

HAF- HOMEOWNER ASSISTANCE FUNDING PROGRAM

Monacan Indian Nation

111 Highview Dr, Madison Heights, VA 24572
434-363-4864 or Housing@monacannation.com

Your Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

CONTACT PHONE NUMBER: _____ Email Address: _____

Tribal Enrollment Number _____

Race (check only one)

Native American African American Hispanic Native Hawaiian/Pacific Islander

White Asian Other: _____

Ethnicity (check only one)

Hispanic origin Not Hispanic Origin

1. Family Composition

A. Persons who live in your home

Family Member Number	Name(s) of Family Members	Relationship to You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					

*Social Security Number is required for all family members who are 6 years of age or older

2. Estimated Family Income (for next 12 months)

A. Income from employment

Family Member Number	Employer Name and Address	Rate per hour	Rate per week	Yearly Income
1.				
2.				
3.				
4.				

B. Other income

Source:	Rate per month	Total per year
TANF		

Social Security		
SSI		
Unemployment		
Pensions		
Leases		
Self- Employment		
Other		

*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

Have you received any other federal subsidy? Yes No If yes, please explain.

ADDITIONAL ASSETS: (CIRCLE THOSE THAT APPLY) STOCKS/BONDS CHECKING/SAVINGS RETIREMENT

C. Reason for needing housing assistance

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Threatened with homeless?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Overcrowding?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other?	

If OTHER, PLEASE EXPLAIN:

If your mortgage or utility payments are in arrears, please complete the following:

HAF- HOMEOWNERS ASSISTANCE FUNDING

Monacan Indian Nation

- Mortgage Company: _____
- Utility Provider(s): _____

PAYMENT ASSISTANCE REQUESTED

YEAR 2020

-MORTGAGE PAYMENT-

-UTILITIES-

May \$ _____ Sept. \$ _____

May \$ _____ Sept. \$ _____

June \$ _____ Oct. \$ _____

June \$ _____ Oct. \$ _____

Mar. \$ _____ July \$ _____ Nov. \$ _____

Mar. \$ _____ July \$ _____ Nov. \$ _____

April \$ _____ Aug. \$ _____ Dec. \$ _____

April \$ _____ Aug. \$ _____ Dec. \$ _____

YEAR 2021

-MORTGAGE PAYMENT-

-UTILITIES-

Jan. \$ _____ May \$ _____ Sept. \$ _____

Jan. \$ _____ May \$ _____ Sept. \$ _____

Feb. \$ _____ June \$ _____ Oct. \$ _____

Feb. \$ _____ June \$ _____ Oct. \$ _____

Mar. \$ _____ July \$ _____ Nov. \$ _____

Mar. \$ _____ July \$ _____ Nov. \$ _____

April \$ _____ Aug. \$ _____ Dec. \$ _____

April \$ _____ Aug. \$ _____ Dec. \$ _____

ELIGIBILITY & ADDITIONAL SUBMISSIONS

Indians and non-Indians are eligible for this program, but a participating Household must have income that is less than eighty percent (80%) of the Area Median Income. Please also note that when making awards of these funds, priority is given to households that have incomes less than fifty percent (50%) of the Area Median Income.

Required Documentation to Complete File:

**Tribal Enrollment Card if applicable *Picture I.D. *SS Card or Birth Certificate* Proof of Disability (if applicable) *Proof of Income; 2 most recent pay stubs -or- Most recent 1040 Tax Return For – or- Social Security and/or Disability Award Letter -or- 2 months Bank Statements. Other documents may be used on a case-by-case basis provided they show annual income or predicted annual income.*

Other Documentation:

