



Instructions

Please fill out an electronic application if you have access to a computer. If you do not have access to a computer, you may submit using this paper application

Welcome to the Homeowner Assistance Funding Program (HAFP) application portal. The Homeowner Assistance Funding Program is designed to assist eligible households with homeowner related assistance affected by the COVID-19 pandemic. This assistance is available for the applicant’s primary residence only, for those with a mortgage, or for those homeowners, if such a title/deed, or land assignment must be provided. Funding is available for mortgage and utility assistance, and homeowner displacement prevention measures incurred directly or indirectly due to the COVID-19 outbreak.

Please review the Program Details before applying for assistance to fully understand the program’s qualifications and avoid potential rejection or incomplete application. You will need supporting documents for your application, so be sure to have the appropriate files.

If you have difficulty filling out the application, we encourage you to call one of our representatives at (505) 552-7528.

We look forward to reviewing your application and getting this much-needed aid. You will receive a response from our team within 20 days. Once you submit your application, you will receive multiple emails along the process to inform you of your applications status.

Please mail application to:

Pueblo of Acoma Housing Authority

Attention: HAFP

P.O. Box 620

Pueblo of Acoma, NM 87034

Or email application to:

kvallo@acomahousing.org

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Program Details

The U.S. Department of Treasury allocated \$9.9 billion to states and territories through the American Rescue Plan Act of 2021. The Homeowner Assistance Fund (HAF) was established to mitigate financial hardships associated with the coronavirus pandemic by providing funds for the purpose of preventing homeowner mortgage delinquencies, foreclosures, loss of utilities, and displacements of homeowners experiencing financial hardships after January 21, 2020.

The Pueblo of Acoma Housing Authority (PAHA) will provide housing grants to income-eligible household's experiencing financial hardship associated with the COVID-19 health crisis. Households are eligible to receive assistance if they (1) are an enrolled Pueblo of Acoma tribal member (2) attest that they experienced a financial hardship after January 21, 2020 associated with the COVID-19 pandemic, (3) provide income documentation and have incomes equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater, and (4) currently own and occupy a primary residence. Applications will be processed in the order received. PAHA will disburse HAF assistance directly via check to the homeownership loan lender/servicer, land contract holder, manufactured/mobile home lender, and/or housing provider as appropriate. Assistance is available to eligible applicant's residing on or off the Pueblo of Acoma Indian Reservation. Pueblo of Acoma Tribal members may reside anywhere within the United States for all assistance except Homeowner Displacement Prevention Measures (Rehabilitation), which requires residency within the exterior boundaries of the Pueblo of Acoma Reservation. PAHA will ensure that any assistance is not duplicative of any other Federally funded homeowner assistance provided to the same household.

Required Documentation

1. **Proof of Identity:** Valid Driver's License, or State Issued Identification Card, or Passport.
2. **Proof of Tribal Enrollment:** Certificate of Indian Blood (CIB).
3. **Household Income Documentation:** Employment wages (Three current paycheck stubs; Employer signed form or letter confirming wages; Verification of Income or Reduction of Hours/Pay form); Self-Employment (Profit and Loss statement(s) for the three most recent months); Net rental income, income from interest bearing assets, royalty income, interest from estates and trusts (most recent statement); Social Security, pensions, retirement, annuities, disability, death benefits (current benefits letter); Unemployment insurance, workers compensation, severance compensation (payment history reflecting gross benefit amount, deductions and recent payments); Any public assistance (General Assistance or TANF) payments from state or local income support office (current benefits letter); Child support, family support, alimony (current benefits letter); Armed forces pay (two current statements).
4. **Proof of Need:** Statement from mortgage company; Documentation from a utility company, cooperative or municipality; Copy of Insurance Premium; and/or Property Tax Documentation. For rehabilitation applicants, proof of homeownership is required (quit-claim deed, land assignment, notarized documents, etc.), and copy of contract/agreement and/or receipt(s).



