

**HALIWA-SAPONI INDIAN TRIBE  
DEPARTMENT OF THE TREASURY  
HOMEOWNERS ASSISTANCE FUND APPLICATION**

The HAF is providing assistance to eligible Homeowners households experiencing an emergency need with mortgages, home finances, property taxes, and utilities. Priority will be given on an income and needs basis. Assistance will be provided until funds are exhausted. The Haliwa-Saponi Indian Tribe will co-ordinate payments directly to Mortgage Companies, County/State Tax Offices, and the Utility Companies.

**Eligible Homeowners:**

- Must be an Enrolled Member of the Haliwa-Saponi Indian Tribe.
- Must be a Homeowner and provide Proof of Home Ownership/Deed.
- Income at or below 100% of the area median income.
- An obligation to pay mortgage, home finances, property taxes, utilities.
- A Homeowner that has a reduction of income or other financial hardship due to COVID.
- Experienced or are at risk of experiencing homelessness/eviction/foreclosure.
- Must not already be getting Federally funding assistance for the Home.
- Not limited to Tribal Territory.
- Must provide proof/verification of entire Household Income.
- Must provide 2 months of most recent and current utility bills for energy/utility assistance

**Eligible uses of funds include payments of:**

- Mortgage arrears (mortgage payments owed)
- Home Finances arrears (home finances owed)
- Property Taxes arrears (property taxes owed)
- Homeowners Insurance arrears (insurance owed)
- Utilities and home energy cost arrears (costs owed)

To apply for this program, you **MUST be a Homeowner.**

This program is to help prevent homeowners from becoming homeless or evicted/foreclosures.

Tribal members must also provide in writing that they have experienced a reduction in income, incurred significant cost, or experienced other financial hardship due to COVID-19.

**Verification of Income/Assets may include copies (*not originals*) of:**

2020 IRS Individual Tax Returns, W2s.

Benefit award letters showing yearly income (SSI, SSA, disability, pension, etc.).

Self-employed provide 2020 Tax Returns, including Schedule C & all attachments.

Proof of unemployment filling is acceptable but must provide copies of last 2 paystubs.

Proof of COVID-19 related income loss/reduction.

Bank Statements.

Asset Statements.

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_  
 First Last SS#

Address: \_\_\_\_\_  
 Number & Street City State & Zip

\_\_\_\_\_ Haliwa-Saponi Indian Tribe Enrollment Number Date of Birth

\_\_\_\_\_ Phone # Email

**HOMEOWNERS HOUSEHOLD INFORMATION**

A Family Member #	B Family Member Name Social Security Number	C Relation to Family Head	D Date of Birth	E Age	F Sex	G Occupation
1	_____ SSN _____	Head (Tribal Card Holder)	_____	_____	_____	_____
2	_____ SSN _____	_____	_____	_____	_____	_____
3	_____ SSN _____	_____	_____	_____	_____	_____
4	_____ SSN _____	_____	_____	_____	_____	_____
5	_____ SSN _____	_____	_____	_____	_____	_____
6	_____ SSN _____	_____	_____	_____	_____	_____

Is there anyone in the home with a disability? (Circle) Yes No

Have you been impacted by any of the following: (Circle all that may apply)

COVID Financial Crisis Health Crisis Utility Disconnection (If so please attach)

**INCOME**

Family Member #	Employer	Income	
		Monthly	Yearly
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

**HALIWA-SAPONI INDIAN TRIBE U.S. Department of Treasury Homeowners Assistance Fund (Page 3)**

4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_

TOTAL FAMILY INCOME: \_\_\_\_\_

**ASSETS**

Checking Account	Yes_____ No_____	Value \$_____
Savings Account	Yes_____ No_____	Value \$_____
Stocks	Yes_____ No_____	Value \$_____
Bonds	Yes_____ No_____	Value \$_____
Real Property	Yes_____ No_____	Value \$_____

**PLEASE ATTACH COPIES OF ASSETS**

**HOUSING CONDITIONS**

**MORTGAGE:**

Monthly Amount Now Paid for MORTGAGE \$\_\_\_\_\_

Total amount in MORTGAGE Owed (*behind payments*) \$\_\_\_\_\_

Did (*behind payments*) take place before January 21, 2020 Yes\_\_\_\_\_ No\_\_\_\_\_

Mortgage Holders Name: \_\_\_\_\_

Mortgage Holders Address: \_\_\_\_\_

Mortgage Contact Number: \_\_\_\_\_

Mortgage Company Account Number\_\_\_\_\_

**ATTACH ONLY COPY OF MORTGAGE MONTHLY PAYMENT AGREEMENT AND BEHIND PAYMENTS**

**PROPERTY TAXES**

Amount Now Paid for Property Taxes \$\_\_\_\_\_

Total amount in Property Taxes Owed (*behind payments*) \$\_\_\_\_\_

Did (*behind payments*) take place before January 21, 2020 Yes\_\_\_\_\_ No\_\_\_\_\_

