



## **Hopi Tribe Pandemic Recovery Committee**

### **Hopi COVID-19 Homeowner Assistance Fund Program Application**

This application is provided to individuals seeking home repair and rehabilitation assistance through the Hopi Tribe's COVID-19 Homeowner Assistance Fund ("HAF") Program. The program is offered to provide assistance to individuals who have been impacted by the COVID-19 public health emergency. All applicants must be enrolled members of The Hopi Tribe or heads of households that include Hopi Tribe members. The home must be the primary residence for the applicant. Any persons who do not meet these criteria will be eligible to apply for the assistance using this application, but assistance will be limited to the amounts available in other funding sources.

The amount of assistance that is awarded through this program is capped at \$30,000.00 for each home. The program is primarily funded by the Homeowner Assistance Fund as awarded by the U.S. Treasury. Please complete the following application, attach any documentation you feel supports your claims in the General Information, Income Verification, Financial Hardship and Housing Instability Sections on the following pages and submit it to the Hopi Tribe Pandemic Recovery Committee ("HTPRC") as soon as possible.

**Participant Applications:** To participate in HAF, an Applicant shall first submit an Application using the electronic portal or forms provided by the HTPRC. Fillable forms are available at <https://www.hopi-nsn.gov/hopi-tribe-pandemic-recovery-committee/> for applicants to complete and print. Blank printed forms are available for pickup from your Village Administration or the Tribal Administration.

- The Tribe strongly encourages Applicants to submit such Applications through a secure portal at [portal.hopi-nsn.gov](https://portal.hopi-nsn.gov).
- Applications for the HAF Program may also be submitted to the Tribe by mailing or dropping off the Applications to the following address:

Mail: P.O. Box 123 c/o HTPRC, Kykotsmovi, AZ 86039

Drop-off: Hopi Tribal Administration Building, One Main Street c/o HTPRC, Kykotsmovi, AZ 86039



## HOPI HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION

### Applicant Information

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

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

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### General Information

Are you or is a member of your household an enrolled member of the Hopi Tribe? ☐ Yes ☐ No

Do you own the home in which you have lived or are living? ☐ Yes ☐ No

☐ Attach proof of home ownership.

Are you the primary resident of the home in which you have lived or are living? ☐ Yes ☐ No

Have you or any other member of your household previously applied for Homeowner Assistance through the State, another Tribe, or any other source? ☐ Yes ☐ No. If Yes, for what timeframe? \_\_\_\_\_

### Household Member Information

<u>Name</u>	<u>Date of Birth</u>	<u>Last 4 Digits of SSN</u>	<u>Tribal Enrollment Number</u>	<u>Annual or Monthly Income</u>	<u>Income Source</u>

Attach a Form W-9 for the applicant.

### **Income Verification**

Below, provide information on either the total annual income of your household for calendar year 2024 or your total household monthly income.

1. Annual income of household: \$\_\_\_\_\_
  - a. Applicant must attach and submit a wage statement, interest income statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2024.
2. Monthly Income of household: \$\_\_\_\_\_
  - a. Applicant must submit sufficient confirmation of the household's monthly income at the time of application for at least the two months prior to the submission of application.

### **Financial Hardship**

Do you or any individual in your household qualify for unemployment benefits? ☐ Yes ☐ No

- a. If yes, attach supporting documentation demonstrating each individual's qualification for unemployment benefits.

Have one or more individuals in your household experienced any of the following financial hardship due directly to the COVID-19 pandemic? (check all that apply)

- ☐ A reduction in household income.
  - ☐ Loss of Employment/Temporary Layoff/Furlough
  - ☐ Reduction in pay/hours.
  - ☐ Unable to work or experiencing financial hardship due to no child care/school.
  - ☐ Underlying medical condition requiring staying home to prevent COVID-19 exposure.
  - ☐ Loss of self-employment/ business income due to COVID-19.
- a. Attach supporting documentation for each hardship checked above (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/letter showing notification of unemployment/reduction in hours, etc.)

### **Housing Instability**

1. Do one or more individuals in your household face a risk or is experiencing housing instability or homelessness, which may include (check all that apply):
2. ☐ Unsafe or unhealthy living conditions.
  - ☐ Lack of accessibility for disabled household members.
  - ☐ Other risk of housing instability.
- a. If you checked the box above, attach supporting documentation demonstrating each type of housing instability (e.g. Evidence regarding unsafe or unhealthy living conditions; add any other evidence of risk).
- b. If you checked any of the boxes above, please describe the details of your housing instability:

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### **Applicant Acknowledgements**

I understand and acknowledge that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual or monthly income/financial hardship, contact information, unemployment benefit qualification, and risk of homelessness or housing instability.

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand any false or misleading statements/information, any misleading statements/information, or failure to notify the Hopi HAF Program of any changes related to my household's eligibility, may be grounds for denial of the application. If assistance has already been granted, the Hopi Tribe may seek to recapture any funds awarded and/or pursue other legal action/remedies it determines is warranted.

I also understand that by signing this application, I authorize a release of information for Hopi HAF Program staff to verify the following information: enrollment verification, village attestation, and any other information relevant to this program.

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

\_\_\_\_\_  
**Date**

#### **Official Use Only:**

Date HAF Program received application: \_\_\_\_\_

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

Area Median  
Income: \_\_\_\_\_ County: \_\_\_\_\_

Date decision letter sent to Applicant: \_\_\_\_\_

HAF Staff Signature: \_\_\_\_\_

HAF Program Coordinator Signature: \_\_\_\_\_