



**LITTLE SHELL TRIBAL HOUSING DEPARTMENT
Homeowners Assistance Fund**

Demonstration of Financial Hardship

Eligible Applicants must have experienced a financial hardship on or after January 21, 2020. A financial hardship is a reduction in income or an increase in living expenses related to the COVID-19 pandemic that has negatively impacted the Applicant’s ability to pay for their mortgage, homeowner expenses, and/or utilities.

I, _____ (PRINT NAME), have experienced one or more of the following financial hardships caused by the COVID-19 pandemic on or after January 21, 2020 that has put my mortgage and/or utilities at risk.

Financial Hardship Determination – CHECK ALL THAT APPLY:

- I have become unemployed, partially unemployed, or have had my salary or hours decreased.
- I have experienced a loss of income due to the COVID-19 pandemic.
- I have suffered financially because of the price increases in commodities caused by the pandemic. This includes food, gas, lumber, and other essential products.
- I have been unable to work due to self-quarantine mandates.
- I have hardships relating to childcare due to the closure of schools and childcare programs.
- I incurred medical expenses due to the testing or positive diagnosis of COVID-19.
- I incurred expenses to purchase personal protective equipment and disinfectant supplies.
- I have incurred increased internet and utility expenses to work from home and/or prepare my child to conduct schoolwork from home.
- Other – Please Describe: _____

Household Composition

Household Member Name	Relation to Applicant	Date of Birth	Age	Little Shell Tribal Enrollment Number
1.	(Self)			
2.				
3.				
4.				
5.				
6.				

*If your Household has more individuals, please attach an additional page with their information.

If Applicant is not a Little Shell tribal member but is a parent or guardian of a Little Shell tribal member minor(s) under the age of 18, the Applicant must provide the **LST minor’s information in the table above. The parent/guardian must provide a birth certificate and/or court documents to prove that the LST minor is in his/her care.



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Household Income

To qualify for HAF, your household must meet federal income requirements. Depending on your income situation, you may provide your household's 2021 annual income or your household's current monthly income.

Include Income Sources such as:

- Wages, tips, and bonuses
- Net income from a business, rentals
- Payments from VA, Social Security, retirement funds, pensions, disability, or death benefits
- Unemployment, disability, or worker's compensation
- Alimony and Child Support Payments

Do Not Include these Income Sources:

- Wages of children under the age of 18
- Payments received for the care of foster children
- Sporadic or Temporary income
- Stimulus or Tribal COVID Assistance Payments
- Advanced Child Tax Credit payments
- Public Benefits such as SNAP, TANF and WIC

Household Member Name	Employer/Income Source	Current Monthly Income	2021 Annual Income
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
Total Household Income		\$	\$

Other Household Income

Earnings of full-time adult students	\$
Adoption assistance payments	\$

Household Income Deductions

In your Household, how many individuals are full-time college students?	
In your Household, how many individuals have a disability?	
List monthly amount of childcare expenses.	\$
List annual amount of medical or attendant care expenses for an elderly/disabled household member.	\$
List amount of travel expenses per week for employment or education-related travel.	\$

▲ REQUIRED DOCUMENTS:

- Each household member over the age of 18 years must provide proof of income documents. Examples include current pay statement, 1040 IRS Tax Form, W2's, unemployment letter, government benefit statement, retirement/pension statement, child support payment history, or alimony statement.
- If you cannot provide any documentation, please contact the LST Housing Department.



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Funding Assistance Request

Applicants may apply for one or more types of homeowners assistance but may not receive all requested assistance. The Housing Department will assess each application and award assistance based on need and funding availability.

Mortgage Payment and Reinstatement Assistance

What is your current total monthly amount due? \$ _____

Do you have past due payments or is your mortgage in forbearance? ____ Yes ____ No

Mortgage Lender/Service Name: _____

Account/Loan Number: _____

Property Address: _____

▲ REQUIRED DOCUMENTS

- Applicants must provide a current mortgage statement or 1098 Tax Mortgage Interest Statement.
- Applicant must provide any documentation of delinquency.

Utility and Internet Assistance

Applicants may request assistance to for utilities and internet services. Qualified utilities include electric, gas, firewood, home heating oil, water, sewer, trash, and internet. Please fill out the information for each utility company. Provide an additional page if you have more utilities

Utility Company Name	Utility Company Address	Applicant's Account Number	Current Amount Due

▲ REQUIRED DOCUMENTS:

- Applicant must provide bills or invoices for each requested utility and/or internet service.
- A W-9 form must be completed by each utility/internet company.
- Applicant **must notify their utility provider that the LST Housing will be contacting the utility provider to verify account information.**



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Assistance for Other Expenses Related to Homeownership

Homeowners Insurance - *not in escrow*

What is your current total monthly rent amount? \$ _____

Do you have past due payments? ____ Yes ____ No

Insurance Agency Name: _____

Account Number: _____

Insurance Agency Address: _____

Down Payment Assistance – *only down payment loans provided by a nonprofit or government entity are eligible.*

What is your current total monthly amount due? \$ _____

Do you have past due payments or is your loan in forbearance? ____ Yes ____ No

Lender/Service Name: _____

Account/Loan Number: _____

Lender Service Address: _____

HOA Fees / Liens / Delinquent Property Taxes - *not in escrow*

What is your current total monthly amount due? \$ _____

Do you have past due payments? ____ Yes ____ No

Provider/Company/Service Name: _____

Provider/Company/Service Address: _____

▲ REQUIRED DOCUMENTS:

- Applicants must provide documentation for each expense requested. Acceptable documents include current insurance bill, down payment loan statement, HOA dues statement, lien statement, and delinquent property tax statement.

CERTIFICATION OF APPLICATION

I, _____ (PRINT NAME), certify that all written attestations and information provided is accurate and complete. If I receive a direct grant payment for a qualified expenditure, I confirm that the grant will be used for that expenditure. I further certify that no one in my household, including myself, has received duplicative federal, state, local, or tribal funding for the assistance that I am requesting. I ACKNOWLEDGE THAT GIVING FALSE INFORMATION IS GROUNDS FOR PENALTIES INCLUDING THE DENIAL OF MY APPLICATION AND THE REIMBURSEMENT OF ANY FUNDS OBTAINED THROUGH DECEPTION.

Signature of Applicant

Date



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Authorization for the Release of Information

I/we, the undersigned, with this, authorize the LITTLE SHELL TRIBE and their agents to obtain, share, release, discuss, and otherwise provide to and with each other and with my/our public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax, and homeowner payment obligations. This information may include, but is not limited to, the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Owner and non-owner borrower. I/we also understand and consent to the disclosure of my/our personal information and the terms of any applications, agreements, or other communications under the Little Shell Tribe's Homeowner Assistance Fund Program to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The information request may be given by fax, telephone, or in writing. This release is valid for fifteen (15) months from the date of the applicant's signature. This release is valid if photocopied and does not have to have an original signature.

I/we have read the terms and conditions of the AUTHORIZATION FOR THE RELEASE OF INFORMATION and with this, give consent for the release of any requested information.

Owner/Co-Owner:	_____	_____	_____
	Printed Name	Signature	Date
Owner/Co-Owner:	_____	_____	_____
	Printed Name	Signature	Date
Non-Owner Adult:	_____	_____	_____
	Printed Name	Signature	Date
Non-Owner Adult:	_____	_____	_____
	Printed Name	Signature	Date
Non-Owner Adult:	_____	_____	_____
	Printed Name	Signature	Date