



## Fort Belknap Tribal Housing Authority Homeowners Assistance Fund (HAF) Application



### 1. HAF PROGRAM SUMMARY

The Fort Belknap Tribal Housing Authority (FBTHA) created the Homeowner Assistance Fund (HAF) plan. The Homeowners Assistance Fund ("HAF") was established to mitigate financial hardships associated with the COVID-19 pandemic by providing funds to assist Fort Belknap Tribal members with preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020, through qualified expenses related to mortgages and housing.

**If you have previously received Tribal and/or State HAF assistance, you will not be eligible for the HAF funding.**

FBTHA is now accepting applications and will prioritize applicants based on need and funding availability. Due to the limited funding,

#### 1. Homeowner Repair Assistance Program (HRAP)

The HRAP offers grant assistance to help homeowners who have experienced a financial hardship (material loss of income or a material increase in expenses) after January 21, 2020, related to the Covid-19 pandemic. HRAP will offer grant assistance to eligible homeowners with home repair needs that affect the ongoing habitability of their homes. HRAP will provide up to \$20,000.

#### 2. Homeowner Delinquency Assistance Program (HDAP)

HDAP offers grant assistance up to \$5,000 for a delinquent first mortgage (including a forbore amount), junior liens, or other mortgage-related expenses.

HDAP will also pay up to \$5,000 past due water, sewer, gas (natural gas and propane), oil, electricity, firewood, pellets, and garbage.

HDAP may pay past due property taxes if not escrowed as part of a mortgage.

Funds may be used to repay arrears that accrued between January 21, 2020, and to date of application.

#### 3. Homeowner Stabilization Assistance Program (HSAP)

The HSAP offers grant assistance to help homeowners who have experienced a financial hardship (material loss of income or a material increase in expenses) after January 21, 2020, related to the Covid-19 pandemic.

HSAP may be used to pay the future mortgage and mortgage-related and utility expenses until the maximum household assistance of \$10,000 is reached or the homeowner returns to work. HSAP is available for up to 6 months or until the dollar amount limit is reached.

(\*\*\* Any unused balances of the maximum benefit amounts of the above categories may not be transferred to increase the maximum benefit amount of any other category)

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Use the information below to see if you qualify under the Tribe's Homeowners Assistance Fund Program. This Program Summary (pages 1-2) is NOT an application and is only intended to help individuals determine if they might be eligible to apply.

## Do I Qualify for the FBTHA Program?

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**Tribal Enrollment** - The Applicant must be a currently enrolled Fort Belknap Tribal Member and be eighteen (18) years of age or older.

**Residency Requirements** - Applicants must own the primary residence and the residence must be in the State of Montana.

**Financial Hardships** - Applicants must have experienced financial hardship on or after January 21, 2020. 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.

**Household Income** - Applicants must be at or below the HAF income limits which is 150% of Area Median Income (AMI).

The below chart provides income limits for the Tribal Service areas. If you live in a different county, please contact our office or visit [www.huduser.gov/portal/datasets/haf-il.html](http://www.huduser.gov/portal/datasets/haf-il.html)

HAF income Limits for a Household Located in Blaine County, MT.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$97,800	\$103,100	\$116,000	\$128,850	\$139,200	\$149,500	\$159,800	\$170,100

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## Applicant information

Please ensure all documents are submitted with your completed application. Incomplete applications will not be processed.

FBTHA Homeowners Assistance Fund Application Signed

Authorization for the Release of Information Mortgage

Statements, if needed

Attestation Documents

1098 Tax Mortgage Statement, if needed

Income verification - March 20, 2020-current

Proof of Enrollment- Tribal ID or CIB - Tribal/state/government

### Application Deadline and Submission

The Homeowners Assistance Fund (HAF) will be granted on a rolling basis as funds are available. The FBTHA encourages all applicants to submit their applications as soon as possible.

E-Mail: [haf@fbtha.org](mailto:haf@fbtha.org)

Hand Delivery:  
Fort Belknap Tribal Housing Authority  
668 Agency Main Street  
Harlem, MT 59526

Mail:

Fort Belknap Tribal Housing Authority  
668 Agency Main Street  
Harlem, MT 59526

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Name: \_\_\_\_\_  
First
Middle
Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal Enrollment No: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address
City
State
Zip
County

Physical Address: \_\_\_\_\_  
Street Address
City
State
Zip
County

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Household Composition

Household Member Name	Relation to Applicant	Date of Birth	Age	Fort Belknap Enrollment Number
1.	Self			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

\*If your household has more individuals, please attach an additional page with their information

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**Household Income**

To qualify for HAF, your household must have a total income that does not exceed 150% of the Area Median Income or 100% of the Median income for the U.S., whichever is greater. Depending on your income situation, you may provide your household's 2024 annual income or your household's 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 workers 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, or WIC

Household Member Name	Employer/Income Source	Monthly Income	2024 Annual Income
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
	<b>Total Household Income</b>	\$	\$

**Other Household Income**

Earnings of full-time adult students:	\$
Adoption assistance payments:	\$
Other income Source (Specify):	\$

**REQUIRED DOCUMENTS:** Each household member over the age of 18 must provide proof of income documents.



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Demonstration of Financial Hardship

Examples include the current pay statement, 1040 IRS Tax Form, W2, 1099, unemployment letter, government benefits statement, retirement/pension statement, child support payment history, or alimony statement. If you cannot provide any documentation, please contact FBTHA.

