



ZUNI HOUSING AUTHORITY

P. O. Box 710 ~ 11 South D Avenue
Zuni, New Mexico 87327 - 0710
www.pozha.org

☎ (505)-418-4265
☎ (505)-441-2401

Homeownership Assistance Fund

Please complete the application as thoroughly as possible and submit it with all the required documents as indicated below. You are responsible for your personal documents (i.e., Picture ID, Social Security Cards, Census Cards, etc.) Please make sure you have all your documents before leaving ZHA office. Zuni Housing Authority staff are not responsible for lost or misplaced documents.

REQUIRED DOCUMENTS: For Homeowner

- _____ State Photo ID:
- _____ Social Security Card
- _____ Tribal Census Card*(If applicable)
- _____ Statement on how Covid affected you and/or your family and how caused financial hardship.
- _____ Proof of or Self-attestation that the home is requiring assistance.
- _____ Proof of Homeownership- Land Documents (Transfer of Possessory Interest, Quit Claim Deed/Title, and Certified Survey Plat.)
- _____ **ALL** Household Income Documents: i.e., Income Tax Documents
 - Check Stubs (4 most recent)
 - Self-employment Record(s)
 - 2023 Award Letter(s) (SSI, TANF/GA)/Personal wage records

If you require assistance with completing this application or have any questions, the Housing Management Staff will be more than happy to assist you.

Thank you,
Zuni Housing Authority

Homeowner Assistance Fund Application

Date: _____

Initials: _____

Date & Time Received: _____

Received by: _____



**HOMEOWNER ASSISTANCE FUND PROGRAM
APPLICATION**

Name: _____

Homeowner Only:

Race: American Indian/Alaskan Indian Black/African American Asian Native Hawaiian
 White Pacific Islander _____

Ethnicity: Hispanic Non-Hispanic Other _____

Address: _____

City: _____ State: _____ Zip Code: _____ Tribal ID # _____

Phone No.: _____ E-Mail Address: _____

List all household members:

Name	D.O.B.	Tribal Affiliation And Tribal ID# ²	M/F	Social Security No.	Income ¹	
					Monthly	Annual

¹Income eligibility may be determined on either an annual (past 12 months) or current monthly basis (current monthly income times 12).

² Tribal Affiliation and Tribal ID# required of at least one household member if Homeowner is not an enrolled member of the Zuni Tribe.

Homeowner Assistance Fund Application

Date: _____

Initials: _____

Current Monthly Gross Household Income: \$ _____

Total Gross Household Income for the past 12 months: \$ _____

Total Current Annual Gross Household Income: \$ _____.

To the extent available, attach supporting documentation (such as paystubs or other monthly wage statements; depository institution statements demonstrating regular income; copies of past tax filings (state and/or federal); other proof of 12-month income and related documentation such as W-2s and IRS Form 1099s; or written attestation from employer regarding income earnings).

1. A household must be deemed eligible to receive homeowner assistance. An eligible household must meet each of the following criteria:

- a. The Homeowner must have experienced financial hardship after January 21, 2020, or prior to January 21, 2020 which continued after January 21, 2020. "Financial hardship" means 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 a displacement for a homeowner. Examples of financial hardship include job loss, reduction in income, increased costs due to healthcare or the need to care for a family member, or increases in living expenses.

Did the Homeowner experience financial hardship after January 21, 2020 or prior to January 21, 2020 which continued after January 21, 2020?

Yes No

If "Yes," please explain (and attach supportive documentation such as employment termination letter or healthcare bill or affidavit): _____

- b. Income eligible (eligibility determination based on documentation provided in support of this Application).

2. The Qualified Expenses for which the household wishes to obtain homeowner assistance related to the Homeowner's primary residence (attach supportive documentation) are:

- Mortgage payment assistance:

Amount: \$ _____, from _____ (date) to _____ (date)

- Financial assistance to allow the Homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default³

Amount: \$ _____

³"Housing-related costs related to a period of forbearance, delinquency, or default" includes payment of fees, penalties, and costs associated with such periods.

Homeowner Assistance Fund Application

Date: _____

Initials: _____

- Mortgage principal reduction⁴

Amount: \$ _____

- Principal reduction on mortgage down payment assistance loans provided by non-profit or governmental entities to Homeowner

Amount: \$ _____

- Facilitation of mortgage interest rate reductions⁵

Amount: \$ _____

- Payment assistance for delinquent property taxes to prevent Homeowner tax foreclosure

Amount: \$ _____

- Payment assistance for:

- Homeowner's delinquent utilities, including electric, gas, home energy (including firewood and home heating oil), water, and wastewater

Amount: \$ _____, from _____ (date) to _____ (date)

- Homeowner's internet services, including broadband internet access service

Amount: \$ _____, from _____ (date) to _____ (date)

- Homeowner's homeowner insurance, flood insurance, and/or mortgage insurance

Amount: \$ _____

- Homeowner's association fees or liens, condominium association fees, or common charges

Amount: \$ _____

- Cost of assistance to prevent Homeowner displacement

- Home repairs to maintain the habitability of the Homeowner's primary residence

Amount: \$ _____

- Addition of habitual space to alleviate overcrowding

Amount: \$ _____

- Assistance to enable the household to receive clear title to the primary residence

Amount: \$ _____

3. Has the household received any other federally funded assistance duplicative of any Qualified Expenses for which the Homeowner is seeking financial assistance?

Yes No

If "Yes," please explain: _____

⁴"Mortgage principal reduction" includes reductions in a second mortgage provided by a non-profit or governmental entity.

⁵"Mortgage interest rate reduction" includes a reduction in loan interest rate through refinancing or loan modifications. ZHA may pay on behalf of the Homeowner fees and costs for such mortgage interest rate reduction.

Homeowner Assistance Fund Application

Date: _____

Initials: _____

By signing this Application, I attest that the information provided is complete and true to my knowledge. I understand that any false information will void my Application.

Additional attestations are attached to this Application.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Does the household have a household income that is not more than 150 percent of the area median income?

Yes No

Does the household have a household income that is not more than 100 percent of the area median income?

Yes No

The household is eligible ineligible

INTAKE OFFICER

DATE

APPROVED: _____

EXECUTIVE DIRECTOR

DATE

Homeowner Assistance Fund Application

Date: _____

Initials: _____

RELEASE AND CONSENT

The information specified on this Release and Consent will be used by the Zuni Housing Authority (ZHA) to verify information provided in the Application related to requests for assistance. By signing this form, the Applicant authorizes any mortgage provider, provider of mortgage down payment assistance, utility or home energy services provider, internet provider, insurance agent, homeowner's or condominium association, property tax assessor, or contractor hired to complete home repairs or additions to furnish or release to ZHA such information as ZHA determines to be necessary to verify information provided in the Application for the Homeowner Assistance Fund Program. Additional disclosure of the information will not be made without the specific consent of the undersigned, except to a federal law enforcement agency upon such agency's notification to or by ZHA of a violation or possible violation of civil or criminal law by the undersigned.

This is a consent to release information about:

Name of Homeowner

Social Security Number

Date of Birth

By my signature below, I affirm that I have read this Release and Consent or it has been read to me, and I understand its content.

Name of Homeowner

Signature

Date