

**Penobscot Nation Application For COVID-19
Homeowner Assistance Fund**

Four Directions Development Corporation (FDDC) is the organization contracted by Penobscot Nation to assist in the implementation of its Homeowner Assistance Fund (HAF) Program. The information in this application is being collected to identify eligible families or individuals to participate in the Penobscot Nation’s HAF Program. The applicant must provide the required information for consideration of the application.

Please refer to the HAF Documents List to determine what supplemental verification is required. All applicants will need to provide 1. Identify Verification 2. Income Verification 3. Property Verification 4. Proof of Delinquency or Proof Repairs are needed to maintain

Applicant Information		
Name		
Last:	First:	Middle:
Address:		
Current Street Address:		
City:	State:	Zip:
Phone:	Email:	
Date of Birth:	Social Security Number:	
Penobscot Nation Tribal Census Number:		
Marital Status:		
Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/> Living with Partner: <input type="checkbox"/>		
Place of Employment:		

Co-Applicant Information		
Name		
Last:	First:	Middle:
Address:		
Current Street Address:		
City:	State:	Zip:
Date of Birth:	Social Security Number:	
Penobscot Nation Tribal Census Number:		
Place of Employment:		

Type of Assistance
What is the purpose of your request for assistance? Check the applicable box(es) and attach verification documentation required to determine eligible assistance amount. Please note in addition to copies of statements, you must also obtain IRS form(s) W9 from each vendor. The current maximum assistance at this time is \$10,000.
Mortgage Payment Assistance*: <input type="checkbox"/> Amount past due:
Mortgage Reinstatement*: <input type="checkbox"/> Amount past due:
Homeowner Utility/Internet/Broadband*: <input type="checkbox"/> Amount past due:
Mortgage Principal Reduction**: <input type="checkbox"/> Amount past due:
Mortgage Interest Rate Reduction**: <input type="checkbox"/> Amount past due:
Homeowner Utility/Internet/Broadband*: <input type="checkbox"/> Amount past due:
Homeowner's Insurance, Flood Insurance and Mortgage Insurance*: <input type="checkbox"/> Amount past due:
Homeowner's Association Fees, Condo Fees, Common Charges*: <input type="checkbox"/> Amount past due:
Down Payment Assistance Loans provided by non-profits or government entities*: <input type="checkbox"/> Amount past due:
Delinquent Property Taxes*: <input type="checkbox"/> Amount past due:
Home Repair Assistance: <input type="checkbox"/> Amount requested: _____ Please attach a written description addressing 1.) the measures needed to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties and 2.) copies of written contracts/estimates to perform the needed repairs. Contact/estimate totals must match the amount requested.
*Copies of delinquent bills must be provided to determine eligibility **Written, approved loss mitigation to include Principal Reduction/Interest Rate Reduction

Household Information				
Name	DOB	SS#	PIN Enrolled Y/N	Relationship

Income Information**Annual Income**

Applicants can provide proof of income utilizing “Annual Income” if you filed taxes in 2020. A copy of your 2020 tax return will be necessary.

List all income for all members of the household. Incomes includes, but is not limited to, wages, salaries, commissions, SSI, retirement, child support, alimony, disability, unemployment, self-employment, rental income, general assistance, and public assistance. Please provide proof of income: Copy of 2020 tax returns and copies of W2s and 1099s

Name	Annual Income	Source of Income
Total Household Annual Income: (If necessary, continue on another sheet)	\$	

Monthly Income

If applicant did not file taxes in 2020, applicants may elect to use “Monthly Income” for purposes of this application. If the applicant is utilizing monthly income, verification of income will be required every three (3) months.

List all income for all members of the household. Incomes includes, but is not limited to, wages, salaries, commissions, SSI, retirement, child support, alimony, disability, unemployment, self-employment, rental income, general assistance, and public assistance. Please provide proof of income: Copies of current check stubs or bank deposit records.

Name	Monthly Income	Source of Income
Total Household Monthly Income: (If necessary, continue on another sheet)	\$	

Attestation of COVID-19 Hardship	
I hereby affirm and attest that I have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the novel coronavirus disease (COVID-19) outbreak after January 21, 2020 that has created an increased risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner. I further attest that I do not have documentation to support these circumstances, and that if I obtain documentation demonstrating the facts set forth below at any time, I will promptly provide it to the Penobscot Nation HAF program representative.	
Specifically, I have experience (check all that apply):	
a.	Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly to the COVID-19 pandemic: Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Are at risk of experiencing homelessness or housing instability, which may include a past due utility or mortgage default; or unsafe or unhealthy living conditions: Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Please provide a detailed description and explanation of your circumstances. Be sure to describe how your hardship was caused or made worse by the COVID-19 pandemic:

