



SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195
Wellpinit, WA 99040
(509) 258-4523 Fax (509) 258-7188

HOME IMPROVEMENT LOAN PROGRAM CHECK OFF LIST

Applicant is a current or previously served homebuyer living in the home purchased from the housing authority. (Home must be currently being purchased from the housing authority or was constructed by the housing authority and is paid in full at the time of application.)

Applicant does not have any past due debts owed to the housing authority

Applicant(s) have participated in a housing authority approved or sponsored homebuyer education program to obtain information about the loan process and homeowner ship responsibilities.

Applicant's debt to income ratio is not more than 41 %.

Proof of Income

Current copy of Credit Report (within last 30 days)

Property lease had an initial term of 50 years to assure that the term of the lease is longer than the term of the loan, and is assignable if there is need for a foreclosure and reselling to another qualified homebuyer authority.

Applicant is maintaining the dwelling as their primary place of residence for the period of the loan

Applicant has submitted in writing the specific proposed use of loan funds.

Repairs – repair work will be done by a licensed contractor who is responsible for proper insurance and liability during and once the repairs/addition are completed.

Additions – A written proposal with the following need to be submitted:

- _____ Floor plan of existing home
- _____ Drawings of proposed addition
- _____ Estimated cost for material and labor
- _____ Licensed Contractor who will do the work
- _____ Estimated schedule outlining beginning to completion

Repayment agreement signed before funds are pain out

Insurance requirements – applicants know that they are required to pay for additional coverage(if current homebuyer) for the additional square footage; or full coverage (for paid off homebuyers). Proof of insurance will need to be submitted to the housing authority from the insurance company.

Return completed applications to:
Spokane Indian Housing Authority (SIHA)
P.O. Box 195, 6401 Sherwood Addition
Wellpinit, WA 99040

DATE STAMP:

Time: _____

HOME IMPROVEMENT LOAN PROGRAM

The information in this application is being collected to identify eligible families or individuals to participate in the Home Improvement Loan Program, and will be used to determine priority for funding. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

A. APPLICANT INFORMATION

1. NAME _____
Last First Middle Maiden Name (if any)

2. Current Address _____

3. Phone No.: Home (____) _____ Work/Message (____) _____

4. Date of Birth _____ 5. Social Security No. _____

6. Tribe _____ Roll No. _____

7. Marital Status: Married _____ Single _____ Widowed _____ Other _____

8. Name of Spouse _____
Last First Middle Maiden

9. Date of Birth _____ 10. Social Security No. _____

11. Tribe _____ Roll No. _____

12. Do you have any unpaid debts owing to the Spokane Indian Housing Authority? _____

If so, how much and what is the debt from? _____

Note: The disclosure of your Social Security numbers are requested in order to keep your record straight, because other people may have the same name and birth date. The numbers will also be used, if necessary, to verify income and to avoid duplication of housing assistance.

B. FAMILY INFORMATION: List all other persons living in household on a permanent basis. Start with the oldest and provide Social Security numbers.

Name	Birth Date	Social Security No.	Relationship	Tribe/Roll No.

C. INCOME INFORMATION: List all permanent family members at least 18 years old who have income.

1. **Earned income:** This includes, but is not limited to, wages, salary, commissions, or profits (see staff for definition of income earned from self-employment). You must provide a signed copy of income tax returns, W-2 forms, or other verification for all sources.

Name	Annual Income	Source of Income

Total annual earned income: \$ _____

2. **Unearned income:** This includes, but is not limited to, rental properties, child support and alimony, retirement, disability, unemployment, interest, tax refunds, general assistance, and public assistance. Provide check stubs, statements, or other verification for all sources.

Name	Annual Income	Source of Income

Total annual unearned income: \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME (earned & unearned): \$ _____

D. FINANCIAL INSTITUTION INFORMATION:

To be completed if you are applying for additional funding from a mortgage company or other financial institution to pay for the balance of the home improvement project.

1. Have you qualified for a mortgage with a Mortgage Company or financial institution? _____

2. If you have qualified for a mortgage with an institution:

Name of Institution: _____

Address: _____

Contact Person: _____ Phone: _____

3. Amount Qualified for: \$ _____

4. If you decide to sell the home within the first five years, you will be responsible for repaying the housing authority back in full the amount granted. Does the institution know you are applying for this loan, and do they allow for this type of loan? YES _____ NO _____

5. Credit Report. Applicant will be responsible to get a current copy of their credit report and submit it with this application. You must provide a copy of your credit report with this application.

E. HOUSING INFORMATION:

1. What are your plans for the home?

Repair/Replacement Project: (Description) _____

Construct an addition: (Description) _____

2. Who will be doing the work?

Person/Company: _____

Contact Person: _____ Phone: _____

3. What is the total cost of the repair/replacement/improvement? \$ _____

4. What are the estimated down payment and closing costs: \$ _____

I, the undersigned applicant, certify the foregoing information to be true, complete and accurate to the best of my knowledge. (Only Spokane Tribal Members Eligible to Sign.)

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

MONTHLY EXPENSE & DEBT SUMMARY

Budgeted Expenses:

Home Maintenance	\$ _____
Utilities (electricity, phone, water/sewer)	\$ _____
Savings	\$ _____
Car	\$ _____
Personal	\$ _____
Insurance (car, life, medical)	\$ _____
Clothing	\$ _____
Gifts/Donations	\$ _____
Food	\$ _____
Entertainment	\$ _____
Other	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

Monthly Recurring Debt Payments:

House Payment/Rent	\$ _____
Car Payment(s)	\$ _____
	\$ _____
Tribal Credit Loan(s)	\$ _____
	\$ _____
Other Installment Loan Payments with 10 or more monthly Payments remaining (e.g. furniture, appliances, computer, etc.)	
Name	
_____	\$ _____
_____	\$ _____

Credit Cards:	Name	Amount
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Average monthly credit card payment(s):	\$ _____
Educational Loan Repayments	\$ _____
Medical/Health Care Payments	\$ _____
Alimony/Child Support Payments	\$ _____
TOTAL MONTHLY DEBT:	\$ _____