Applicant Information

First Name:		Last Name:		Middle Initial:
Tribal Enrollment No.	Gender	Social Security Number	Driver's License or ID Number	
Primary Phone	Other Phone	Email Address		
Property Address where you reside:				
City	County	State	Zip	
Is the property address also your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mailing Address:				
City	County	State	Zip	

Household Composition

Name	Relationship	Date of Birth	Age	Social Security Number
	<i>Self</i>			

**List all persons living in home*



Annual Household Income

To qualify, gross household income will include all income from all persons over 18 years of age as well as all unearned income of minors. For each income source, submit the relevant documents indicated in the Required Documents on page 2.

Earned Income: Provide copies of check stubs, etc. for verification.			
Name	Employer's Name	Rate of Pay <small>(hourly, daily, weekly, etc.)</small>	Annual Earned Income
Total Annual Earned Income:			

Unearned Income: Provide copies of Social Security, retirement, disability, unemployment, child support, etc. for verification.		
Name	Source of Income	Annual Unearned Income
Total Annual Unearned Income:		

Total Household Annual Income (Earned + Unearned):	
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Property Type:

	Traditional Home (Rock or Adobe)
	Condo
	Manufactured Home Permanently Affixed
	Mobile/Manufactured Home Not Permanently Affixed
	Single Family Residence
	Townhome

Are you in active bankruptcy? Yes No

If yes, please provide the following information:

Date Filed: _____ Charter: 7 13 15

Date Discharged, if applicable: _____

Tribal Land

Are you a resident on tribal land? Yes No

Housing Information

Providing the following information does not disqualify your application.

	Yes	No
Is the loan in default?		
Have you received a foreclosure notice?		
If yes, provide the date the Complaint for Foreclosures was filed:		
Have you received a Notice of Foreclosure Sale?		
If yes, provide the Date of Sale:		
Has your loan been in forbearance?		
Was FHA HUD claim filed due to pandemic delinquency?		



Loss Mitigation

How many times has your mortgage been previously refinanced or modified?		
	Yes	No
Are you in the process of a loan modification?		
Have you been offered a loan modification within the past 12 months?		
Has your household received housing cost assistance since January 21, 2020 and/or will receive such assistance?		
Have you received a Notice of Foreclosure Sale?		
If yes, provide the Date of Sale:		
Has your loan been in forbearance?		
Was FHA HUD claim filed due to pandemic delinquency?		
If yes, provide the name of the organization administering the assistance, amount and period of time for which the assistance was and/or will be received.		
Company/Organization	Period of Time	Amount
In addition, provide documentation showing the amount of assistance received/awarded (such as an award letter).		

Housing Provider #1			
	Mortgages		Private Financing
	Real Estate Contact Payments		Mobile or Manufactured Home Loan
	Mobile Manufactured Home Land Loan		Property Taxes
	Homeowner Insurance		
Lien Position:			
Name of Housing Provider:			
Contact Name for Housing Provider:			



Housing Provider Address:		
Housing Provider City:	State:	Zip:
Housing Provider Phone Number:		
Housing Provider Email Address:		
Account Number:		
Monthly Payment Amount:	Past Due Amount:	

Housing Provider #2			
	Mortgages		Private Financing
	Real Estate Contact Payments		Mobile or Manufactured Home Loan
	Mobile Manufactured Home Land Loan		Property Taxes
	Homeowner Insurance		
Lien Position:			
Name of Housing Provider:			
Contact Name for Housing Provider:			
Housing Provider Address:			
Housing Provider City:	State:	Zip:	
Housing Provider Phone Number:			
Housing Provider Email Address:			
Account Number:			
Monthly Payment Amount:	Past Due Amount:		



Assistance

Check all of the following you are applying for assistance. (Applicants may utilize one or more assistance types but shall not be awarded any assistance in excess of the maximum cap of \$15,000 per household.)

