



# CROW CREEK HOUSING AUTHORITY

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## HAF (Homeowner Assistance Funds Program) APPLICATION

### APPLICANT INFORMATION

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_  
TRIBE (IF APPLICABLE): \_\_\_\_\_ TRIBAL ENROLLMENT # \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ HOUSEHOLD SIZE \_\_\_\_\_ INCOME \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### General Information

1. Are you or is a member of your household a member of an Indian tribe? ☐ Yes ☐ No
  - a. If yes, attach proof of tribal enrollment for each household member
2. Do you own the home in which you are living? ☐ Yes ☐ No

### Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

(If you need to add more please document on back of this page)



# CROW CREEK HOUSING AUTHORITY

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## FINANCIAL HARDSHIP

1. Do you or any individual in your household qualify for unemployment benefits?  
Yes                      No
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 Pandemic? (Check all that apply)
  - ☐ A Reduction in household income
  - ☐ Loss of Employment/ Temporary Layoff/or Furlough
  - ☐ Reduction in pay/hours
  - ☐ Unable to work or experiencing financial hardship due to no childcare/school.
  - ☐ Underlying medical condition requiring staying home to prevent exposure.
  - ☐ Loss of self-employment/ business income
  - ☐ Incurred significant cost (medical bills, medication costs, etc.)
  - ☐ Other financial hardship; list: \_\_\_\_\_

## Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
  - ☐ A past due utility or rent notice or eviction notice
  - ☐ Unsafe or unhealthy living conditions
  - ☐ Any other evidence of housing instability
  - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability, if any is available (e.g. past due utility or rent notice or eviction notice)
  - b. If you checked any of the boxes above, please describe the details of your housing instability:

---

---

---

---



# CROW CREEK HOUSING AUTHORITY

---

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## Income Verification

Provide information on total annual income of your household for the 2020 year, or total monthly income of your household and all who stay in your household.

1. **Annual Household income \$** \_\_\_\_\_
  - a. Applicant must submit a wage statement (check stub), Interest statement, unemployment compensation statement, social security benefit letter, or a copy of IRS form 1040 as filed for your household for the 2020 tax year. Please include any other forms of assistance you may receive, if its not listed above, including the amount of tribal assistance you may receive, or have received.
2. **Monthly Household Income \$** \_\_\_\_\_
  - a. Applicant must submit a wage statement (check stub), Interest statement, unemployment compensation statement, social security benefit letter, or a copy of IRS form 1040 as filed for your household for the 2020 tax year. Please include any other forms of assistance you may receive, if its not listed above, including the amount of tribal assistance you may receive, or have received.

**Please note, your application will be considered incomplete, if you do not have your income verification attached to the application.**



# CROW CREEK HOUSING AUTHORITY

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## CURRENT AND PROSPECTIVE MORTGAGE AND UTILITY COSTS

**Do you expect to be unable to pay your Current Mortgage & Utility Costs in the future months? (Check all that apply)**

*If you check any of the boxes below. Attach supporting documentation for Mortgage payments & Utility Costs, if available (Mortgage, documents showing Mortgage or utility costs)*

- ☐ **Mortgage Payment Due (Mortgage payment that is due and owing but not yet in arrears)**

Amount Due \$ \_\_\_\_\_

Date Due \$ \_\_\_\_\_

Mortgage/Bank Loan \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

- ☐ **Utility Costs Payments Due (Utility Costs that are currently due and owing but not yet in arrears)**

Type of Utility \_\_\_\_\_ Amount\$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Utility \_\_\_\_\_ Amount\$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Utility \_\_\_\_\_ Amount\$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Internet Service (for the purpose of engaging in distance learning, telework, and telemedicine and for obtaining government services)**

Amount \_\_\_\_\_ Due Date \_\_\_\_\_

Provider \_\_\_\_\_

Provider Address \_\_\_\_\_ Phone \_\_\_\_\_



# CROW CREEK HOUSING AUTHORITY

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## REHAB PRIORITY:

Please give your highest priority for Rehab to your home 1 being the highest as funding will be limited for each homeowner and each rehab activity will be limited to **NEED & PRIORITY:**

Priority 1

---

---

Priority 2

---

---

Priority 3

---

---

Priority 4

---

---

Priority 5

---

---

Do you have a contractor to do REHAB work? ☐ Yes ☐ No  
Is Contractor insured and Bonded ☐ Yes ☐ No ☐ Don't Know