Property Taxes Holders Name: \_\_\_\_\_

Property Taxes Holders Address: \_\_\_\_\_

Property Taxes Contact Number: \_\_\_\_\_

Property Taxes Account Number\_\_\_\_\_

**ELECTRIC:**

Monthly Amount Now Paid for Electric \$ \_\_\_\_\_

Total amount in Electric Owed (*behind payments*) \$ \_\_\_\_\_

Did (*behind payments*) take place before January 21, 2020 Yes \_\_\_\_\_ No \_\_\_\_\_

Electric Company Name: \_\_\_\_\_

Electric Company Address: \_\_\_\_\_

Electric Company Contact Number: \_\_\_\_\_

Electric Company Account Number \_\_\_\_\_

**GAS:**

Monthly Amount Now Paid for Gas \$ \_\_\_\_\_

Total amount in Gas Owed (*behind payments*) \$ \_\_\_\_\_

Did (*behind payments*) take place before January 21, 2020 Yes \_\_\_\_\_ No \_\_\_\_\_

Gas Company Name \_\_\_\_\_

Gas Company Address \_\_\_\_\_

Gas Contact Number \_\_\_\_\_

Gas Company Account Number \_\_\_\_\_

**WATER/SEWER:**

Monthly Amount Now Paid for Water/Sewer \$ \_\_\_\_\_

Total amount in Water/Sewer Owed (*behind payments*) \$ \_\_\_\_\_

Did (*behind payments*) take place before January 21, 2020 Yes \_\_\_\_\_ No \_\_\_\_\_

Water Company Name \_\_\_\_\_

Water Company Address \_\_\_\_\_

Water Company Contact Number \_\_\_\_\_

Water Company Account Number \_\_\_\_\_

**PLEASE ATTACH COPIES OF THE MOST RECENT 2 MONTHS OF  
CURRENT BILLS YOU ARE SEEKING ASSISTANCE**

**PLEASE ATTACHD PROOF OF ARREARS INCLUDING ANY STATEMENTS OF DELIQUINT  
PAYMENTS OF MORTGAGE, PROPERTY TAXES, HOME FINAINCES, AND UTILITIES.**

**Statement of Need from being impacted by COVID 19**

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**Rights And Responsibilities:**

I understand that it is against the law to make false statements and understand I may be subject to prosecution for doing so. I certify that the information I have provided is true and complete statements of facts to the best of my knowledge. I give the Haliwa-Saponi Indian Tribe and the U.S. Department of the Treasury permission to verify all information necessary to determine my eligibility. If found to have gotten funds under false pretenses, I will have to pay back all funds to the U.S. Department of the Treasury.

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE MAIL THIS FORM OR DROP IT OFF AT THE TRIBAL CENTER  
HALIWA-SAPONI INDIAN TRIBE  
HAF  
39021 HWY 561  
P.O. Box 99  
HOLLISTER, NC 27844**

# **HSIT HOMEOWNERS ASSISTANCE FUND**

## **Check List**

\_\_\_\_\_ **FULL NAME AND ALL CONTACT INFORMATION**

\_\_\_\_\_ **OWNERSHIP/PRIMARY RESIDENCY: UNEXPIRED DRIVER'S LICENSE OR PHOTO IDENTIFICATION WITH ADDRESS MATCHING HOME ON APPLICATION**

\_\_\_\_\_ **TRIBAL ENROLLMENT INFORMATION**

\_\_\_\_\_ **SOCIAL SECURITY NUMBER**

\_\_\_\_\_ **HOMEOWNERS HOUSEHOLD INFORMATION**

\_\_\_\_\_ **PROOF OF HOME OWNERSHIP/DEED.**

\_\_\_\_\_ **VERIFICATION OF INCOME FOR ENTIRE HOMEOWNER HOUSEHOLD**  
(Income Tax Statements, Unemployment Statements, W2s, SSI, SSA, Pension, etc.)

\_\_\_\_\_ **COPY OF CHECKING/SAVING ACCOUNT BACK STATEMENTS**

\_\_\_\_\_ **COPY AND LIST OF ALL ASSETS**

\_\_\_\_\_ **COPY OF MORTGAGE MONTHLY PAYMENT (Do not need the entire Mortgage)**

\_\_\_\_\_ **MORTGAGE COMPANY/BANK INFORMATION**

\_\_\_\_\_ **PROPERTY TAX INFORMATION**

\_\_\_\_\_ **COPY OF PROPERTY TAXES**

\_\_\_\_\_ **UTILITIES INFORMATION**  
(Electric, Gas, Water, Internet)

\_\_\_\_\_ **COPY OF 2 MOST RECENT MONTHS OF UTILITIES BILLS**

\_\_\_\_\_ **STATEMENT OF NEED**

\_\_\_\_\_ **SIGNED AND DATED**