



Lac du Flambeau Chippewa Housing Authority
 554 Chicog Street
 P.O. Box 187
 Lac du Flambeau, WI 54538
 (715) 588-3348 www.ldfcha.org

OFFICIAL USE ONLY	
Date Received: _____	Time AM/ or PM _____
Application Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	Application #: _____
Reason: <input type="checkbox"/> Don't Qualify <input type="checkbox"/> Incomplete info <input type="checkbox"/> Missing req'd docs	
Staff Signature: _____	

HOMEOWNERS ASSISTANCE FUND (HAF)

HAF PRE-QUALIFICATIONS

FY 2021 HAF INCOME LIMITS SUMMARY FOR VILAS COUNTY

	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
100% of U.S. Median Income	\$79,900	\$79,900	\$79,900	\$79,900	\$79,900	\$83,300	\$89,050	\$94,800
150% of the A.M.I.	\$79,900	\$86,200	\$96,950	\$107,700	\$116,350	\$124,950	\$133,550	\$142,200

You MUST be able to answer "YES" for each of the following to be eligible for assistance through the LDF-CHA HAF

- 1. Have one or more individuals in your household experienced financial hardship after January 21, 2020, either directly or indirectly due to the COVID-19 pandemic?
- 2. Does your household income equal to or less than 150% of the Area Median Income or 100% U.S. median income (whichever one is greater)?
- 3. Is the property needing assistance your PRIMARY residence?
- 4. Is the property within the boundaries of the Lac du Flambeau Band of Lake Superior Chippewa Indian Reservation and are you an enrolled member?

HAF Applicant Information

PLEASE NOTE: Due to the number of Tribal Homeowners and the limited amount of funding made available for HAF applicants, it is imperative that applicants submit all required documentation with their application and have verified to be time stamped as complete. LDF-CHA HAF applications that are hand delivered, emailed or mailed, without required documents **will not be accepted or considered. NO EXCEPTIONS**

Homeowner Name: _____ Date: _____

Date of Birth: _____ Tribal ID #: _____ Soc Sec #: _____

Physical Address: _____ City: _____

Mailing Address: _____ City: _____

ZIP Code: _____ Email: _____ Phone #: (____) _____ - _____

To provide the LDF-CHA HAF program with required information about your home please check "Yes" or "No" for each of the questions below regarding your home.

- YES or NO
- Do you currently have a mortgage on your home? If yes, what type; _____
 Ex. FHA Loan, VA Loan, USDA Loan, Adjustable Rate Mortgage, Balloon Mortgage
 - Is your mortgage delinquent? If yes, describe level of delinquency _____
 - Reason for Delinquency: _____

General Information

The Homeowners Assistant Fund (HAF) was established to mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21st, 2020, through qualified expenses related to mortgages and housing. HAF funds are available to eligible Homeowners for Qualified Expenses outlined in the Financial Assistance section, in the form of a one-time forgivable loan or grant. This assistance does not have to be repaid.

- **MAXIMUM AMOUNT OF ASSISTANCE AVAILABLE: \$4,000.00**
- An efficient streamlined process will be in place to prevent possible displacement of an eligible household.
- Incomplete applications WILL NOT BE ACCEPTED, NO EXCEPTIONS, this is stressed throughout the application process.
- It is overwhelmingly time consuming and unproductive receiving and documenting incomplete applications that have not; met qualification or eligibility requirements, completed all application sections, or attached required documents for proof of income and or Qualified Expense(s)
- * Program acceptance is based on the date and time a **COMPLETE APPLICATION** is approved

Household Income Information

1. # of People in your Household: (18 yrs & older): _____; (17 yrs & younger): _____
2. Annual income of household: \$ _____
 - a. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.

Name	Date of Birth	Last 4 digits of SSN	Tribal ID #	Annual or Monthly Income	Income Source

Financial Hardship

The LDF-CHA must require all Homeowners to attest that they have experienced financial hardship related to the coronavirus pandemic after January 21st, 2020. Check each of the following hardships that apply and please note that upon signing your HAF application you are self attesting this information.

