

SUMMIT LAKE PAIUTE TRIBE **US DEPARTMENT OF THE TREASURY** **HOMEOWNERS ASSISTANCE FUND (HAF)**

This policy and procedures were adopted by the SUMMIT LAKE PAIUTE TRIBE by Resolution SL-02-2022 on January 15, 2022.

Policy Statement

The governing body (Council) of the SUMMIT LAKE PAIUTE TRIBE was given the opportunity to continue to provide aid for Housing Assistance through mortgage payments and utility assistance. The funding provided by the US Department of the Treasury Homeowners Assistance Fund (HAF) will assist tribal members who are low-income and have been or continue to be impacted by the COVID-19 Pandemic. SUMMIT LAKE PAIUTE TRIBE (SLPT) will implement the Homeowners Assistance Fund (HAF) in a manner consistent with the overall mission of the Summit Lake Paiute Tribe Housing Programs while following the guidelines outlined by the US Department of the Treasury.

1. Definitions

a. Annual Income

1. The definition of Annual Income shall be the anticipated income from all sources expected to be received during the next 12 months by all family members. Per **24CFR1000.10 (b) (3)**, which states that annual income shall be the “Adjusted gross income as defined for purposes or reporting under Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax purposes”.
2. If an applicant or participant’s annual income is sporadic and not consistent from one year to the next (farming, firefighting, etc.), the Summit Lake Paiute Tribe may use the average annual income earned over the most recent three (3) years when determining eligibility and calculating monthly payments.

b. Family

1. Family is defined as a family with or without children, an elderly family, a near-elderly family, a disabled family, and a single person. Head of Household must be at least 21 years of age to qualify.

c. Grievance

1. Any complaint against a decision of the Summit Lake Paiute Tribe that is allowed in accordance with the Housing Grievance Policy and Procedures of the Summit Lake Paiute Tribe.

d. Indian

1. Any person recognized as being an Indian or Alaska Native by an Indian Tribe, the Federal government, or any state.

e. Indian Area

1. The term 'Indian area' means the area designated by the Summit Lake Paiute Tribe.

f. Indian Tribe

1. The term 'Indian tribe' means a tribe that is a federally recognized tribe, or a State recognized tribe.
2. The term 'federally recognized tribe' means any Indian tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village, regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians pursuant to the Indian Self-Determination and Education Assistance Act of 1975.
3. The term 'State recognized tribe' means any tribe, band, nation, pueblo, village, or community that has been recognized as an Indian tribe by any State.

g. Low Income Family

1. The term 'low-income family' means a family whose income does not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families.

h. Median Income

1. The term 'median income' means the greater of -
 1. the median income for Summit Lake Paiute Tribe Indian area, which the Secretary shall determine; or
 2. the median income for the United States (state and/or county) that shall be an addendum to these procedures.

i. Tribal Member

1. An enrolled member of the Summit Lake Paiute Tribe, a federally recognized tribe.

2. General Information

a. Eligibility

1. Has a household income at or below 150% of the area median income or 100% of the median income for the United States, whichever is greater.
2. Must attest and document that you have experienced financial hardship after January 21, 2020.

3. Must complete a HAF Application.
4. Provide income information such as paystub, W-2's or other wage statements, IRS Form 1099's, tax filings, depository institution statements demonstrating regular income or an attestation from an employer.
5. Provide copies of required documents (driver's license/ID, birth certificates, proof of enrollment).
6. Provide current and UpToDate utility or mortgage statements that are in the tribal member's name.
7. Applicants who owe Summit Lake Paiute Tribe money are not eligible to receive assistance.
8. Applications will be accepted via in-person, mailed, emailed, or faxed.
9. Household income is determined by total annual income.
10. Eligible household that includes an individual who has been unemployed for 90 days prior to the application for assistance and households with income at or below 50 percent of the area median are to be prioritized for assistance.
11. Mortgage assistance provided to an eligible household should not be duplicative of any other federally funded mortgage assistance provided to such household.
12. Households may reapply for additional assistance at any time during the grant awarded period.
13. Eligible Utility and Home Energy costs include Electricity, Gas, Water, Sewer, Trash Removal, wood/pellet purchase and energy costs such as fuel oil.

b. Term

1. Mortgage Assistance and utility assistance will be provided on a month-to-month basis per application.
2. Mortgage and utility assistance will be provided for up to six (6) months per calendar year.

c. Exclusions

1. Over-Income families are excluded.
2. Second/vacation homes and investment properties.

3. Payments

1. Utility Assistance will be paid directly to the Utility Company for the dollar amount listed on the most recent statement.
2. Mortgage Payments will be paid directly to the mortgage company/bank.

