

WASHOE HOUSING AUTHORITY  
OFF -Reservation ARPA FUNDS  
APPLICATION

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**General Information**

1. Are you or a member of your household an enrolled member of the Washoe tribe?  Yes  No
  - a. If yes, attach proof of enrollment for the Washoe Tribe for each household member
2. Are you a homeowner of a dwelling currently used as your primary residence?  Yes  No
  - a. If yes, attach proof of a home mortgage or other proof of homeownership.

**Household Member Information:**

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual Income	Income Source

**Household Income Verification**

Below, provide information on the total annual income of your household for calendar year 2021.

1. **Annual income** of household: \$ \_\_\_\_\_
  - a. Applicant must attach and submit: (1) a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, bank statements proving regular income, or an attestation from an employer, or (2) a written attestation as to household income that Washoe Housing Authority may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household’s geographic area.

**Financial Hardship**

1. Have you experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? (check all that apply)

- A reduction in household income
- Increase in living expenses
- Loss of Employment/Temporary Layoff/or Furlough
- Increased costs due to healthcare or need to care for a family member
- Other financial hardship; list: \_\_\_\_\_

**a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, bank statements demonstrating regular income).**

**Additional Requirements**

1. Applicants must sign a release of information form allowing the Washoe Housing Authority to verify any and all information required to participate in the Homeowner Assistance Fund Program.

**Applicant Acknowledgements and Attestation**

I understand that **as long as I remain eligible for the program,** I am required to update my application every three months or whenever any determining factor of eligibility changes.

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

**Application Received by Washoe Housing Authority:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

Approved:       Yes    No   Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_      Staff Signature: \_\_\_\_\_

## **OFF -Reservation ARPA FUNDS Application Checklist**

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

**For all Applicants:**

- Documentation showing homeownership of primary residence
- Copy of Driver's License or State issued ID
- Copy Social Security Identification Card or Birth Certificate
- Proof of Washoe Tribe enrollment for each household member (*if applicable*)
- Annual Household Income Verification
  - A written attestation as to household income with supporting documentation (paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, bank statements demonstrating regular income, or an attestation from an employer), or
  - A written attestation as to household income and Washoe Housing Authority may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

**Submit the following documentation if applicable:**

- Documents showing a reduction in household income
- Documents showing an increase in living expenses
- Bills /receipts showing significant costs (hospital bills, medication costs, etc.)
- Copy of utility bill(s)
- Other documents showing financial hardship

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**Applicant Attestation of Financial Hardship**

*In order for financial assistance to be provided under the OFF -Reservation ARPA FUNDS, this Attestation of Financial Hardship must be completed and signed/dated by the homeowner.*

I, \_\_\_\_\_, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used a primary residence and I have experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [*describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member*]

I agree to notify the Washoe Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the OFF -Reservation ARPA FUNDS.

By my signature below, I certify and attest 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.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

## OFF -Reservation ARPA FUNDS

### Applicant Authorization for Release of Information

I, \_\_\_\_\_ [print name] (“Applicant”) am applying for certain financial assistance from Washoe Housing Authority under the Homeowner Assistance Fund Program. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Washoe Housing Authority listed below.

Name and address of person or entity possessing information regarding Applicant:

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Name and address and contact person to whom information is to be released:

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By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to Washoe Housing Authority. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date