

Gila River Indian Community – Homeowner Assistance Program (HAF)

Office of the Treasurer

Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Primary Residence - Street Address Apartment/Unit #

_____ City State ZIP Code

Mailing Address: _____
If different from above

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ GRIC ID#: _____

Gender: _____ Race: _____ Ethnicity: _____

Are you a Homeowner? YES NO Is the physical address above your primary residence? YES NO

Are you a veteran of the U.S. Armed Forces? YES NO # of Dependent Persons: _____

Household Income

What is your total household annual income? _____

Please list all members of the primary residence. Use additional sheets for more space.
 List sources of income for all household members over the age of 18 years old. If adult members are unemployed include an attachment with more information.

Full Name	Age	Relationship to Homeowner	Annual Income (N/A if Minor)

Required Documentation

- Applicant Homeowner(s) Identification:
 Copy of the front of your State issued Driver's License or Government ID. If your property address is not reflected on the License or Government ID, provide a statement regarding why a different address is listed.
- Gila River Indian Community Identification Card
- Current Income Verification: (for all household members 18 years and older)
 Accepted documents include (*as applicable*): W-2 and paystubs (two most recent from employer), IRS Form 1099, tax filings, bank statements within the past 30 days, and/or employer attestations. Provide an attachment with a written narrative on household income to explain no income where applicable.
- Proof of Homeownership and Primary Residence Address
 Billing statements (e.g., utilities, internet, etc.), mortgage-related documents (e.g., statements, lender/servicer correspondence), foreclosure letters, property tax statements, etc.

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Hardship and Income Attestation

Financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner.

1. Since January 21, 2020, how has the COVID-19 pandemic negatively affected your household's income or assets?

Check all that apply:

- Wages or hours reduced (including when due to medical issues due to COVID-19 and need to care for sick family member or for children home from school or daycare) resulting in decreased income
- I am currently unemployed, or I experienced unemployment during this time
- Qualified for unemployment benefits
- Laid off or pause in work
- Sick and unable to work
- Loss of child support or spousal support
- Other _____
- I did not experience a reduction in income. (*This does not automatically disqualify an applicant.*)

2. Since January 21, 2020, what significant increases in expenses have you had due to the COVID-19 pandemic?

Check all that apply:

- New or increased healthcare costs
- Remote or at-home work expenses
- Childcare or adult dependent care expenses
- Increased food or food delivery expenses
- At-home care for a household member ill from COVID-19
- Personal Protective Equipment (PPE) including masks
- Air quality (filters, ventilators) expenses
- Alternative transportation expenses due to COVID-19 transportation limitations
- Increased utility bills due to staying at home as a result of COVID-19
- Increased utility or heating costs in light of pandemic-related heating cost increasing
- Other _____
- I did not experience an increase in expenses due to the pandemic. (*This does not automatically disqualify an applicant.*)

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3. Check the boxes that apply to your housing-related financial distress from January 21, 2020 to present. Each situation may be a present issue and/or an issue experienced since January 21, 2020.

Check all that apply:

- Foreclosure:** I am currently in foreclosure on my primary residence.
- Payment:** I need assistance to pay my currently monthly payment.
- Mortgage Reinstatement:** I need financial assistance to reinstate my mortgage related to a period of (select all that apply):
 - Forbearance Delinquency Default
- Insurance:** I need financial assistance for (select all that apply):
 - Homeowner's insurance Flood Insurance Mortgage insurance
- Utilities:** I am behind in payments to a utility provider (select all that apply):
 - Gas services Electric Home energy (including firewood and home heating oil) Water
 - Wastewater Internet access
- Fees and/or Taxes:** I need assistance to pay delinquent property taxes
- Home Repair:** I need assistance to prevent displacement due to habitability concerns including (select all that apply):
 - Repairs for maintaining the home Reasonable addition of habitable space to alleviate overcrowding
- Other Situations:**

Signature and Attestation

By signing below, I attest that this information provided for COVID-19 pandemic impact is correct and complete to the best of my knowledge. Further, I attest that the information provided in this application is correct and complete to the best of my knowledge, and that it will be relied upon in order to determine my eligibility for the HAF program. If this application leads to assistance, I understand that false or misleading information in my application or interview may result in program termination and may require a repayment of the assistance proceeds provided.

Homeowner
Signature: _____ Date: _____

FOR QUESTIONS OR INSTRUCTIONS TO SUBMIT APPLICATION

- Submit Completed Applications as follows. For questions please call 520-562-9685
- Email at OT.incoming@gric.nsn.us
 - U.S. Mail: Gila River Indian Community, Office of the Treasurer PO BOX 2160, Sacaton, AZ 85147
 - In person: Office of the Treasurer, Gila River Governance Center 525 W. Gu'u Ki Sacaton, AZ 85147