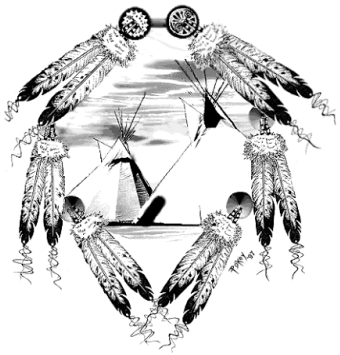

SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195 Wellpinit, WA 99040
(509) 818-1460 Fax (509) 258-7188

Homeownership Assistance Program – HAP

For questions, call or email Alex Smith, HAP Mgr., at alexandria@spokaneiha.com or 509-818-1456.

The information in this application collected is to identify eligible families or individuals to participate in the Housing 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.

Applicant: _____
(First) (MI) (Last)

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (_____)_____-_____ Email address: _____

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

Tribe: _____ Enrollment Number: _____

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

Spouse: _____
(First) (MI) (Last)

Phone Number: (_____)_____-_____ Message: (_____)_____-_____

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

Tribe: _____ Enrollment Number: _____

Do you have unpaid debts owing to the Spokane Indian Housing Authority? _____Yes _____No

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 birthdate. The number will also be used, if necessary, to verify income and to avoid duplication of housing assistance.

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

Name	Relation to Head	Date of Birth	Sex	SSN#	Enrollment #
1.	Head	/ /		- -	
2.		/ /		- -	
3.		/ /		- -	
4.		/ /		- -	
5.		/ /		- -	
6.		/ /		- -	
7.		/ /		- -	
8.		/ /		- -	
9.		/ /		- -	
10.		/ /		- -	

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

Earned income: This includes, but 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's, or other verification for all sources.

Family Member #	Employer Name / Source of Income	Rate of Pay (WK/MO/YR)
1.		
2.		
3.		

Total annual earned income: $_____

Unearned income: This includes, but 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.

Family Member #	Source of Income	Amount
1.		
2.		
3.		

Total annual unearned income: $_____

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

FINANCIAL INSTITUTION INFORMATION:

1. Have you qualified for a mortgage with a mortgage company or financial institution? _____Yes _____No. If you have qualified for a mortgage with an institution:

   Name of Institution:_____

   Address: _____

   Contact Person:_____ Phone: _____

   Amount Qualified for: $_____

If you decide to sell the home within the first ten years or fail to maintain the dwelling as your primary place of residence the applicant must repay the amount of down payment assistance as stated in the policy. Does the institution know you are applying for this grant, and do they allow for this type of down payment/closing cost assistance that will be granted to you over the next five years, if you do not sell the home before the five years is ended? _____Yes _____No

Spokane Indian Housing must be listed as a Secondary Lean Holder on the Property or Title. We also require a Title Status Report.

HOUSING INFORMATION:

1. What are your plans for a new home:

   _____ Purchase an existing home

   _____ Purchase a manufactured/modular home

   _____ Construct a new home

2. Who are you purchasing the new home from:

   Person/Company: _____

   Contact Person: _____ Phone: _____

3. What is the total cost of the new home: $_____

4. What year was the home built? _____

5. If a Manufactured/Modular home has it been moved before? _____Yes _____No

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

7. Is the Land Leased? _____No _____Yes

I, the undersigned applicant, certify the foregoing information to be true, complete and accurate to the best of my knowledge.

Applicant's Signature _____Date_____