

**SOKAGON CHIPPEWA COMMUNITY  
 COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM  
 APPLICATION**

<b>*FOR OFFICIAL USE*</b>
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

**Applicant Information**

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

Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

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

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

**General Information**

1. Are you or a member of your household a member of an Indian tribe?  Yes  No
  - a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Are you a homeowner of a dwelling currently used as your primary residence?  Yes  No
  - a. If yes, attach proof of a home mortgage or other proof of homeownership.

**Household Member Information:**

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

**Household Income Verification**

Below, provide information on the total annual income of your household for calendar year 2020.

1. **Annual income** of household: \$ \_\_\_\_\_
  - a. Applicant must attach and submit: (1) a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer, or (2) a written attestation as to household income that the Sokaogon Chippewa Community may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household’s geographic area.

**Financial Hardship**

1. Have you experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? (check all that apply)

- A reduction in household income
- Increase in living expenses
- Loss of Employment/Temporary Layoff/or Furlough
- Increased costs due to healthcare or need to care for a family member
- Other financial hardship; list: \_\_\_\_\_

a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income).

**Additional Requirements**

1. Applicants must sign a release of information form allowing the Sokaogon Chippewa Community to verify any and all information required to participate in the Homeowner Assistance Fund Program.

**Applicant Acknowledgements and Attestation**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes no longer experiencing a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or homeowner displacement.

A. By my signature below, ***I hereby certify and attest*** 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 Sokaogon Chippewa Community 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 the Sokaogon Chippewa Community determines as it is appropriate to do so. I also understand that false statements or claims made in connection with the HAF Program award is a violation of federal criminal law and may result in fines, imprisonment, debarment from participating in federal awards or contracts, and/or any other remedy available by law.

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

\_\_\_\_\_  
DATE

Application Received by the Sokaogon Chippewa Community:

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

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

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

Denial Communicated: \_\_\_\_\_      Staff Signature: \_\_\_\_\_