



## NEZ PERCE TRIBAL HOUSING AUTHORITY

P. O. BOX 188 · LAPWAI, IDAHO 83540  
105 RIVERVIEW AVENUE · KAMIAH, IDAHO 83536

Phone: Lapwai (208)843-2229 Kamiah (208)935-2144

Email: [nptha@nezperce.org](mailto:nptha@nezperce.org)

Rev.: 05/23/2023

# HOMEOWNERS ASSISTANCE FUND (HAF) Program Application

The purpose of the Homeowner Assistance Fund (HAF) is to prevent mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship after January 21, 2020 associated with the coronavirus pandemic.

### Applicant eligibility requirements are:

1. A homeowner who has experienced a financial hardship after January 21, 2020, and has a household income equal to or less than 150% of the area median income.
2. The Applicant attests to the nature of the financial hardship experienced after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).
3. At this time, preference will only be provided to homeowners that are enrolled with the Nez Perce Tribe.
4. The homeowner must occupy the dwelling as their primary residence.

### **Funds from the HAF may be used for assistance with:**

- Mortgage payment assistance; Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
- Mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
- Payment assistance for:
  - Utilities, including electric, gas, home energy and water • Insurance, flood insurance, and mortgage insurance • Homeowners association fees or liens, condominium association fees, or common charges • Down payment assistance loans provided by nonprofit or government entities • Delinquent property taxes to prevent homeowner tax foreclosure;
- Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home (*Eligibility for Home Repairs: Home must be located within the boundaries of the 1863 Nez Perce Indian Reservation*);
- Assistance to enable households to receive clear title to their properties;
- Counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF program related to foreclosure prevention or displacement



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### **The following documents are required by all applicants:**

- Complete and signed application
- Proof of homeownership
  - Mortgage Holder, Title and/or Deed to home, Title Status Report (TSR)
- Picture Identification (Driver's License, State ID, Tribal ID)
- Proof of Enrollment/Tribal ID/CIB
- Income Verification for ALL household members 18 years and older
  - 60 days of paystubs, most recent tax return, SSI Award Letter;
  - Zero Income form for any household member without income
- Completed and signed Release of Information for EACH HOUSEHOLD MEMBER 18 YEARS AND OLDER

### **Submit the following IF APPLICABLE:**

- Mortgage Statement
- Property Tax Statement
- Utility Bill(s)
- Insurance Statement(s)

Incomplete applications will not be processed and will delay the application process and could result in denial of services. If you are missing any of these documents at the time of submission, program staff will follow up with you to submit required documents.

Applications are processed and reviewed as they are received. Preference and priority will be given to homeowners having incomes equal to or less than 100% of the Area Median Income (AMI). Applicants will be notified within fourteen (14) days of a *completed* application if they are approved for HAF funding.

If you need assistance with this application, you can call 208.843.2229 from Monday through Friday, between 8:00 am and 4:30 pm Pacific Time.



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### Homeowners Assistance Fund Program Application

#### ASSISTANCE APPLYING FOR: (PLEASE CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Mortgage Assistance</li> <li><input type="radio"/> Reinstate a mortgage</li> <li><input type="radio"/> Past Due/Delinquent property taxes</li> <li><input type="radio"/> Re-Financing</li> <li><input type="radio"/> Down payment assistance loans provided by nonprofit or government entities</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Mortgage Principal Reduction</li> <li><input type="radio"/> Insurance</li> <li><input type="radio"/> Utilities</li> <li><input type="radio"/> Essential Home Repairs</li> <li><input type="radio"/> HOA, Condo Fees, Liens</li> </ul> |
|---|--|

#### Applicant

First Name		Middle Initial		Last Name	
Mailing Address					
City		State		Zip Code	
Physical Address			How long at this address?		
City		State		Zip Code	
County		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Email Address		
Phone/Cell number			Message number		
Race:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Do Not Know	<input type="checkbox"/> Do Not Wish to Answer		

#### Alternate Contact Information

First Name	Last Name	Email	Phone Number

#### All persons residing in the household and income:

Other income includes but is not limited to retirement, pension, social security, disability, TANF, child support, foster care, public assistance, alimony, etc.

