

# KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way  
Happy Camp, CA 96039  
Ph: (530) 493-1414 • Fax: (530) 493-1415



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## Karuk Tribe Housing Authority (KTHA) Homeowner Assistance Fund (HAF) Program

### Application Checklist

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

#### For all Applicants:

- ☐ Documentation verifying **homeownership** of **primary** residence (deed of trust, etc.)
- ☐ Copy of Photo ID (driver's license, identification card, etc.)
- ☐ Copy of Karuk Tribe Member/Descendant Card/Verification
- ☐ Household Income Verification for all Adults: (paystubs, IRS Form W-2 and/or 1099, Social Security Statements, wage statements, TANF/County Aid Passport to Services, filed tax returns, bank statements demonstrating regular income, or other acceptable documentation).
- ☐ Signed Applicant Attestation of Economic Hardship
- ☐ Signed Authorization for Release of Information
- ☐ Signed Zero Income Certification Form(s), if applicable for adult household member(s) without income.

#### Submit the following documentation as applicable:

- ☐ Documents showing mortgage payment due, arrears, and interest/penalties accrued
- ☐ Utility bills showing utility costs due, arrears, and interest/penalties accrued
- ☐ Documents showing other qualified expenses including amount due, arrears, and interest/penalties accrued (ex: homeowner's insurance, property taxes, etc.)

**Eligibility for this program is income based, total household income must be equal to, or less than, 150% of the area median income, or 100% of the median income for the United States, whichever is greater available at <https://www.huduser.gov/portal/datasets/haf-il.html>**

**Contact Information:** Karuk Tribe Housing Authority  
PO Box 1159, 635 Jacobs Way, Happy Camp, CA 96039  
Phone: (530) 493-1414 Extension 3108  
Fax: (530) 493-1415 or (530) 493-1416  
Email: [HAF@karuk.us](mailto:HAF@karuk.us)

**\*FOR OFFICIAL USE\***

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

**KARUK TRIBE HOUSING AUTHORITY (KTHA)  
HOMEOWNER ASSISTANCE FUND PROGRAM  
APPLICATION**

**Applicant Information**

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

Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**General Information**

1. Are you or a member of your household a member/descendant of the Karuk Tribe? ☐ Yes ☐ No
  - a. If yes, attach proof for each household member.
2. Are you a homeowner of a dwelling currently used as your primary residence? ☐ Yes ☐ No
  - a. If yes, attach proof of a home mortgage or other proof of homeownership.

**Household Member Information:**

Name	Date of Birth	Tribal Enrollment No.	Annual Income	Income Source

**Household Income Verification**

Below, provide information on the total annual income of your household.

1. **Annual income** of household: \$ \_\_\_\_\_
  - a. Applicant must attach supporting documentation for household income, such as paystubs, Form W-2s, Social Security Statements, wage statements, IRS Form 1099s, TANF/County Aid Passport to Services, filed tax returns, bank statements demonstrating regular income, or an attestation from their employer.

### Financial Hardship

1. Have you experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? ☐ Yes ☐ No (check all that apply)
  - ☐ A reduction in household income
  - ☐ Increase in 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; list: \_\_\_\_\_
- a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available, such as, paystubs, Form W-2s, Social Security Statements, wage statements, IRS Form 1099s, TANF/County Aid Passport to Services, filed tax returns, bank statements demonstrating impact on household.

### Additional Requirements

1. Applicants must sign a release of information form allowing the KTHA to verify any and all information required to participate in the Homeowner Assistance Fund Program.

### Financial Assistance for Qualified Expenses

The Homeowner Assistance Fund Program provides financial assistance to eligible homeowners for the following types of **qualified expenses** that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship:

- (1) mortgage payment assistance;
- (2) 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;
- (3) mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
- (4) facilitating mortgage interest rate reductions;
- (5) payment assistance for:
  - (a) homeowner's utilities, including electric, gas, home energy (including firewood and home heating oil), water, and wastewater;
  - (b) homeowner's internet service, including broadband internet access service, as defined in 47 CFR 8.1(b) (or any successor regulation);
  - (c) homeowner's insurance, flood insurance, and mortgage insurance;
  - (d) homeowner's association fees or liens, condominium association fees, or common charges, and similar costs payable under a unit occupancy agreement by a resident member/shareholder in a cooperative housing development; and
  - (e) down payment assistance loans previously provided by nonprofit or government entities;
- (6) payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;
- (7) measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home, including the reasonable addition of habitable space to alleviate overcrowding, or assistance to enable households

to receive clear title to their properties;

(8) counseling or educational efforts by housing counseling agencies approved by HUD or a tribal government, or legal services, targeted to households eligible to be served with funding from the HAF Program related to foreclosure prevention or displacement.

**A. Mortgage Payment Arrears and Utility Costs Arrears**

**Do you have mortgage payment arrears or utility cost (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) arrears?**

*For each item below, attach supporting documentation showing mortgage/utility costs and interest accrued, etc.*

**NOTE:** If any Applicant has mortgage payment or utility cost arrears, the Karuk Tribe Housing Authority will first pay those arrears before providing payments for any current or future mortgage payment or utility costs payments.