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

I, \_\_\_\_\_ the said Property Homeowner, do hereby certify and attest under oath: that one or more individuals in my household have experienced a reduction in household income, incurred significant costs; or experienced other financial hardship due, directly, or indirectly, to the COVID-19 pandemic on or after January 21, 2020, that has put my mortgage and/or utilities at risk. I have not received HAF funding from any tribal and/or state funding.

I agree to notify in writing FBTHA 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 under oath 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.

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 have incurred internet and utility expenses to work from home and/or prepare my child to conduct school work from home.

Other- Please describe:

Applicant Signature

Date

Applicant Printed Name



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**Funding Assistance Request**

Applicants may apply for one or more types of homeowner's assistance. FBTHA will assess each application and Fort Belknap Tribal Housing will award assistance based on need and funding availability. For each type of assistance requested, you must provide the required category information and documents listed below.

**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. Applicants must provide documentation of delinquency.

**Utility and Internet Assistance**

Applicants may request assistance with 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 needed.

Utility Company Name	Utility Company Address	Applicants Account Number	Current Amount Due

**REQUIRED DOCUMENTS:** Applicants must provide bills or invoices for each requested utility, home energy, and/or internet service.



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Assistance for Other Expenses Related to Homeownership

Applicants may request assistance for other expenses related to homeownership. Please check all the expenses you are applying for:

**Homeowners Insurance**

What is your current total monthly mortgage amount? \$ \_\_\_\_\_

Do you have past-due payments? \_\_\_\_\_YES \_\_\_\_\_NO

Insurance Agency Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Insurance Agency Address: \_\_\_\_\_

**HOA Fees/Liens/Delinquent Property Taxes**

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

Do you have past due payments or is your loan in forbearance? \_\_\_\_\_YES \_\_\_\_\_

NO Provider/Company/Service

Name \_\_\_\_\_

Provider/Company/Service Address: \_\_\_\_\_

**REQUIRED DOCUMENTS:** Applicants must provide documentation for each expense requested. Acceptable documents include the current insurance bill, down payment loan statement, HOA dues statement, lien statement, and property tax statement.

**Homeowner Repair Assistance Program (HRAP)**

HRAP assistance may be used to make eligible repairs for core residential systems that include:

- Roofing, soffit/facia/gutters, drainage, and runoff management
- Electrical and plumbing systems and foundations
- Environmental modifications and improvements to enable accessibility.  
Other requests are considered based on the applicant's unique situation.
- Scope of work will be determined by a qualified housing rehabilitation Specialist and approved by HAF staff
- HRAP may be used in conjunction with other home repairs/modification programs
- Work will be completed per local, tribal, and state building codes
- Total home repair costs not to exceed \$20,000

Homeowner Repair Assistance Request: Please attach an additional page if needed.




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**Attestation of Financial Hardship/Certification of Application**

THIS ATTESTATION/CERTIFICATION MUST BE SIGNED EITHER BEFORE A NOTARY  
PUBLIC OR BEFORE TWO INDIVIDUALS WHO SIGN AS WITNESSES

\*\*\*\*\*

I, \_\_\_\_\_ (Print Name), hereby attest to and certify that I am the Homeowner and my Attestation of Financial Hardship and all other written attestations and information provided in this Application or in documents submitted to support this Application are accurate and complete. I understand that payments under this Program will be made directly to vendors/contractors whenever possible. 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 denying my application and the reimbursement of any funds obtained through deception.

Signature of Applicant

Date

STATE OF \_\_\_\_\_

: ss

County of \_\_\_\_\_

(SEAL)

This document was executed before me, on the \_\_\_\_\_ day of month \_\_\_\_\_, year \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_ by the above-named individual.

Notary Public (name typed/stamped or print

Residing at:

My Commission Expiration:

We, THE UNDERSIGNED WITNESSES HEREBY DECLARE UNDER OATH that we witnessed the signature of this Application by the above-named Applicant on the dates stated below.

Signature of Witness

Printed Name of Witness

Date

Signature of Witness

Printed Name of Witness

Date





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**Authorization for the Release of Confidential Information**

I/we, the undersigned, with this, authorize Fort Belknap Tribal Housing Authority 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 applications, agreements, or other communications under Fort Belknap Tribal Housing Authority HAF Program to the U.S. Department of Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021. This Authorization for the Release of Confidential information does not include any Medical or Health Information.

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 for the AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Non-Owner Adult: \_\_\_\_\_  
Printed Name

Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_