4. SUMMIT LAKE PAIUTE TRIBE - Obligations

1. Housing Department will be responsible for processing the HAF Applications. Final Approval will be the Tribal Chairwoman or Vice Chairwoman.
2. Applications will be processed on a first come first serve basis with priority given to unemployed individuals.

US Department of the Treasury
Homeowner Assistance Fund (HAF)

1. Applicant Name: _____
2. SLPT Enrollment #: _____
3. Did you read this policy: Y/N
4. Current Address: _____
5. Mailing Address if different from above: _____
6. Phone #: _____
7. Msg #: _____
8. List ALL persons living in the household: List any additional persons on another sheet of paper.

NAME	Relationship	DOB	Age	SSN	Working Y/N
	Applicant				

9. Are you currently behind on your mortgage? Y/N If yes, how much do you owe? _____
10. How much is your current mortgage? _____
11. Please list your landlord/mortgage companies name, address, phone number and account number. (A monthly statement is also required)

12. Please list all Utility Companies and the dollar amount owed to each. (Include a copy of utility bills, requested amount much match the balance due amount printed on the bill)

13. In your own words, please describe why assistance is being requested and how COVID-19 has impacted your household and income: (ex. Reduction in household income, loss of employment/layoff/furlough, reduction in hours/pay, unable to work due to childcare/school closures, underlying medical conditions requiring you to stay home to prevent exposure, increase of medical bills.)

14. Income:

Household Member	Name of Employer	Address of Employer	Employer Contact #	Rate of Pay	Frequency of Pay	Total Annual Income

Please include all earned income, unearned income, general assistance, unemployment, family support, child support, TANF, SSI, SSA, etc. and provide proof of income received (ex. pay checks, award letters, court orders, etc.). If you have no income, please complete the Self-Certification/Statement of No Income included

15. If you are not working, are you receiving unemployment? Y/N
 How much per week: _____

16. Self-Certification/Statement of No Income: (Fill out if you or any adult member has zero income)

I, _____, certify that I have no income and therefore, I submit the following statement of how I am presently living with no income:

I, (print name) _____ **CERTIFY** that the information given to the Summit Lake Paiute Tribe Housing Department including family composition, income and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law and that it may result in my being disqualified for housing assistance. Further, I understand that if assistance is provided, I may be required to repay all program monies expended on my behalf if such misrepresentations are discovered later.

Signature: _____

Date: _____

AGREEMENT in accordance with Summit Lake Paiute Tribe's HAF Policy:

If I fail to abide by the terms of the agreement, I will no longer be eligible for any further assistance through the Housing Department's Programs or any future assistance programs.

Signature: _____

Date: _____

Print Name: _____

SSN: _____

Housing Manager Signature: _____

Date: _____

Authorization for Release of Information

Organization requesting Release of Information: (Full Address of requestor and telephone)

Summit Lake Paiute Tribe
2255 Green Vista Dr. Suite 402
Sparks, NV 89431
Phone: (775) 827-9670 Fax: (775) 827-9678

You are required to sign a consent form authorizing: (1) The Summit Lake Paiute Tribe (SLPT) to request verification of salary and wages from current or previous employers; (2) SLPT to request wage and unemployment compensation claim information from the state agency responsible for those benefits including online sources; (3) Any other agency or other entity which SLPT may request information regarding your application/unit or, i.e. BIA, IHS, Tribal Entities, and any other Public Entities as required and if necessary (4) SLPT to request a copy of your income tax return from the US Internal Revenue Service. The law also requires independent verification of income information. Therefore, SLPT may request information from financial institutions to verify your eligibility and level of benefits. (5) As required by Section 208 of the Native American Housing Assistance and Self-Determination Act (NAHASDA) (codified at 25 U.S.C. § 4138), Indian tribes or TDHEs are permitted to obtain criminal history records of current and prospective tenants of housing assisted with grant amounts provided to such tribes or TDHEs under this Act for purposes of applicant screening, lease enforcement, and eviction.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign this consent form. Additional signatures must be obtained from new adult members joining the household or whenever member of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination from the assisted housing program. Denial of eligibility or termination of benefits is subject to the SLPT's grievance procedures or informal hearing procedures.

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends), (c) criminal history records thru police departments, other law enforcement agencies and tribal court.

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last five years when I have received assisted housing benefits and any other agency or entity regarding my unit.

Consent: I consent to allow Summit Lake Paiute Tribe to request and obtain criminal history and income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the SLPT's programs. I understand that SLPT receives income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed, _____.

Required Signature(s):	Date
_____ Head of Household/Applicant Signature	_____ Social Security Number (Head of Household)
_____ Other Adult Family Member Signature	_____ Social Security Number (Other Family Member)
_____ Other Adult Family Member Signature	_____ Social Security Number (Other Family Member)
_____ Other Adult Family Member Signature	_____ Social Security Number (Other Family Member)