

WASHOE HOUSING AUTHORITY
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM

Financial Assistance Recertification 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) payment assistance for:
 - (a) homeowner’s utilities, including electric, gas, home energy (including firewood and home heating oil), water, and wastewater;
 - (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) 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, including the reasonable addition of habitable space to alleviate overcrowding, or assistance to enable households to receive clear title to their properties;

A. Mortgage Payment Arrears and Utility Costs Arrears¹

Do you have mortgage payment arrears or utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, 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: _____

Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Utility Costs Arrears: Total amount in Arrears \$ _____

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

Utility Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

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

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

¹ **Arrears Payments:** If any Applicant has mortgage payment arrears or utility cost arrears, Washoe Housing Authority will first pay those arrears payments before providing payments for any current or future mortgage payment or utility costs payments.

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 (including firewood and home heating oil), water, wastewater, 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: _____

Landlord Name: _____ 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 _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

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

Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

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

Utility Provider: _____ 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 (including firewood and home heating oil), water, wastewater, 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: _____

Landlord Name: _____ 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: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

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

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

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

Utility Provider: _____ 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.)

Expense Type: _____ **Payment due:**

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Expense Type: _____ **Payment due:**
Amount Due: \$ _____
Date Due: _____
Provider: _____ Phone Number: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Expense Type: _____ **Payment due:**
Amount Due: \$ _____
Date Due: _____
Provider: _____ 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:

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 Washoe 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 civil or criminal prosecution if Washoe Housing Authority determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Form Received by Washoe Housing Authority:

STAFF MEMBER SIGNATURE

DATE

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

**Homeowner Assistance Fund Program
Form Checklist**

Please review your application to make sure that contains the following information:

For all Applicants:

- Documentation showing homeownership of primary residence
- Financial Statements
- Proof of Washoe Tribal enrollment
- Tribal ID
- Driver's License or State issued ID
- Social Security Identification or Birth Certificate

Submit the following documentation if applicable and available:

- Documents showing mortgage payment arrears and interest/penalties accrued
- Documents showing utility costs arrears and interest/penalties accrued
- Documents showing other qualified expenses
- Utility bills showing current utility costs due