



OVERVIEW

The Kaw Housing Authority received funds from the United States Treasury Department under the American Rescue Plan Act. The Homeowner Assistance Fund will mitigate the financial hardships imposed on Kaw Tribal Citizens during the COVID-19 Pandemic. The Homeowner Assistance Fund seeks to prevent foreclosures, mortgage delinquencies, defaults, loss of utilities, insurance assistance and internet usage, if used for work or school.

Eligible Applicants may receive support with *mortgage payments, insurance payments, utility assistance and/or internet service support*. Each category of assistance will be available for 3 months of payments, not to exceed \$4,000 for mortgage payments, \$1,500 for utilities payments, \$300 for internet payments, and \$1,200 for insurance payments.

The Homeowner Assistance Fund is designed to provide non-taxable economic relief to Enrolled Tribal Citizens.

CONTACT

Completed Homeowner Assistance Fund Applications may be submitted to the following:

Kaw Housing Authority
P.O. Box 371, #9 Kanza Lane
Newkirk, OK 74647

EMAIL:
reception@kawhousingauthority.com or
compliance@kawhousingauthority.com

PHONE:
580 362-6264

HOMEOWNER ASSISTANCE FUND

AMERICAN RESCUE PLAN ACT

APPLICANT PERSONAL INFORMATION

Applicant Name:	
Date of Birth:	
Number of Household members	
Address:	
County of Residence:	
Phone Number:	
Email Address:	
Enrollment Number:	
Explain hardship caused by Covid-19:	

APPLICANT HOUSEHOLD INCOME

Successful HAF applicants must have households whose income is at or below 150% of the 2021 HAF Income Limits for their county of residence or 100% of the US Median Income, whichever is higher.

ANNUAL HOUSEHOLD INCOME: _____

COUNTY & STATE OF RESIDENCE: _____

Please provide proof of income (W2, Tax Return, Social Security Income, etc.) to this application so that your income may be verified.

APPLICATION PROCEDURE

The Kaw Housing Authority will review all applications for all programs in the order that they are received and determine whether the applicant meets the Program's eligibility requirements and the applicant has submitted all of the necessary documentation.

If the applicant meets the requirements and has submitted all necessary documentation to the satisfaction of the Kaw Housing Authority will approve the application within (10) business days.

However, if the applicant fails to meet the above requirements, then the applicant will be denied and provided the reason for the denial. Although an applicant is denied for the Homeowner Assistance Fund, there may be other avenues that are more appropriate to accomplish the desired goals and the applicant will be encouraged to proceed with an application for that respective program.

All determinations by the Kaw Housing Authority are final unless the applicant can provide all required documentation within the duration of the program and resubmit according to the above procedures.

ASSISTANCE SELECTION

Kaw Housing will provide Homeowner Assistance in one or more of the following categories:

- Mortgage Payment Assistance, up to \$4,000.
- Utilities Payment Assistance, up to \$1,500.
- Insurance Payment Assistance, up to \$1200.
- Internet Service Payment Assistance, up to \$300.

Payments are not to exceed \$7,000 of assistance per household.

Kaw Housing HAF Program Assistance Selection and Required Supporting Documents	
Please select the type(s) of assistance that you are requesting assistance for:	Please attach the following supporting documentation associated with the assistance:
<input type="checkbox"/> Mortgage Payment Assistance	<input type="checkbox"/> Copy of Mortgage Bill Amount to be Paid: _____
<input type="checkbox"/> Insurance Payment Assistance	<input type="checkbox"/> Copy of Insurance Bill Amount to be Paid: _____
<input type="checkbox"/> Utility Payment Assistance	<input type="checkbox"/> Copy of Utility Bill(s) Amount to be Paid: _____
<input type="checkbox"/> Internet Service Payment Assistance	<input type="checkbox"/> Copy of Internet Service Bill: Amount to be Paid: _____
TOTAL ASSISTANCE REQUESTED:	\$ _____

APPLICATION CHECKLIST

<input type="checkbox"/> Verification of Enrollment for all Kaw Nation Tribal Citizens living in the household.	<input type="checkbox"/> Home ownership verification (<i>i.e.</i> , copy of deed). <i>Only if your home is paid off.</i>
<input type="checkbox"/> Copy of all Bills that Assistance is needed with (mortgage, insurance, internet, utilities)	<input type="checkbox"/> Proof of Income (<i>Tax Returns, W2, last 30 day Paystubs, Social Security Income, etc.</i>)

APPLICANT CERTIFICATION

I certify that all the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the Tribe or other Federal agency requires it in the performance of their duties.

Printed Name:	
Signature:	
Date:	

FOR OFFICIAL USE ONLY	
Date application received by Kaw Housing Authority:	
Tribal Enrollment Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Verified:
Proof of Home Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Kaw Housing Authority
P.O Box 371
Newkirk, OK 74647
(580)362-6264

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information 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), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.