Check ALL that apply to your household

- Do you or any household member qualify for unemployment benefits
- A reduction in household Income
- Loss of Employment/Temporary Layoff/or Furlough
- Reduction in hours/pay.
- 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 and enduring increased costs because of the COVID-19 pandemic.
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication costs, etc)
- Other financial hardship; list: _____

Housing Instability & Displacement

1. Does your household face a risk of experiencing homelessness or housing instability, which may include;

Check ALL that apply

- Mortgage Delinquencies
- Mortgage Defaults
- Foreclosure
- One or more Past-Due Utilities such as; Electricity, Gas, Water, Home Energy and or internet bills
- Displacement caused by unsafe or unhealthy living conditions
- Any other evidence of such risk

a. If you checked any of the boxes above, please describe the details of your housing instability: _____

Financial Assistant for Qualified Expenses

MAXIMUM AMOUNT OF TOTAL ASSISTANCE: \$4,000.00

The LDF-CHA may provide HAF funds only to a homeowner with respect to the qualified expenses related to the dwelling that is such homeowner's primary residence

Check each type of assistance you are requesting

QUALIFIED EXPENSES

<input type="checkbox"/>	MORTGAGE PAYMENT ASSISTANCE – If no other forbearance is available, may provide full or partial payment assistance for a period of months or until the Maximum Amount of Assistance is reached.
<input type="checkbox"/>	ASSISTANCE FOR OTHER HOUSING RELATED COSTS - to reduce or eliminate past due payments or other delinquent amounts from forbearance period/plan, forward/reverse mortgages, or contracts for deed. Payments described may also include any reasonably required legal fees
<input type="checkbox"/>	UTILITY PAYMENT ASSISTANCE – such as electricity, *gas, home energy, water, and or internet services. Assistance must be sufficient to resolve the delinquency(s)
<input type="checkbox"/>	HOME REPAIR ASSISTANCE – Maximum Amount of Assistance per applicant is available for reasonable home repair to restore primary residence to habitable condition or to resolve housing/property code violation(s). Application must include project budget & Bid. If total cost is more than amount of assistance available, must provide statement showing the balance to remain is paid.

REQUIRED DOCUMENTATION

Check the boxes as you attach the required documentation for your requested expenses selected above

- MORTGAGE PAYMENT ASSISTANCE** – MUST provide documented ability to resume any required regular payments, if any, with HAF Program assistance
- ASSISTANCE FOR OTHER HOUSING RELATED COSTS** - MUST have current statement showing at least one missed payment, may include payment(s) missed during forbearance period.
- UTILITY PAYMENT ASSISTANCE** – MUST provide current billing statement indicating at least one or more payment in arrears. For each Utility you are requesting assistance for.
- HOME REPAIR ASSISTANCE** - MUST have Inspection Notice to Correct, or Notice from Loan Servicer, Capital Improvements. Along with Bid, Total Project Cost and proof of any payment due above the Maximum Amount of Assistance. The LDF-CHA has a required contract template to be complete and signed/agreed upon by all parties.

*****NO EXCEPTIONS*****

FOR EACH TYPE OF ASSISTANCE SELECTED, YOU MUST PROVIDE SAID REQUIRED DOCUMENTATION OR YOUR REQUEST WILL NOT BE REVIEWED FOR CONSIDERATION.

Additional Requirements

Applicants must sign a release of information form allowing the Lac du Flambeau Chippewa Housing Authority to verify any and all information required to participate in the HOMEOWNER ASSISTANCE FUND (HAF) PROGRAM

Applicant Acknowledgment

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of displacement, homelessness or housing instability, or having a household income that is above 100 percent of the Area Median Income for the household.

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 Lac du Flambeau Chippewa Housing Authority 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 for civil or criminal prosecution if Lac du Flambeau Chippewa Housing Authority determines it is appropriate to do so.

HOMEOWNER SIGNATURE

DATE

Application Received by Lac du Flambeau Chippewa Housing Authority:

STAFF MEMBER SIGNATURE

DATE



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HOMEOWNERS ASSISTANCE FUND (HAF)

Self-Attestation: the COVID19 Pandemic Directly/Indirectly Caused Economic Hardship

The Homeowner Assistance Fund is only available to those who have been Directly or Indirectly affected by the COVID19 Pandemic. This Certification of Economic Hardship is a HAF Program Requirement and MUST be completed by the Applicant in order to receive assistance for any Qualified Expense.

NO ASSISTANCE WILL BE PROVIDED IF THIS ATTESTATION IS NOT COMPLETE.

I, _____, the Homeowners Assistance Fund Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income of 10% or more, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic since January 12th, 2020.

I agree to notify the Lac du Flambeau Chippewa Housing Authority 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.

Print Name of HAF Applicant

Signature of HAF Applicant

Date



Chippewa Housing Authority

554 Chicog Street • PO Box 187 • Lac du Flambeau, WI

phone: (715) 588-3348 • fax: (715) 588-7935

www.ldfcha.org

AUTHORIZATION FOR RELEASE OF INFORMATION

(This Authorization is effective for 12 months from the date of signature)

PURPOSE: The Lac du Flambeau Chippewa Housing Authority may use this AUTHORIZATION and the information obtained with it to administer and enforce Tribal and Federally subsidized Housing and or Emergency Financial Assistance Program Rules and or Policies.

