
Keshena, WI 54135-0459

Dear Applicant,

Please take the time to make sure your application is thoroughly filled out and all required documentation is attached with all areas requiring signatures, signed and dated. If there is anything missing, it then places your application on hold, which will delay the processing.

Note, once you turn in your application, the Homeowners Assistance Funds Program has 14 business days to approve the application and send an award letter. Once the award letter is received, all awarded amounts are contingent upon turning in receipts or monthly bills.

Lastly, if you have applied for any other assistance, the Homeowners Assistance Funds Program will not be able to assist with the same submission. It creates duplicate payment, which can be considered fraudulent, therefore leading to the applicant having to pay back all assistance out of pocket.

We look forward to assisting you.

Thank you,

Menominee Tribal Housing

Homeowners Assistance Funds Program

FOR OFFICIAL USE
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

MENOMINEE TRIBAL HOUSING DEPARTMENT
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM

Application and Financial Assistance Form

Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the Homeowner Assistance Fund (HAF) Program.

Applicant Information

Applicant Name: Date:

Date of Birth: Tribal Enrollment No.: SSN:

Physical Address: City: State:

Zip: Phone:

Mailing Address: City: State:

Zip: Email:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Income	Income Source

Please attach proof of enrollment of an Indian Tribe for each household member

Income Verification

Below, provide information on either the total annual or monthly income of your household.

1. **Income** of household: $_____ (□ Monthly or □ Annual – Check one)
    a. Applicant must attach and submit verification of income stated for each household member.

Applicant must submit sufficient confirmation of the household's monthly income at the time of application for at least the two months prior to the submission of this application.

Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? □ Yes □ No
    a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.

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 or Loss of self-employment/business income
- ☐ Unable to work or experiencing financial hardship due to no child care/school.
- ☐ Underlying medical condition requiring staying home to prevent exposure.
- ☐ Loss of self-employment/business income
- ☐ Over the age of 50 or Disabled.
- ☐ Incurred significant costs (hospital bills, medication costs, etc)

b. If you checked any of the boxes above, attach supporting documentation for each hardship. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

Housing Instability

1. Do you face a risk of losing your home due to, which may include (check all that apply):
    - ☐ Foreclosure
    - ☐ Bankruptcy
    - ☐ Homeowner Mortgage Arrears/Delinquencies
    a. If you checked any of the boxes above, attached supporting documentation.

Financial Assistance

The Homeowner Assistance Fund Program provides Financial Assistance to Eligible Households for mortgage and utility costs and other home expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.
"**Mortgage"** means loan used to buy or refinance a home.
"Utility Costs" means utility and home energy costs related to the occupancy of house property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services).
"Arrears" Money/Payments that are owed and should have been paid earlier.

COVID-19 ERA program will cover Mortgage and Utility Arrears, and current. Please check all that you as the applicant would like covered:

- ☐ **Mortgage Arrears** (Dating back to January 21, 2020)
- ☐ **Utility Arrears** (Dating back to January 21, 2020)
- ☐ **Current Mortgage Payment**
- ☐ **Current Utility**

A. Mortgage Arrears and Utility Costs Arrears[1]

Do you have any Mortgage Arrears or Utility Costs Arrears?
(check all that apply)
If you fill in any of the following, attach supporting documentation for each (bank statement, bills showing payments due, documents showing interest accrued, etc)

Mortgage Arrears and Utility Costs Arrears:

Only includes Mortgage Arrears and Utility Costs Arrears **incurred on or after January 21, 2020.**

Proof: If there are arrears, proof is needed on what is owed.

Mortgage Arrears

Bank/Mortgage company:_____

Total amount in Arrears $_____

Utility Arrears

1. **Utility Provider and Type**:
   _____
   Amount Due: $_____
2. **Utility Provider and Type**:_____
   Amount Due: $_____
3. **Utility Provider and Type**:_____
   Amount Due: $_____

B. Current Mortgages and Current Utility Costs

If you fill in any of the following any of the below, attach supporting documentation for each housing expense payment due (bank statements, and current bills accrued, etc)

Mortgage Payments

Bank/Mortgage company:_____

Total amount in Arrears $_____

Utility Payments

1. **Utility Provider and Type**:_____
   Amount Due: $_____
2. **Utility Provider and Type**:_____
   Amount Due: $_____
3. **Utility Provider and Type**:
   _____
   Amount Due: $_____

[1] **Arrears Payments**: If any Applicant has any Mortgage Arrears or Utility Costs Arrears, MTHD will first pay those arrears payments before providing payments for any current or future Mortgage or Utility Costs payments.

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:

_____

_____

_____

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 Menominee Tribal Housing Department 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 Menominee Tribal Housing Department determines it is appropriate to do so.

_____ _____

APPLICANT SIGNATURE DATE

OFFICIAL USE ONLY

Approved: ☐ Yes ☐ No Reason: _____

Denial Communicated: _____

Staff Signature: _____ Date:_____

COVID-19 Homeowner Assistance Fund Program
Form Checklist

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

For all Applicants:

- ☐ Copy of Driver's License or Tribal Enrollment Card
- ☐ Proof of membership of an Indian Tribe for each household member (*if applicable*)
- ☐ Income Verification for each member 18 or older
  - ☐ Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household), or
  - ☐ Monthly received in the last 60 days (2 months)
- ☐ Proof of Ownership (Deed/Title/Lease)

Submit the following documentation if applicable:

- ☐ Documentation of each household member's qualification for unemployment benefits
- ☐ Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- ☐ Other documents showing a reduction in household Income
- ☐ Documents showing loss of self-employment/business income
- ☐ Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- ☐ Documents showing other financial hardship
- ☐ Copy of utility bill(s) in applicant name (homeowner)
- ☐ Copy of Delinquents for unpaid mortgage or foreclosure from the bank/ mortgage company.

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Applicant Certification of Economic Hardship

In order for Financial Assistance to be provided under the HAF Program, this Certification of Economic Hardship must be completed and signed/dated by the tenant.

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.

I agree to notify the MENOMINE TRIBAL HOUSING DEPARTMENT 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

_____
Date