



511 East Colorado
Post Office Box 1330
ANADARKO, OKLAHOMA 73005

Homeowners Assistance Fund Application (H.A.F. F.Y. 2022)

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED PER HOUSEHOLD

Supporting Documents Needed:

Must be an Apache Tribe of Oklahoma Member

Must be a Homeowner and not have utilized the ERAP Program

Must live in the United States

- _____ Copies of C.D.I.B. for all household members
(If a member(s) are Non-Native, must have copies of Valid State ID.)
- _____ Social Security Numbers for all household members
- _____ Last 30 days Proof of Income for all household members over the age 18 (Must have Paycheck stubs)
(Weekly pay four check stubs, Bi-Weekly pay two check stubs, Monthly pay one check stubs, or Self Employment must submit a copy of the form 1040 as filed with the I.R.S. for the household for 2021.)
- _____ No Income Verification for all household members over the age of 18
(ONLY for those that live in the same household that does not have a job.)
- _____ Lender/Lean holder Information or Deed
- _____ W-9 from Vendor
- _____ Copy of Utility Bill (Gas, Propane, Utility, Electricity, or Water Bill. Must be one of the main house bills.) If requesting utility assistance.
- _____ Completed Application (Incomplete Applications Will Not Be Accepted)

Please Note:

- Payments will be based on your bill if it does not exceed the program cap's limit.
- H.A.F. will send payment to the Landlord / Vendor.
- This program operates on the Federal Guidelines set for H.A.F
- Must have Completed Application with Supporting Documents to be considered for H.A.F.
- If you have received assistance from another E.R.A.P. funding program, you are ineligible under this program.
- H.A.F. will not accept any Bank Statements as Proof of Income.



Homeowners Assistant Fund PROGRAM (HAF F.Y 2022)

Proof of all statements made on this application must be provided before any consideration of eligibility.

Head of Household Name: _____

Single	Married	Separated	Divorced	Widowed	Living together but not Married
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Physical Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

PLEASE WRITE MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Number: _____

List All Household Members: Including Yourself

NAME	AGE	DOB	CDIB	SSN	Disability

ADDITIONAL HOUSEHOLD MEMBERS LISTED ON THE BACK OF THIS PAGE.

List all Household Income for the Last Month:

NAME	INCOME AMOUNT	SOURCE	WEEKLY	BI-WEEKLY	MONTHLY

Questions (Please answer)

1. Receiving unemployment, NO YES
2. Experiencing a Reduction in Household Income, NO YES
3. Experiencing a financial hardship Due to COVID-19, NO YES
4. Risk of experiencing homelessness or housing instability, NO YES

Applicable Home Status:

Own or Buying: NO YES

If yes, please fill out the information,

Lender or Lienholder NAME: _____

Lender or Lienholder PHONE #: _____ Amount of Mortgage a Month: _____

ADDRESS OF Dwelling : _____

CITY: _____ STATE: _____ ZIP CODE: _____

If no, please stop filling out; guidelines for the program are only for Homeowners.

OR Applying for Utility Assistant

Type of Utility: _____

Utility Provider: _____

Amount \$: _____ Due Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 150 percent of the Area Median Income for the household.

I hereby certify that all of the foregoing information and attached documentation are true and correct by my signature below. I understand that providing any false statements, false information, any misleading statements, or information, or if I fail to notify the Apache Tribe of Oklahoma HAF Program 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 maybe grounds civil or criminal prosecution if Apache Tribe of Oklahoma determine it is appropriate to do so.

Applicant Signature

DATE



Homeowner Assistance Fund Program (H.A.F Program) Fair Hearing Policy and Procedure

Denials:

I understand that the Apache Tribe of Oklahoma H.A.F. Program may choose to deny my application based on:

- Discovery of fraudulent information
- Income exceeds guidelines
- Another funding source has received services from the emergency rental assistance program Or another HAF program.
- Lack of documents
- Funding has been exhausted

Should this occur, I understand that I may be denied H.A.F Program assistance for the current Year. If I, the applicant, am unsatisfied with the H.A.F. Program's decision on my application, I have the right to a fair hearing. If I, the applicant, choose to request a fair hearing, I must submit the request in writing to the program director within (5) working business days after receiving a denial letter. Failure to do so shall constitute acceptance of denial. Should I, the applicant, file a request within the prescribed period, the director has (2) working business days to respond to the request. If I, the applicant, am not satisfied with the director's response, a hearing will be scheduled with the Tribal Administrator.

Untimely Processing:

Applicants who feel their applications have not been acted upon in a timely manner may request a fair hearing. Should I, the applicant, file a request for a fair hearing based on my untimely processing perception, the director has (2) working business days to respond to the request. If I, the applicant, am not satisfied with the director's response, a hearing will be scheduled with the Tribal Administrator. If the applicant does not request a fair hearing, then the applicant accepts the decision. All correspondence will be documented in the applicant's file to ensure that responses are handled in a timely manner via phone and letter.

Applicant Signature

Date

Lienholder INFORMATION SHEET

Please have the landlord fill it out completely.

Please print clearly.

Lienholder NAME:

Lienholder ADDRESS:

Lienholder EMAIL ADDRESS:

Lienholder PHONE /FAX NUMBERS:

ADDRESS OF Dwelling:

Mortgage Amount:

Month/Year: _____

Amount Owed: _____ + _____ = _____
Total Cost

Example:

Month/Year: January / 2020 February/2021

Amount Owe: \$750.00 + \$750.00 = \$1,500.00

Make sure the amount is correct.

Lienholder, please fill out the W-9 on page 7.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check <i>only one</i> of the following boxes:</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>Applies to persons maintained outside the U.S.</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidance on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1098-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

APACHE BUSINESS COMMITTEE
Durell Cooper - Chairman
Matthew Tselee - Vice-Chairperson
Ruth Bert - Secretary/Treasurer
Telephone: 405-247-9493



APACHE BUSINESS COMMITTEE
Dustin Cozad - Committee Member
Donald Komardley - Committee Member
Marland Toyekoyah - Tribal Administrator
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HOMEOWNERS ASSISTANCE FUNDING VERIFICATION OF NO INCOME

NAME: _____
DOB: _____ SSN: _____
GENDER: _____ PHONE #: _____
ARE YOU AN APPLICANT OR HOUSEHOLD MEMBER OVER THE
AGE OF 18 YRS. OLD? _____
HAVE NO INCOME SINCE: _____
SIGNATURE: _____ DATE: _____

PERSON'S PROVIDING SUPPORT/WITNESS

I HAVE CERTIFY THAT THE PERSON ABOVE DOES NOT HAVE ANY INCOME
IN THE PAST 30 DAYS: _____ (SIGNATURE)

NAME: _____
ADDRESS: _____
PHONE #: _____
RELATIONSHIP TO APPLICANT: _____

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HOMEOWNERS ASSISTANCE FUNDING PROGRAM

Please prioritize by **NUMBERING** which assistance is needed
listed below:

Home Repairs Assistance ____
Mortgage Assistance ____
Utilities ____
Taxes ____
Insurance ____

Signature: _____

Date: _____

APACHE TRIBE OF OKLAHOMA H.A.F. - 405-247-9493

CANDICE REDDICK - EXT. 116
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atoccp@apachetribe.org