**Copy of Deed or Filed Lifetime Rights (If Applicable); *Copy of Power of Attorney (if applicable);*

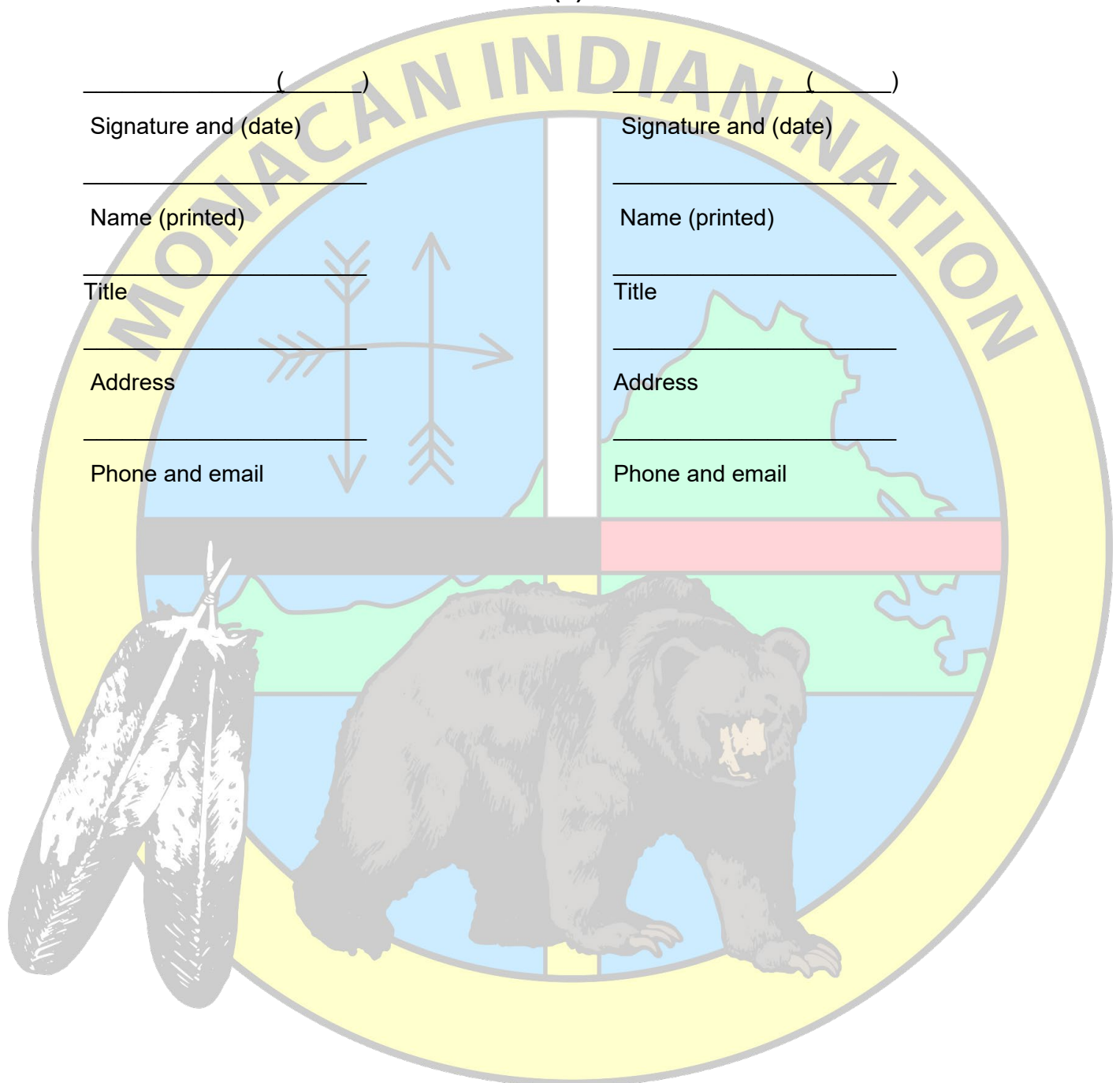
OTHER INFORMATION

Please check this box if you have previously provided an application for this Homeowners Assistance Funding, whether to MIN or another assistance provider. This is being asked of you, in part, because there is a limit on how much financial assistance an individual Household can receive from this particular program.

The applicants agree that all funding must be used for the purposes intended. The program requires that all assistance provided must be deposited into proper accounts and used only for approved purposes. If the

funds are sought and used for improper purposes, the applicants shall become indebted to, and shall be required to pay back, those amounts to the U.S. Treasury Department and Monacan Indian Nation. Additionally, applicants promise and guarantee that all of the representations that they have made in this Application are accurate, truthful, and complete.

HOMEOWNER(S) SIGNATURE



____ () _____ ()

Signature and (date)

Signature and (date)

Name (printed)

Name (printed)

Title

Title

Address

Address

Phone and email

Phone and email