



## **Homeowner Assistance Fund (HAF) Program**

### **Application Form Checklist**

**Please review your application to make sure that it contains the following information (if applicable):**

- |  |   |
|--|---|
| <input type="checkbox"/> Tribal ID           | <input type="checkbox"/> Internet Bill                    |
| <input type="checkbox"/> Income Verification | <input type="checkbox"/> Home Phone Bill                  |
| <input type="checkbox"/> Deed                | <input type="checkbox"/> Electric Bill                    |
| <input type="checkbox"/> Mortgage Statement  | <input type="checkbox"/> Notarized Application            |
| <input type="checkbox"/> House Insurance     | <input type="checkbox"/> Notarized Release of Information |
| <input type="checkbox"/> Taxes (home)        | <input type="checkbox"/> Notarized Employment Attestation |
| <input type="checkbox"/> Heating Bill        | Form (If needed)  |

***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  
Saint Regis Mohawk Tribe  
71 Margaret Terrance Memorial Way  
Akwesasne, NY 13655  
[HAF@srmt-nsn.gov](mailto:HAF@srmt-nsn.gov)  
518-358-2272 ext. 2560

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*

Are you applying for displacement assistance (home upgrades to keep home safe?)

☐ YES ☐ NO

*Please attach your quote for work needed*

Do you agree to attend one financial literacy class?

☐ YES ☐ NO

**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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How many people currently live in your home?\_\_\_\_\_

Below please provide information for all household members:

Household Income Verification					
Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment #	Annual Income	Income Source

Applicant must attach and submit supporting documentation such as

- A copy of your most recent tax 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
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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/State Programs:

- |   |  |
|---|--|
| <input type="checkbox"/> Heating Assistance | <input type="checkbox"/> Healthy Housing Program (formerly known as HIP) |
| <input type="checkbox"/> Family Advocates   | <input type="checkbox"/> Social Services                                 |
| <input type="checkbox"/> HUD                | <input type="checkbox"/> Mohawk Indian Housing Corp                      |
| <input type="checkbox"/> Three Sisters      | <input type="checkbox"/> TVR   |
| <input type="checkbox"/> Child Support Unit | <input type="checkbox"/> Other:  |

### **RELEASE OF LIABILITY, AND ASSUMPTION OF RISK FOR THE SAINT REGIS MOHAWK TRIBE**

I hereby agree the Saint Regis Mohawk Tribe (“Tribe”) specifically the SRMT Homeowners Assistance Fund Program assumes **no responsibility** regarding your participation in any form of displacement assistance.

**RELEASE OF LIABILITY.** I hereby release the Tribe, its employees, officials, elected officials, agents, and contractors (“Released parties”) FROM ALL LIABILITIES, CAUSES OF ACTION, CLAIMS AND DEMANDS that may arise in any way from any injury, death, loss or harm that may occur to me or to any other person or to any property during the activity or in any way related to such activity. This release includes claims for the negligence of the Released parties. I agree NOT TO SUE or make a claim against the Released parties for death, injuries, loss or harm that may occur during the activity or for any other latent injury that may be related in any way to such activity.

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. In addition, I agree the Tribe is not responsible for any warranty or warranty-related claims for the product purchased on your behalf. I understand that by signing below I am waiving any claims against the Tribe etc. and I am binding my heirs, successors, and assigns.

**\*This form must be completed in the presence of a notary\***

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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\**

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Applicant Signature

Date

**Notarization required** (seal, signature and date notarized):