



Big Valley Band of Pomo Indians

Housing Department

Homeowner Assistance Fund (HAF)

Email: housing@big-valley.net

The purpose of the Homeowner Assistance Fund (HAF) Program is to assist eligible BVR Tribal Member Homeowners with financial assistance to prevent mortgage delinquencies, defaults, foreclosures, loss of utilities, property tax, insurance payments and home repairs. All assistance is based on available funding from the U.S. Department of Treasury which was established under section 3206 of the American Rescue Plan Act of 2021 (ARPA).

Eligible Programs within the BVR HAF Program include:

- ✓ Mortgage assistance – up to \$2,000.00 per homeowner applicant
- ✓ Utility assistance – up to \$1,500.00 per homeowner applicant
- ✓ Insurance assistance – up to \$300.00 per homeowner applicant
- ✓ Property Tax assistance – up to \$1,000.00 per homeowner applicant
- ✓ Home repairs assistance – up to \$2,000.00 per homeowner applicant

All payments will be made directly to the vendor. No payments will be made to the Homeowner.

Application Checklist

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

- A complete application (all 6 pages)
- Copy of valid Driver's License or Tribal Enrollment Card with picture
- Proof of Membership to Big Valley Band of Pomo Indians for Applicant
- Proof of Membership to BVR for Household Members, if applicable
- Annual Income Verification for Applicant AND each Household Member 18 yrs. or older
 - Provide in the Application all household income and attach all supporting documentation (pay stubs, W-2 forms, 1099s, 2022 tax return, unemployment compensation statement and/or social security benefit statement)
 - If no income, provide the Zero Income Statement for each household member
- Documentation showing Proof of Homeownership
 - A Promissory Note, Deed of Trust, Mortgage statement
 - If you reside on a Trust parcel and cannot show Proof of Homeownership, you must apply for a waiver of this requirement.

Documents Required for Payment Processing

- Copy of current Mortgage Statement from bank/financial institution showing amount due
- Copy of current Utility Bill(s) indicating the total amount due
- Copy of current Homeowner Insurance Statement showing amount due
- Copy of current Property Tax Bill from appropriate authority showing amount due
- Copy of current Bid or Proposal from Vendor for home repairs

NOTE: Incomplete applications will be returned, and applicants will be required to resubmit a complete application. Please allow up to 72 hours for initial contact with the Programs Coordinator.



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OFFICIAL USE

Date Submitted: _____

Time Submitted: _____

Received By: _____

Homeowner Assistance Fund (HAF) Program – Application Form

Applicant Information		
Name:		Date:
Date of Birth:	Enrollment #:	SSN:
Physical Address (where you live/pay utilities/own home):		
Mailing Address (if different from physical address):		
Email:		Phone:

General Information

- Are you a member of the Big Valley Band of Pomo Indians? YES NO
Please attach your BVR tribal ID card
- Are you the Homeowner of the property you are applying for? YES NO
Please attach Proof of Homeownership
- Is this your primary residence? YES NO
Please attach a utility or service bill to prove residency

Financial Hardship

- Do you or anyone in your Household qualify for unemployment benefits? YES NO
- Has anyone in your Household experienced any of the following financial hardship(s) due, directly or indirectly, to the COVID-19 Pandemic? (Check all the apply):
 - A reduction in the household income
 - Loss of Employment/Temporary Layoff/ or Furlough



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- Reduction in pay/hours
- Unable to work or experiencing financial hardship due to no childcare/school
- Underlying medical condition requiring staying home to prevent exposure.
- Loss of self-employment/business income
- Incurred significant costs (medical bills, medication costs, etc.)
- Other financial hardship (please explain your situation):

Household Composition			
Adults First, Then Children	Tribal ID # (if applicable)	Age	Relationship to Applicant

Applicant must have income at or less than 150% of the Median Income for the area in which the Household is located as determined by the Department of Housing and Urban Development (HUD) income limits as defined in 24 CFR 5.6091.

https://www.huduser.gov/portal/datasets/il/il2022/select_Geography.odn

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



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Housing Instability

1. Does anyone in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):

- A past due utility or rent notice or eviction notice
- Unsafe or unhealthy living conditions
- Any other evidence of housing instability
 - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability, if any is available
 - b. If you checked any of the boxes above, please describe the details of your housing instability: _____

Home Repair Information

- Home Repairs Assistance:** Program pays up to \$2,000.00 per applicant, and payment is made directly to the contractor or vendor.

Please give your highest priority for home repairs needed to your home. Although funding is very limited, it is very important we obtain information for pursuing other funding sources.

Priority 1

Priority 2

Priority 3

Do you have a contractor to do home repair work? _____ Yes _____ No



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Is your contractor insured and bonded? _____ Yes _____ No _____ Not sure

Do you have home insurance? _____ Yes _____ No

Is your home on Trust Land? _____ Yes _____ No

Additional Comments: _____

Additional Requirements

1. Applicants and adult household members must sign a Release of Information form allowing the BVR Housing Department to verify any and all information required to participate in the HAF Program.
2. For each additional month that applicants seek Financial Assistance under the HAF Program, you must submit information and documentation for the mortgage and utility costs for that month and prospective months for which you seek assistance.
3. An IRS Form W-9 will be required by the BVR Fiscal Department for all payment processing.
4. You may be required to submit additional information to verify the application.
5. Contact Information: Gina Gomez, Programs Coordinator, Email: housing@big-valley.net or ggomez@big-valley.net and phone (707) 263-3924 ext. 114.

Applicant Acknowledgements and Attestation

I understand that I am required to update my application whenever any determining factors of eligibility should change. By my signature below, ***I hereby certify and attest*** that all the foregoing information and attached documentation is true and correct. ***I further understand*** that providing any false statements, false information, any misleading information or statements, or I fail to notify the BVR Housing Department of changes to my Household eligibility, will be grounds for denial of the application and, if assistance has already been granted, repayment or recapture of any funds granted will be required, and may be grounds for civil or criminal penalties or prosecution, if it is determined it is appropriate to do so.

Applicant Signature _____

Date _____

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Approved: Yes No If not approved, Reason: _____

Date Denial Communicated: _____ Staff Signature: _____



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Applicant Authorization for Release of Information

I, _____, have applied for assistance through the Big Valley Band of Pomo Indians Homeowner Assistance Fund (BVR-HAF) and as part of the application process, BVR-HAF must verify information contained in my application to determine my eligibility.

By my signature below, I hereby authorize BVR-HAF to gather and obtain any needed information regarding me and my Household. The information requested and received can only be used in the processing of my request for assistance from the HAF Program. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Print Name

Date

Applicant Signature

Household Members 18 yrs. or older:

Signature

Date

Signature

Date

Signature

Date