ENTER THE HEAD OF HOUSEHOLD ON THE 1 <sup>ST</sup> LINE First/Last Name	Date of birth	Last 4 digits of SSN	Tribal enrollment number	Monthly employment income	Monthly un-employment income	Other income
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Property Information									
Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you continue to occupy the home: <input type="checkbox"/> Yes <input type="checkbox"/> No				# Of Bedrooms		
Type of Home: <input type="checkbox"/> Stick Built Wood Frame <input type="checkbox"/> Manufactured <input type="checkbox"/> Single Wide Trailer <input type="checkbox"/> Homeowners Association (HOA)									
What year was your home built?				Do you have Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Housing Assistance									
Are you currently receiving any federally funded mortgage or utility assistance?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
List the mortgage/utility assistance program(s):									
Have you applied for any other mortgage/utility assistance from another agency?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
Please list the program/agency for which you applied:									
Have you been assisted in the past 3 years by NPTHA Sr. Rehab or Elder Home repair? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, when:		What repairs were completed?							
Lender/Mortgage Holder Information									
1 <sup>st</sup> Mortgage Company:							Phone Number		
Mailing Address							Account #		
City					State			Zip Code	
Monthly payment:		\$		# Of Months Past due:					
Is this Mortgage: <input type="checkbox"/> Delinquent <input type="checkbox"/> In Default <input type="checkbox"/> In Foreclosure									
2 <sup>nd</sup> Mortgage Company:							Phone Number		
Mailing Address							Account #		
City					State			Zip Code	
Monthly payment:		\$		# Of Months Past Due					
Is this Mortgage: <input type="checkbox"/> Delinquent <input type="checkbox"/> In Default <input type="checkbox"/> In Foreclosure									
Utility Provider Information									
1. Utility company							Phone Number		
Mailing Address							Account #		
City					State			Zip Code	
Email Address									
Monthly Payment:		\$		# Of Months Past Due				Amount Due \$	
2. Utility company							Phone Number		
Mailing Address							Account #		
City					State			Zip Code	
Email Address									
Monthly Payment:		\$		# Of Months Past Due				Amount Due \$	
3. Utility company							Phone Number		
Mailing Address							Account #		
City					State			Zip Code	
Email Address									
Monthly Payment:		\$		# Of Months Past Due				Amount Due \$	

Property Tax Information			
County tax Assessor:			
Property Description:		Taxes Owed:	\$
Property Insurance Information			
1. Insurance Provider		Insurance Type	
Property Description		Insurance Amount	\$
2. Insurance Provider		Insurance Type	
Property Description		Insurance Amount	\$
3. Other Cost		Insurance Type	
Description		Insurance Amount	\$
Home Repairs Needed to Prevent Displacement OR Risks Health & Safety			
Please list <i>prioritized</i> repairs needed for your home, reason for repairs, and your best estimated costs of these repairs			
	Repairs needed:	Reason for repairs:	Estimated Costs:
Example	Need electrical repairs	Fire hazard, lights flicker	\$7,000
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

Home Repairs that exceed the approved amount set by the HAF policy will be the sole responsibility of the home owner. NPTHA will not be responsible for costs previously incurred by the homeowner or outside the purview of the HAF policy. However, NPTHA will make every effort to assist the family with other resources to ensure home repairs are feasible.

NPTHA may accept or reject any bid from a Contractor based on funds availability and if the repairs are not deemed necessary to the habitability of the home. NPTHA Maintenance will review all bids and inspect the home/repair needs prior to funds being approved and work commencing. All work must be pre-approved by NPTHA Maintenance and be completed by an approved contractor.