PROGRAMS COVERED:

1. Rental Housing (NAHASDA, Rural Development 515, Tax Credit, etc.)
2. Home Ownership Programs (Lease, Purchase)
3. Financial Assistance Programs (U.S. Department of the Treasury, other Federal, State, Local, Tribal Dept.)

AUTHORIZATION: I, authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any of the above-named programs. Additionally, I authorize the Lac du Flambeau Chippewa Housing Authority to obtain information about me or my family that is pertinent to eligibility for participation in any of the above-named programs.

INFORMATION COVERED: Inquiries may be made and information provided on the following;

- | | | |
|---|--|---|
| <input type="checkbox"/> Public Assistance (TANF, GA) | <input type="checkbox"/> G.A.P. Payments | <input type="checkbox"/> Federal, State, Tribal or Local Benefits |
| <input type="checkbox"/> Credit History | <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Family Composition |
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Identify Marital Status | <input type="checkbox"/> Employment, Pensions & Assets |
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Child Care Payments | <input type="checkbox"/> Handicapped Assistance Expenses |
| <input type="checkbox"/> Residents Rental History | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Wages, Earnings |
| <input type="checkbox"/> Loan Paperwork (all types) | <input type="checkbox"/> Mortgage Loan Approvals | <input type="checkbox"/> Foreclosure Notices (on Loans) |
| <input type="checkbox"/> Delinquency Notices (Loans, Rent, Utilities, etc.) | | |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION: local, state, federal, governmental depts, but not limited to;

- | | |
|---|--|
| * Financial Institutions | * Welfare Agencies |
| * Credit Bureaus | * Law Enforcement Agencies |
| * Landlords (former & present) | * Employers (former & present) |
| * U.S. Social Security Administration | * Schools & Colleges |
| * Utility Companies | * U.S. Dept of Vet Affairs |
| * Bureau of Indian Affairs | * U.S. Dept. of HUD |
| * LDF Wellness Court | * U.S. Dept of A.G. & Rural Dev. |
| * Tribal/County/State or Federal Dept/ Courts | * Federally Recognized Tribes (Administrational & Depts) |

PROVIDERS OF:

- * Alimony
- * Child Care
- * Credit
- * Child Support
- * Medical Care
- * Handicapped Assistance
- * Pensions

CONDITIONS: I, agree that photocopies of this authorization may be used for the purpose stated above. I, also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

(Head of Household Signature)	(Print Name)	/ /	(Date)
(Spouse/Significant Other Signature)	(Print Name)	/ /	(Date)
(OTHER Household Member Signature)	(Print Name)	/ /	(Date)
(OTHER Household Member Signature)	(Print Name)	/ /	(Date)



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HOMEOWNERS ASSISTANCE FUND (HAF) PROGRAM RESOURCES

ELIGIBILITY REQUIREMENTS - HAF is intended to serve homeowners at or below 150% of the area median income (AMI) who have fallen behind or who are at risk of falling behind on their mortgage, property tax, or utility payments due to the coronavirus pandemic.

Find your area median income (AMI) for your community here: www.huduser.gov

LDF-Tribal Members Living ON-Reservation

Due to limited funding the Lac du Flambeau Chippewa Housing Authority (LDF-CHA) HAF Program will be able to provide HAF Program assistance to Lac du Flambeau tribal member homeowners that live AND reside on the reservation only, that meet HAF Program eligibility requirements.

The LDF-CHA HAF Program will be subject to the same qualifying criteria as all other state HAF programming. As of this date the LDF-CHA has not received our approved HAF award amount. As soon as the HAF award has been received the LDF-CHA will immediately begin accepting complete HAF applications from qualified applicants. For HAF program updates please check the LDF-CHA website at www.ldfcha.org under "News & Updates" or you may contact the LDF-CHA directly at 715-588-3348. When the LDF-CHA HAF Program is open you may find HAF applications on our website as well as copies available outside of the LDF-CHA service window.

LDF-Tribal Members Living OFF-Reservation

WI Residents: LDF-Tribal Members living off the reservation, that meet HAF Program eligibility, will be able to apply for WI's HAF program titled "Wisconsin Help for Homeowners" (WHH)(WI's HAF Program) mortgage assistance from the state of Wisconsin.

The WHH Mortgage Assistance offers financial assistance that is available for any qualifying household whose primary residence is in the state of WI. The WHH Mortgage Assistance is also awaiting final approval and funding from the Treasury Department and is *coming soon*. For complete information, updates and future application details on the WHH Mortgage Assistance please go the WI's DOA website at: <https://www.doa.wi.gov/Pages/LocalGovtsGrants/Homeowner-Assistance.aspx>

All other States and or US territories: HAF Program assistance is available by state. To find your local HAF Program, please go to the following website and click on your state;

➤ <https://www.ncsha.org/homeowner-assistance-fund/>