



Homeowner Assistance Fund (HAF) Program Application Form Checklist

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

- ☐ Home ownership document
- ☐ Tribal enrollment card
- ☐ Documentation showing household income
- ☐ Documents showing a reduction in household income (if applicable)
- ☐ Documents showing an increase in living expenses (medical bills, etc.) (if applicable)
- ☐ Copy of utility bill(s)
- ☐ Other documents showing financial hardship

NOTE: incomplete applications will be returned and applicant must resubmit complete application. Please allow up to 72 hours for initial contact with program manager

For more information please contact:
HAF Program
Akwesasne Business Center, Suite 102
HAF@srmt-nsn.gov
518-358-2272 ext. 2561

The SRMT HAF Program is supported in whole or in part by federal award number HAFP0063 to Saint Regis Mohawk Tribe by the U.S. Department of Treasury



Homeowner Assistance Fund (HAF) Program Application Form

General Information

Are you a member of the Saint Regis Mohawk Tribe?

☐ YES ☐ NO

Please attach your SRMT Identification card (front and back)

Are you the homeowner of the property to which you are applying for assistance? ☐ YES ☐ NO

Please attach proof of home ownership

Is this your primary residence?

☐ YES ☐ NO

Please attach all utility and service bills

Applicant Information

Homeowners Name:

Date:

Date of Birth:

Tribal Enrollment #:

SSN:

Physical Address (where you live/pay utilities/own home)

City:

State:

Zip:

Mailing Address (if different from physical address)

City:

State:

Zip:

Email:

Phone:

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Below please provide information for all household members over the age of 18 for the calendar year 2020

| Household Income Verification | | | | | |
|-------------------------------|---------------|----------------------|---------------------|---------------|---------------|
| Name | Date of Birth | Last 4 digits of SSN | Tribal Enrollment # | Annual Income | Income Source |
| | | | | | |
| | | | | | |
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Applicant must attach and submit supporting documentation such as

- A copy of your 2021 IRS form 1040 (first two pages only)
- Pay stubs, or a letter from your employer showing a decrease in income
- If homeowner is self-employed, applicant must have a notarized attestation letter outlining type of work performed and income earned in the last 12 months
- OR a written attestation as to household income (attached page 5)

| Financial Hardship |
|--------------------|
|--------------------|

I have experienced financial hardship associated with COVID-19 pandemic after January 21, 2020 (including a hardship that began before and continued after January 21, 2020) that has created or increased risk of mortgage delinquency, mortgage default and foreclosure, loss of utilities or home energy services or displacement (check all that apply to your situation)

- ☐ A reduction in household income
- ☐ Increased 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: (please explain your situation)

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Homeowner Acknowledgements and Certification

I am currently receiving assistance from the following SRMT Tribal Programs:

- ☐ Heating Assistance
- ☐ Healthy Housing Program (formerly known as HIP)
- ☐ Family Advocates
- ☐ Social Services
- ☐ HUD
- ☐ Mohawk Indian Housing Corp
- ☐ Three Sisters
- ☐ TVR
- ☐ Child Support Unit
- ☐ Other: _____

By my signature below, I hereby certify that all of the information and attached documentation is true and complete. I understand that providing any false information or if I fail to notify HAF of changes to my household's situation, I may be held responsible to repay the U.S Treasury the full amount of any benefits received improperly. ***This form must be completed in the presence of a notary***

Applicant Signature

Date

Notarization required (seal, signature and date notarized):



Homeowner Assistance Fund (HAF) Program

Employment Attestation (If Needed)

Instructions: This form must be completed by each member of the household over the age of 18 who has lost income or employment due to the COVID-19 pandemic and who is unable to provide paystubs, w-2, an employer letter or any other written documentation of income.

Date: _____

My name is _____ and I reside at: _____

(address).

Prior to the COVID-19 pandemic, I was employed as a: _____
(job you performed) at: _____
(place of employment). I earned \$ _____ every _____
(frequency of earnings: weekly, bi-weekly, monthly or per day) before taxes were taken out (if any).

Currently I am employed as a: _____ (job you perform,
or write "unemployed" if you have lost your job). I am employed at: _____
(place of employment). I earn \$ _____ every _____
(frequency of earnings: weekly, bi-weekly, monthly or per day) before taxes were taken out (if any).

Certification:

By my signature below, I hereby certify that all of the information and attached documentation is true and complete. I understand that providing any false information or if I fail to notify HAF of changes to my household's situation, I may be held responsible to repay the U.S Treasury the full amount of any benefits received improperly. ***This form must be completed in the presence of a notary***

Applicant Signature

Date

Notarization required (seal, signature and date notarized):



Homeowner Assistance Fund (HAF) Program

Release of Information

I, _____, have applied for assistance thru the Saint Regis Mohawk Tribe Homeowner Assistance Fund Program (“HAF”) and as part of the application process, HAF must verify information contained in my application to determine my eligibility.

HAF will verify with the Saint Regis Mohawk Tribe and its programs that the applicant is not receiving assistance from any other tribal program to cover mortgage/homeowner payments, utilities, or other homeowner costs covered by this program. The information received by this request can only be used in the processing of my request for assistance from the HAF program. *This form must be completed in the presence of a notary*

Applicant Signature

Date

Notarization required (seal, signature and date notarized):