Mortgage Arrears			
Amount Due	Lender Name	Address	Phone

Utility Arrears				
Type of Utility	Amount Due	Company Name	Address	Phone

**B. Current Mortgage Payment and Current Utility Costs**

**Do you expect to be unable to pay your current mortgage payment or current utility costs (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) payment?**

*For each item below, attach supporting documentation showing mortgage/utility costs and interest accrued, etc.*

Current (due, not yet in arrears) Mortgage			
Amount Due	Lender Name	Address	Phone

Current (due, not yet in arrears) Utilities				
Type of Utility	Amount Due	Company Name	Address	Phone


### C. **Prospective** Mortgage Payments and **Prospective** Utility Costs

**Do you expect to be unable to pay your **prospective** mortgage payment or **prospective** utility cost (electric, gas, home energy (including firewood and home heating oil), water, wastewater, internet service) payments?**

*For each item below, attach supporting documentation showing mortgage/utility costs and interest accrued, etc.*

<b>Prospective (Future, not yet due) Mortgage</b>			
<b>Amount Due</b>	<b>Lender Name</b>	<b>Address</b>	<b>Phone</b>

<b>Prospective (Future, not yet due) Utilities</b>				
<b>Type of Utility</b>	<b>Amount Due</b>	<b>Company Name</b>	<b>Address</b>	<b>Phone</b>

### D. Other Qualified Homeowner Expenses

**Do you expect to be unable to pay any other Qualified Housing Expenses?**

*(See section on Homeowner Assistance Qualified Expenses on pages 3-4 of this form)*

*For each item below, attach supporting documentation for each qualified expense showing amount due.*

<b>Other Qualified Homeowner Expenses</b>				
<b>Type of Expense</b>	<b>Amount Due</b>	<b>Company Name</b>	<b>Address</b>	<b>Phone</b>

**Applicant Acknowledgements and Attestation**

**TO THE APPLICANT:** By signing this Form, **you are certifying that you have not already received funding or benefits from another source for the same assistance being applied for with this Form (“Duplicative Benefit”).** If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes no longer experiencing a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or homeowner displacement.

By my signature below, ***I hereby certify and attest*** 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 KTHA 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 civil or criminal prosecution if KTHA determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

Approved: ☐ Yes ☐ No      Reason: \_\_\_\_\_

Denial Communicated Via: \_\_\_\_\_ Date Sent: \_\_\_\_\_



## KARUK TRIBE HOUSING AUTHORITY

Homeowner Assistance Fund Program

### Applicant Attestation of Economic Hardship

*In order for Financial Assistance to be provided under the HAF Program, this Attestation of Economic Hardship must be completed and signed/dated by the applicant.*

I, \_\_\_\_\_, the Applicant, do hereby attest that I am a **homeowner of a dwelling that is currently used as my primary residence** and I experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Karuk Tribe Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, ***I certify and attest*** that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## **KARUK TRIBE HOUSING AUTHORITY**

Homeowner Assistance Fund Program

### **Applicant Authorization for Release of Information**

I, \_\_\_\_\_, the Applicant, am applying for certain housing assistance services from the **Karuk Tribe Housing Authority (KTHA)** under the Homeowner Assistance Fund Program.

As part of my application for services, I am required to provide background information for determination of my eligibility.

I hereby authorize the release of any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to:

**Karuk Tribe Housing Authority:**

**PO Box 1159, 635 Jacobs Way, Happy Camp, CA 96039**

**Phone: (530) 493-1414, Extension 3108**

**Fax: (530) 493-1415 or (530) 493-1416**

**Email: [HAF@karuk.us](mailto:HAF@karuk.us)**

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me, and my household, that is in your possession to the **Karuk Tribe Housing Authority**.

This release and authorization is ongoing until expressly revoked in writing by the undersigned. Thank you; your prompt reply will help in processing my application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





Month: \_\_\_\_\_

**KARUK TRIBE HOUSING AUTHORITY  
CERTIFICATION OF ZERO INCOME**

**(To be completed by adult household members who are claiming zero income from any source, if appropriate)**

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 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 alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, selling jewelry, child care, etc.);
- j. Any other source not named above.

List the name and address of person, or source (program), that provide for the following:

- a. Rent: \_\_\_\_\_
- b. Fuel (heating propane/fire wood, etc.): \_\_\_\_\_
- c. Food: \_\_\_\_\_
- d. Utilities (power, water, phone, cell phone, etc.): \_\_\_\_\_
- e. Medical: \_\_\_\_\_
- f. Transportation (fuel, registration, insurance, etc.): \_\_\_\_\_
- g. Clothing: \_\_\_\_\_

2. Choose one:

- ☐ Currently, I have no income of any kind and, while I am seeking employment, there is no definite job offer at this time.
- ☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

Under penalty of perjury, ***I certify and attest***, that the information presented in this certification is true and accurate to the best of my knowledge. I further acknowledge that the information provided is subject to verification and that falsification of this information shall be grounds for my termination from any program, in which I participate, and that I may be subject to prosecution under law. I further give my permission for the Karuk Tribe Housing Authority to verify the above statements with Public Assistance, Unemployment, or other service agencies.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date