**Please provide Name & documentation of insurance and bonding agency!**

Do you have home insurance? ☐ Yes ☐ No  
Is your home on Trust Land ☐ Yes ☐ No ☐ Don't Know

Additional space needed for comments:

---

---

---

---

---

---



# CROW CREEK HOUSING AUTHORITY

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## Additional Requirements

1. Applicants and adult household members must sign a release of information form allowing the CCHA to verify any and all information required to participate in the Homeowner Assistance Funds Program.
2. For each additional month that applicants seek Financial Assistance under the HAF Program, they must submit information and documentation for the mortgage and utility costs for that month and prospective months for which they seek assistance.

## Applicant Acknowledgements and Attestation

I Understand that I am required to update my application whenever any of the information provided in my application changes.

By my signature below, **I HEREBY ATTEST** that all the foregoing information attached documentation is true and correct. I understand providing false statements, false information, any misleading statements or information, or I fail to notify CCHA of changes to my household eligibility, will be ground for denial of the application or, if assistance has already been granted, repayment of funds granted, and may be grounds civil or criminal prosecution if CCHA determines it is appropriate to do so.

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

\_\_\_\_\_  
Date

### OFFICIAL USE ONLY

Approved: ☐ Yes ☐ No

Reason: \_\_\_\_\_

Date Denial Communicated: \_\_\_\_\_

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



# **CROW CREEK HOUSING AUTHORITY**

---

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## **CROW CREEK HOUSING AUTHORITY HOMEOWNER ASSISTANCE FUNDS PROGRAM**

### **APPLICANT ATTESTATION OF ECONOMIC HARDSHIP**

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

I, \_\_\_\_\_, the Applicant, do hereby attest that one or more individuals in my household have experienced one or more of the following in the time period of March 13, 2020 to the date of application (Check all that apply):

- ☐ a reduction in household income due directly or indirectly to the COVID-19 pandemic; or
- ☐ incurred significant costs due directly or indirectly to the COVID-19 pandemic; or
- ☐ experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Crow Creek Housing Authority of any significant changes to our household income or financial status because I understand that those changes could impact my eligibility for the HAF Program.

By my signature below, I certify and attest 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.

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

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



# **CROW CREEK HOUSING AUTHORITY**

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## **CROW CREEK HOUSING AUTHORITY HOMEOWNER ASSISTANCE FUNDS PROGRAM**

### **APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ [print name] ("Applicant") am applying for certain housing assistance services from Crow Creek Housing Authority. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Crow Creek Housing Authority listed below.

Name and address of person or entity possessing information regarding Applicant:

---

---

---

---

Name and address and contact person to whom information is to be released:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

P.O. Box 19

Ft. Thompson, SD 57339

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the Crow Creek Housing Authority named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

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

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

\_\_\_\_\_  
Printed Applicant Name





# CROW CREEK HOUSING AUTHORITY

---

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## Homeowner Assistance Funds (HAF) Program

### Application Checklist

Please review your application to make sure that contains the following information:

#### For all Applicants:

- ☐ Copy of Driver's License or Tribal Enrollment Card
- ☐ Proof of membership of an Indian Tribe for each household member (*if applicable*)
- ☐ Income Verification for each member 18 or older
  - ☐ Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)  
or
  - ☐ Monthly received in the last 60 days (2 months)
- ☐ Copy of mortgage statement from bank/financial institution
- ☐ Copy of utility bill(s)
- ☐ Copy of a past due utility or foreclosure notice
- ☐ Documents showing unsafe or unhealthy living conditions

#### Submit the following documentation if applicable:

- ☐ Documentation of each household member's qualification for unemployment benefits
- ☐ Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- ☐ Other documents showing a reduction in household Income
- ☐ Documents showing loss of self-employment/business income
- ☐ Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- ☐ Documents showing other financial hardship



## **CROW CREEK HOUSING AUTHORITY**

---

P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

### **CERTIFICATION OF ZERO INCOME**

#### **HOMEOWNER ASSISTANCE FUNDS PROGRAM (HAF)**

**I \_\_\_\_\_, certify that the following information is true and correct.**

**-I am currently unemployed and/or not receiving any income at the time of hear said application.**

**-If at any time I receive income or become employed, I will report to the Homeowner Assistance Funds Program**

---

**Sign and Date**