	Mortgage Payment Assistance
<p>The PAHA may provide assistance for mortgage payments for residential dwelling units, including manufactured housing. HAF payments shall generally and preferably be made directly to the mortgage company or servicer on behalf of the awarded recipient. The PAHA may provide up to six months or up to a maximum of \$8,000, whichever is the lesser amount. The HAF funds may be used either for past due payments or arrearage or current and/or prospective payments subject to the six month and \$8,000 maximum stipulation. An applicant involved with a forbearance or modification process shall not be disqualified from participation.</p>	
	Utility Service Assistance
<p>The PAHA may provide assistance with utility related charges and expenses for the primary residence. Utilities may include electric, gas, LP, solid waste disposal, water and sewer, heating fuel, and internet or broadband. Assistance with past (arrearages), current and prospective utility charges, connection fees, membership fees, and related costs are eligible items. Utility repairs and installation covering materials, labor and equipment both inside and outside structure are not eligible. The PAHA shall pay an estimated average utility charge for up to six months or up to a maximum of \$4,000, whichever is the lesser amount, if the costs have not yet been incurred. The average monthly charges as shown on the utility bill/statement submitted by the applicant. If actual costs have already been determined of up to six months of actual utility charges incurred and/or owed or \$4,000 cap.</p>	
	Homeowner Displacement Prevention Measures (Rehab)
<p>The PAHA may provide other housing related assistance to prevent homeowner displacement by renovating or bringing an existing home up to code or improving the overall condition so the home can remain habitable. This type of assistance for home repairs and rehabilitation shall be limited to tribal members living within the exterior boundaries of the Acoma Indian Reservation. Eligible repair and/or replacement items generally include only roofs, HVAC systems, water heaters and interior plumbing. However, the PAHA reserves the right to approve additional work items related to COVID-19 and the health and safety of the occupants. The PAHA shall procure and make direct payments to the contractors and/or service provider. The PAHA shall require home inspections to verify need and workmanship. The maximum allowable assistance amount for this category is \$15,000 per household. The PAHA shall regard assistance in an amount of \$5,000 or less as a grant with no stipulations. For awards in excess of \$5,000 and up to \$15,000 maximum the PAHA shall regard the assistance as forgivable interest fee loan with payback required if the home is sold within one year. The PAHA reserves the right to make a final determination regarding the award of this type of assistance based upon each specific situation and need.</p>	



COVID-19 Financial Hardship

		Yes	No
Have you or anyone in your household experienced financial hardship since January 21, 2020 associated with the COVID-19 health crisis?			
If yes, mark all selections that reflect your household’s financial hardship caused by an increase of expenses or decrease in income greater than 10% associated with the COVID-19 health crisis:			
<input type="checkbox"/>	Job Loss		
<input type="checkbox"/>	Job Furlough		
<input type="checkbox"/>	Temporary or permanent closure of place of employment		
<input type="checkbox"/>	Wage Reduction		
<input type="checkbox"/>	Reduction in self-employment compensation		
<input type="checkbox"/>	Job loss and/or wage reduction due to requirement to be quarantined based on a diagnosis of COVID-19		
<input type="checkbox"/>	Increased expenditures associated with the COVID-19 health crisis		
<input type="checkbox"/>	Other pertinent circumstances leading to financial hardship (please describe below)		



Attestation Information

1. I/We are eligible for this award due to financial hardship related to COVID.
2. I/We certify that all information given to the Homeowner Assistance Fund Program is accurate and complete to the best of my/our knowledge and belief.
3. I/We understand that false statements I/we give to the Homeowner Assistance Fund Program may be punishable under Federal, State, or Local law.
4. I/We also understand that false statements or information will be grounds for denial of our application, termination of assistance and/or debarment from participating in other current or future assistance programs.
5. I/We understand that this is an application for assistance and signing this application does not bind the Homeowner Assistance Fund Program to offer mortgage, utility and rehabilitation assistance nor does it bind me/us to accept any assistance offered.
6. I/We have no objection to inquiries for the purpose of verifying the facts herein stated.
7. I/We have received, read and understand that Homeowner Assistance Fund Program eligibility and compliance requirements.
8. Your signature on this form and the signature of each member of your household, who is 18 years of age or older, authorizes the Homeowner Assistance Fund Program to use this authorization and the information obtained with it, to administer and enforce rules and policies.
9. Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: courts, law enforcement agencies, mortgage provider, past and present employers, Social Service, utility companies, and unemployment benefits. By signing this form, I authorize the above persons, firms or corporations to make available any documents or record to the Homeowner Assistance Fund Program for inspection.
10. I hereby certify that I authorize the Homeowner Assistance Fund Program to publish information regarding me/my household (NOT including personally identifiable information) or my organization (i.e., for lenders) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts.

Applicant Signature, Printed Name and Date

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date