

SOKAOGON CHIPPEWA COMMUNITY  
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM  
FINANCIAL ASSISTANCE FORM

*Applicants must submit this form and supporting documentation to apply for financial assistance under the Homeowner Assistance Fund 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: \_\_\_\_\_

1. Are you a homeowner of a dwelling currently used as your primary residence?  Yes  No
  - a. If yes, attach and submit your documentation showing your homeownership.
2. What is the total amount of your monthly mortgage payment? \$ \_\_\_\_\_

**Financial Assistance for Qualified Expenses**

The Homeowner Assistance Fund Program provides financial assistance to eligible homeowners for the following types of **qualified expenses** that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship:

- (1) mortgage payment assistance;
- (2) financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
- (3) mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
- (4) facilitating mortgage interest rate reductions;
- (5) payment assistance for:
  - (a) homeowner’s utilities, including electric, gas, home energy, and water;
  - (b) homeowner’s internet service, including broadband internet access service, as defined

- in 47 CFR 8.1(b) (or any successor regulation);
- (c) homeowner's insurance, flood insurance, and mortgage insurance;
- (d) homeowner's association fees or liens, condominium association fees, or common charges; and
- (e) down payment assistance loans provided by nonprofit or government entities;

(6) payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;

(7) measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties;

(8) counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF Program related to foreclosure prevention or displacement.

**A. Mortgage Payment Arrears and Utility Costs Arrears<sup>1</sup>**

**Do you have mortgage payment arrears or utility costs (electric, gas, home energy, water, internet service) arrears?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each arrears payment (mortgage payment, documents showing mortgage or utility costs arrears and interest accrued, etc.)*

**Mortgage Payment Arrears:**

Total amount in \$ \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

**Utility Costs Arrears:** Total amount in Arrears \$ \_\_\_\_\_

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

<sup>1</sup> **Arrears Payments:** If any Applicant has mortgage payment arrears or utility cost arrears, the Sokaogon Chippewa Community will first pay those arrears payments before providing payments for any current or future mortgage payment or utility costs payments.

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Current Mortgage Payment and Current Utility Costs**

**Do you expect to be unable to pay your current mortgage payment or current utility costs (electric, gas, home energy, water, internet service) payment?**  
(check all that apply)

*If you check any of the boxes below, attach supporting documentation for current mortgage payment or current utility costs payment, if available (documents showing mortgage payment or utility costs due, etc.)*

**Current Mortgage Payment due** (*mortgage payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Current Utility Costs Payments due** (*utility costs that are currently due and owing but not yet in arrears*):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Prospective Mortgage Payments and Prospective Utility Costs**

**Do you expect to be unable to pay your prospective mortgage payment or prospective utility costs (electric, gas, home energy, water, internet service) payments?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each prospective payment if available (documents showing mortgage payment or utility costs due, etc.)*

**Prospective Mortgage Payments due** (*mortgage payments expected to be owed*):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Prospective Utility Costs Payments due** (*utility costs payments expected to be owed*):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**D. Other Qualified Homeowner Expenses**

**Do you expect to be unable to pay any other Qualified Housing Expenses?** *(See section on Homeowner Assistance Qualified Expenses on pages 1 and 2 of this form)*

*If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)*

\_\_\_\_\_ **Payment due:**  
Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_ **Payment due:**  
Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_ **Payment due:**  
Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**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 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 if the Sokaogon Chippewa Community determines it is appropriate to do so.

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APPLICANT SIGNATURE

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DATE

**Form Received by the Sokaogon Chippewa Community:**

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STAFF MEMBER SIGNATURE

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DATE

<b>OFFICIAL USE ONLY</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: _____
Denial Communicated: _____	Staff Signature: _____