Due to limited funding available, the homeowner may need to prepare their home for repairs prior to work being done by the contractor. Failure to complete any preparation work may delay any repairs, move you down on the priority list, or possibly disqualify you for HAF funding.

COVID-19 Financial Hardship			
<p>Eligibility Criteria An “eligible household” is defined as a household in which at least one or more individuals meet the following criteria:</p> <ul style="list-style-type: none"> <li>• COVID-19 Financial Hardship: Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;</li> <li>• Housing Status: Demonstrates a risk of experiencing homelessness or housing instability; and</li> <li>• Income: Has a household income at or below 150 percent of the area median</li> </ul>			
Eligibility Criteria: (PLEASE CHECK ALL THAT APPLY)			
<input type="checkbox"/> Unemployment <input type="checkbox"/> Reduced Employment/Compensation <input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Loss of self-employment/Business Income <input type="checkbox"/> Closure of place of employment <input type="checkbox"/> Increased household cleaning costs <input type="checkbox"/> Utility costs increased due to children being home from school <input type="checkbox"/> Experienced a large unexpected medical cost related to COVID-19 <input type="checkbox"/> Obligation to be absent from work to care for homebound school aged children <input type="checkbox"/> Unable to work due to experiencing financial hardship due to no childcare		<input type="checkbox"/> Increased personal costs (PPE, hygiene products) <input type="checkbox"/> Increased food costs <input type="checkbox"/> Increased cost for telework <input type="checkbox"/> Increased cost for isolation or quarantine due to COVID-19 <input type="checkbox"/> Required self-quarantine based on advice <input type="checkbox"/> Required self-quarantine based on diagnosis of COVID-19 <input type="checkbox"/> Over the age of 50 and enduring increased costs due to the COVID-1 pandemic <input type="checkbox"/> Disabled and enduring increased costs due to the COVID-19 pandemic <input type="checkbox"/> Other pertinent circumstances: explain below	
Explanation of hardship:			
Applicant Acknowledgements			
<p>I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contract 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.</p> <p>By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify 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 may be grounds for civil or criminal prosecution if Nez Perce Tribal Housing Authority determines it is appropriate to do so.</p>			
Disclaimer			
<p>The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.</p> <p>The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.</p> <p>Funds provided by US Treasury.</p>			
Signature:			Date:

# Authorization for the Release of Information

## Organization Requesting Release of Information:

Nez Perce Tribal Housing Authority (NPTHA)

PO Box 188

Lapwai, ID 83540

P: (208)843-2229 E: [nptha@nezperce.org](mailto:nptha@nezperce.org)

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Purpose:** In signing this consent form, you are authorizing the abovenamed organization to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and criminal history. NPTHA needs this information to verify your eligibility for housing assistance. NPTHA 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:** NPTHA will protect the information it obtains with appropriate and reasonable security measures. NPTHA may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information, and fraud prevention purposes. NPTHA is required to protect the information it obtains in accordance with any applicable privacy law. NPTHA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on this consent 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. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility for housing assistance. Denial of eligibility may be subject to NPTHA's grievance procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

Current and Previous Landlords (including Public Housing Agencies)

Courts and Post Offices

Schools and Colleges

Law Enforcement Agencies

Support and Alimony Providers

Past and Present Employers

Welfare Agencies

State Unemployment Agencies

Social Security Administration

Medical and Child Care Providers

Veterans Administration

Retirement Systems

Banks and other Financial Institutions

Credit Providers and Credit Bureaus

Utility Companies

**Consent:** I consent to allow NPTHA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my typed name shall have the same legal validity and enforceability as a manually executed signature to the fullest extent permitted by applicable law.

Signatures:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-head

\_\_\_\_\_  
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

**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 this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to 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.



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### Homeowners Assistance Fund (HAF) Zero Income Form

#### USE THIS FORM IF YOU DO NOT HAVE ANY INCOME

(Separate zero income forms are to be completed by all adult household members if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. How do you plan to continue paying housing costs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.

