

CHEHALIS TRIBAL HOUSING AUTHORITY
PO BOX 314, OAKVILLE, WA 98568 - PHONE (360) 273-7723

FIRST TIME HOME BUYERS
DOWN PAYMENT ASSISTANCE APPLICATION
ENROLLED CHEHALIS TRIBAL MEMBERS

APPLICANT:

NAME:

Last,	First,	M.I.	Maiden Name
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MAILING ADDRESS:

PHYSICAL ADDRESS:

HOME PHONE NO:

CELL PHONE NO:

ELIGIBILITY:

- | | | |
|---|-----|----|
| Are you an enrolled member of the Chehalis Tribe? | Yes | No |
| Are you at least 18 years of age? | Yes | No |
| Does any member of your household have any unpaid debts to CTHA, the Tribe, or to any public or Indian housing authority? | Yes | No |
| Do you have approval from a financial institution for your main loan? | Yes | No |
| Does that lender require property insurance? | Yes | No |
| Do you have a Purchase and Sale agreement? | Yes | No |
| Do you have funds available to pay 0.5% of the purchase price? | Yes | No |
| Have you ever owned any residential property? | Yes | No |
| Do you currently own any residential property? | Yes | No |
| Is any other member of your household applying for Down payment Assistance from CTHA? | Yes | No |
| Have you completed a CTHA-approved homeownership counseling class? | Yes | No |

HOUSEHOLD MEMBERS:

List all persons who will live in your home. **Verification of Social Security Numbers is required for each household member.**

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Relationship</u>	<u>Tribal Enrollment #</u>
			Self	

INCOME INFORMATION:

List all household members at least 18 years of age that have income. This includes wages, salary, per capita payments, public assistance, social security, disability, child support, etc. **Verification of income for each household member is required**

Name	Source of Income with Address & Phone number	Annual Income
Total Annual Household Income		

FINANCIAL INSTITUTION:

Are you currently working with a lender? Yes No

If the answer is yes, please answer the following questions.

Financial Institution: _____

Loan Officer: _____

Phone Number: _____

E-mail: _____

Loan Approval Amount: _____

PROPERTY INFORMATION:

Have you identified a property to purchase?

Yes

No

If yes, please answer the following:

Property Address: _____

Real Estate Agent: _____

Real Estate Agent Phone #: _____

Real Estate Agent Email Address: _____

Land Status:

Fee Land

Tribal Trust

Individual Trust

House Status

Existing Home

Purchase & rehab

Please include the following documents along with this application:

1. Purchase and sale agreement.
2. Earnest money agreement.
3. Evidence of a commitment from an eligible lender for a mortgage loan for the purchase.
4. Proof of Chehalis Tribal enrollment.
5. Documentation regarding household income.

CTHA may require additional information to be provided as it reviews this application.

Incomplete applications will not be accepted. Attempting to obtain a down payment assistance loan by providing inaccurate or incomplete information will be considered fraud. Fraud will be referred to the Tribal Prosecutor and criminal charges could be filed against you.

I hereby certify, under the pains and penalties of perjury, that all the statements and assertions made in the foregoing application are true and correct, and that the attached documentation is valid and authentic.

Applicant

Date

Applicant

Date

Applicant

Date

Authorization and consent to release of information

PURPOSES: In signing this consent and authorization form, you are authorizing the Chehalis Tribal Housing Authority to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the CTHA programs, including but not limited to Mutual Help, Rental, and Down Payment Assistance Programs. CTHA needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

2. SOURCES TO WHOM INFORMATION MAY BE RELEASED, OBTAINED AND VERIFIED:

1. Public Utility Districts.
 2. Any and all Chehalis Tribal Programs or Chehalis Tribal Enterprises Programs; including but not limited to the Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, Payroll, Chehalis Tribe Business Committee, Food Distribution Program, Early Childhood Program, Alcohol Program, and Mental Health.
 3. Chehalis Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.
 4. Washington State Agencies, including the Employment Security Department, Department of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation wages, benefits, or income.
 5. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income; Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)
 6. Current and former employers concerning salary and wages.
 7. Financial Institution concerning unearned income (i.e. interest and dividends).
3. **WHO MUST SIGN CONSENT FORMS:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.
4. **FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under CTHA programs. Any such denial or termination will be promptly communicated in writing to you by CTHA.

CONSENT AND AUTHORIZATION STATEMENT

I hereby consent and authorize the Chehalis Tribal Housing Authority to obtain, request, verify, and release information to the sources listed above for the purposes specified in Paragraph 1.

This consent includes any program CTHA participates in including computer matching programs. I agree that photocopies of this form may be used to accomplish its purpose.

I also understand that if I or any adult member of my family fails to sign this consent form, such action may constitute grounds for denial of eligibility and/or termination of assistance from CTHA. However, I also understand that if this should occur, then I will be properly notified in writing by CTHA of such grounds for denial or termination.

Finally, I understand and agree that this consent and authorization form will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any CTHA programs, whichever occurs first.

SIGNATURES :

Head of Household	SSN	Date
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Other Member over 18 years of age	SSN	Date
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Other Member over 18 years of age	SSN	Date
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Other Member over 18 years of age	SSN	Date
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Other Member over 18 years of age	SSN	Date
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