



OGLALA LAKOTA HOUSING AUTHORITY

COVID-19 FINANCIAL HARDSHIP HOMEOWNER ASSISTANCE FUND (HAF) 2022 Homeowner Assistance Application

Applicants must submit this Form and supporting documentation that they seek Financial Assistance under the HAF Program. All applications must be filled out for processing to begin. *Applicant does not need to have a mortgage to apply-* owner self-attestation of ownership will be validated by OLHA HAF program staff.

Do you own the residence in which you are living? Yes No

Is this home your primary place of residence? Yes No

Are you an enrolled member of the Oglala Sioux Tribe? Yes No Tribal Enrollment No.:

**** If yes to all three questions- you are eligible for OLHA-HAF services****

If no, you are not eligible for Homeowner Assistance Program. Please visit www.sdhda.com/homeowner or www.211helpline.com for information to assist homeowners experiencing financial hardship during the COVID-19 pandemic.

FOR OFFICIAL USE
Date Submitted: _____
Received by: _____

Applicant Information

Applicant Name: _____ DOB: _____ Last 4 of SSN: _____

Gender: _____ Race: _____ Hispanic: Yes No

Physical/Mailing Address: _____

Email: _____ Preferred method of contact? Yes No

Home District (if not in Rapid City, indicate which community you or your family are originally from on the reservation):

- Pine Ridge
 Wakpamni
 Eagle Nest
 Medicine Root

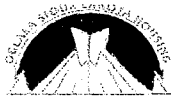
Household Information

Has anyone in your household been unemployed longer than 90 days? Yes No

Household size (total number of adults and minors in household): _____

Please complete the following fields for ALL household members:

Name	Date of Birth	Annual Monthly Income	Last Four Digits of SSN	Income Source



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Annual Household Income

Applicant must attach and submit a wage statement Security, Social benefit letter, unemployment compensation statement, or a copy of and are encouraged to submit their most recent 2020 or 2021 IRS 1040 tax form rather than paystubs to verify annual income.

Financial hardship

Do you or any individual in your household qualify for unemployment benefits? Yes No

Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (Check all that apply)

- A reduction in household income
- Loss of Employment/Temporary Layoff/or Furlough
- Reduction in hours/pay
- Loss of self-employment/business income
- Unable to work or experiencing financial hardship due to no child care/school or to care for family member
- Over the age of 50 and enduring increased costs because of the COVID-19 pandemic
- Disabled and enduring increased costs due to the COVID-19 pandemic
- Incurred increased medical costs (hospital bills, medication costs, etc.)
- Other financial hardship: _____

Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):

- A past due mortgage with foreclosure notice
- A past due utility with disconnect notice
- Any other evidence of such risk

If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g., past due utility or foreclosure notice, or documentation of any other evidence of risk.)

If so, how has COVID-19 led to this financial hardship?

Type of Assistance Requested

MUST Provide all documentation including self-attestation of financial hardship due to COVID-19- documents include *mortgage statements documents showing mortgage loan/property tax or utility costs arrears and interest accrued, etc., Head of Household name must appear on each statement/bill*). Include mortgage, delinquent property tax, insurance, and utility cost arrears. *Only includes Delinquent Property Tax, Past Due Mortgage and Utility Costs Arrears incurred on or after January 21, 2020. Arrears include interest charges and penalties accrued from the date on which the first missed payment after January 21, 2020, was due. Arrears does not include interest charges or penalties accrued for Loan, Property Tax Arrears or Utility Costs Arrears incurred before January 21, 2020.*

CHECK ALL THAT APPLY AND SUBMIT SUPPORTING DOCUMENTATION



MUST PROVIDE MONTHLY MORTGAGE STATEMENT/PAYMENT COUPON

Mortgage Arrears: (Mortgage due after January 21, 2020, and not paid due to COVID 19 Pandemic)
Total amount in Arrears \$ _____ (Please provide mortgage statement/coupon book from your lender)

Do you have any Mortgage Payment Arrears, Delinquent Property Tax, or Utility Costs Arrears?

Do you have a forbearance plan with your mortgage company?

Current Monthly Mortgage Payment Due: \$ _____

Name of Mortgage Company/Bank: _____ Loan Account #: _____

Are property taxes and insurance included in mortgage payment?

Delinquent Property Taxes: taxes starting from 2019 Property taxes due after January 21, 2020.

Unpaid Amount: \$ _____ 2021 Property taxes due in 2022. Unpaid Amount \$ _____

Submit full copy of current Property Tax Statement with ~~Payment History~~ _____

Property Insurance and Flood Insurance (if applicable). Amount due (*attach bill*): \$ _____

Utility Costs Arrears (Utility Cost payments in arrears, what type of utility, and provider information). *This amount will go into your allocated \$7500 per household.* Check all that apply and attach current bill for each category you are requesting assistance (not to exceed \$7500)

Total Amount in Arrears: \$ _____

Type of utility arear assistance:

Natural Gas / Propane/ Fuel Oil: Amount \$ _____ Utility Provider: Account Number: _____

Electricity: Amount \$ _____ Utility Provider: Account Number: _____

Water / Sewer: Amount \$ _____ Utility Provider: Account Number: _____

Trash Removal: Amount \$ _____ Utility Provider: Account Number: _____

Internet Service: Amount \$ _____ Utility Provider: Account Number: _____

Homeowner Rehabilitation: HAF provides housing rehabilitation financial assistance for the prevention of COVID-19 through rehabilitation of existing structures. Attach bid for services not to exceed \$7500 indicating how the rehabilitation will impact COVID-19 risk. Indicate how your rehabilitation will impact COVID-19 risk in your household:

Other expenses: Do you expect to be unable to pay any other Housing Expenses? (Expenses related to other homeowner issues not listed above) Homeowner Type of Assistance requested: _____



For any of the above requested assistance please submit most recent utility statement / bill.

HAF Applicant Acknowledgements

Covid-19 Financial Hardship Self-Attestation: The purpose of the Homeowner Assistance Fund (HAF) is to prevent mortgage delinquencies and defaults, foreclosures, loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship after January 21, 2020, due to the COVID-19 pandemic.

_____(initial) I attest COVID-19 caused a financial hardship on my household deeming me eligible of OLHA-HAF assistance.

Privacy Act Notice & Data Collection Authorization: The Oglala Lakota Housing (Authority) are authorized to collect private data, which may include the last four digits of your social security number if voluntary provided, by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-19), the South Dakota Government Data Practices Act through OLHA Homeowner Assistance Fund (OLHA-HAF).

_____(initial) I understand data collected in this form is for reporting purposes to Oglala Sioux Tribe, US Department of Treasury and other agencies as requested.

Owner Occupancy. Please attest and self-certify you are the owner of your home.

_____(initial) I attest that I am the owner of the home for which I am applying for assistance and that I occupy the home as my primary residence.

By signing this Form, you are certifying that you have not already received funding or benefit from Homeowner Assistance from any other source for the same assistance being applied for with this Form ("Duplicative Benefit"). If you have received such, Homeowner Assistance funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

By my signature below, I hereby certify that all 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 Oglala Lakota Housing Authority regarding changes to my household's eligibility will be deemed grounds for further ineligibility.

APPLICANT SIGNATURE

DATE

FOR OFFICIAL USE
Date Submitted: _____
Received by: _____