Funds provided by US Treasury.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

## Homeowners Assistance Fund Program

### Median Income by County:

#### FY 2023 100 % AMI vs 100% NMI

Persons in Family	1	2	3	4	5	6	7	8
<b>Ada County, ID</b>	96,200	96,200	96,200	96,200	96,250	103,400	110,500	117,650
<b>Benewah County, ID</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	96,200
<b>Clearwater County, ID</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	96,200
<b>Idaho County, ID</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	96,200
<b>Latah County, ID</b>	96,200	96,200	96,200	96,200	96,200	96,900	103,550	110,250
<b>Lewis County, ID</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	96,200
<b>Nez Perce County, ID</b>	96,200	96,200	96,200	96,200	96,200	98,300	105,050	111,850
<b>Shoshone County, ID</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	96,200
<b>Baker County, OR</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	100,350
<b>Umatilla County, OR</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	102,450
<b>Union County, OR</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,200	100,350
<b>Wallowa County, OR</b>	96,200	96,200	96,200	96,200	96,200	96,200	96,500	102,700
<b>Asotin County, WA</b>	96,200	96,200	96,200	96,200	96,200	98,300	105,050	111,850
<b>Columbia County, WA</b>	96,200	96,200	96,200	96,200	96,200	96,900	103,550	110,250
<b>Garfield County, WA</b>	96,200	96,200	96,200	96,200	96,200	96,900	103,550	110,250
<b>Walla Walla County, WA</b>	96,200	96,200	96,200	96,200	96,200	98,950	105,800	112,600
<b>Whitman County, WA</b>	96,200	96,200	96,200	96,200	96,200	98,050	104,800	111,550

AMI=Area Median Income

NMI=National Median Income

## Homeowners Assistance Fund Program

### Median Income by County:

#### FY 2023 150 % AMI vs 100% NMI

Persons in Family	1	2	3	4	5	6	7	8
Ada County, ID	96,200	106,950	120,300	133,650	144,350	155,050	165,750	176,450
Benewah County, ID	96,200	96,200	96,200	105,600	114,050	122,500	130,950	139,400
Clearwater County, ID	96,200	96,200	96,200	105,600	114,050	122,500	130,950	139,400
Idaho County, ID	96,200	96,200	96,200	105,600	114,050	122,500	130,950	139,400
Latah County, ID	96,200	100,200	112,750	125,250	135,300	145,300	155,350	165,350
Lewis County, ID	96,200	96,200	96,200	105,600	114,050	122,500	130,950	139,400
Nez Perce County, ID	96,200	101,650	114,350	127,050	137,250	147,400	157,550	167,750
Shoshone County, ID	96,200	96,200	96,200	105,600	114,050	122,500	130,950	139,400
Baker County, OR	96,200	96,200	102,600	114,000	123,150	132,250	141,400	150,500
Umatilla County, OR	96,200	96,200	104,800	116,400	125,750	135,050	144,350	153,650
Union County, OR	96,200	96,200	102,600	114,000	123,150	132,250	141,400	150,500
Wallowa County, OR	96,200	96,200	105,050	116,700	126,050	135,400	144,750	154,050
Asotin County, WA	96,200	101,650	114,350	127,050	137,250	147,400	157,550	167,750
Columbia County, WA	96,200	100,200	112,750	125,250	135,300	145,300	155,350	165,350
Garfield County, WA	96,200	100,200	112,750	125,250	135,300	145,300	155,350	165,350
Walla Walla County, WA	96,200	102,400	115,200	127,950	138,200	148,450	158,700	168,900
Whitman County, WA	96,200	101,400	114,100	126,750	136,900	147,050	157,200	167,350

AMI=Area Median Income

NMI=National Median Income

Per HUD User website: [https://www.huduser.gov/portal/datasets/il/il2023/select\\_Geography\\_haf.odn](https://www.huduser.gov/portal/datasets/il/il2023/select_Geography_haf.odn)