Signature and consent to obtain, confirm and release information	
I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Penobscot Nation to obtain any and all information necessary for the purpose of verifying the statements made above, including without limitation, directly contacting my mortgage lender and any service provider for my premises. I also understand that it is my responsibility to inform the Penobscot Nation if there is any change in my family status along with reporting any changes in income, living conditions and change of address prior to award or during the term of the assistance. I understand that providing false or misleading statements or omissions to the United States Government or the Penobscot Nation’s COVID-19 Homeowners Assistance Fund program on this Application and Attestation may result in federal and state criminal and civil actions for fines, penalties, damages, imprisonment or removal from the PN HAF Program. I hereby certify that all information contained herein is accurate to the best of my knowledge.	
I agree, that prior to providing assistance, I agree that by signing the attestation and application that the funds will only be used for the purposes outlined above.	
Applicant Signature:	Date:
Co-Applicant Signature:	Date:

The information provided in this application will remain confidential with the Penobscot Nation HAF program and Four Direction Development Corporation and no information will be released to other departments or agencies without the consent of the applicant.

Eligibility Determination (PIN / FDDC Use Only)	
Applicant(s):	
Date and Time application received:	
Received by:	Processed by:
Income Limit: HH: _____ AGI: _____ AMI: _____ AGI/AMI (%): _____	
Based upon the completed application and supporting documentation, and all applicable requirements, the applicant is determined to be: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/> Partial Eligible	
Eligible Amount(s):	
If not eligible, state reason:	
Name of person certifying eligibility:	
Signature of person certifying eligibility:	
Date of determination:	

Supplemental appendices:

Authorization to Disclose Personal Information form

HAF Document List

Zero income certification (to be provided if applicable)

THIRD-PARTY AUTHORIZATION

“I” and “My” means and refers to individually and collectively the undersigned Owner and Co-Owner (if any), any Non-Owner Borrower and any Other Adult Household Member identified below.

“Servicer” means any mortgage lender/servicer holding or servicing a mortgage on which I am obligated.

“Other Creditor” means any person or entity (hereinafter “Entity”) to which I owe a debt for real property taxes; sewer or water fees; condominium or homeowners association fees; homeowners insurance; electric, heating oil or gas or other home utility service; or home internet service.

“FDDC” means Four Directions Development Corporation.

I authorize any Servicer, any Other Creditor, FDDC to obtain, share, release, discuss, and otherwise provide to and with each other my public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations, utility, heating and internet obligations and condominium or homeowners association fees. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Owner, Co-Owner, Non-Owner Borrower and Other Adult Household Member. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under Homeowner Assistance Fund Programs by Servicer, Other Creditor FDDC to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The Servicer, Other Creditor, FDDC are authorized to take such steps as they may deem reasonable to verify the identity of another party, but has no responsibility or liability to verify the identity of such other party. The Servicer, Other Creditor, FDDC also have no responsibility or liability for what another party does with such information.

The Owner and Co-Owner and any Non-Owner Borrower or Other Adult Household Member must sign this Third-Party Authorization. This Third-Party Authorization is not revocable except as otherwise required by applicable law.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Owner:

Signature Date

Printed Name

Co-Owner:

Signature Date

Printed Name

Non-Owner Borrower:

Signature Date

Printed Name

Other Adult Household Member:

Signature Date

Printed Name

HAF Documents List

Client: _____

In order to complete your application for HAF assistance you will need to supply the following documents.

Identity Verification *

We require some form of a government-issued ID to confirm your identity. Any of the following are acceptable:

- Driver's License
- Passport
- State-issued ID
- Permanent Resident Card
- Other government-issued photo ID
- Social Security Card

Income Verification *

We will need at least one of the following documents to verify your income for calendar year 2020

- 2020 filed federal income tax returns for all adult members of your household who file
- W2, OR 60 days of paychecks or paystubs, and/or IRS 1099 form for all adult members of the household who were employed.
- Two unemployment compensation benefit pay stubs, 1099s, or a notice of determination.
- Retirement, pension, or annuity benefits statement for all adult members of the household
- Unemployment/benefit statement (including SNAP, LIHEAP, and other assistance programs) or payment history stating the net amount, frequency, and duration of the benefit, and two bank statements showing receipt of such payment.
- If you were self-employed: a profit and loss statement, two months of personal and business bank statements, and last two years federal income tax filings, including IRS Form 1040, Schedule C
- A copy of divorce or other court decree, or separation agreement, or other written agreement filed with the court that states the amount and period of time over which payments will be received, or the two most recent bank statements showing receipt of such payment, or documentation from a child support enforcement agency or other administrator.

Zero Income Certification (if applicable) *

If you did not have any income during the period, you will need to provide certification

- Signed Zero Income Certification form (may be requested from FDDC)

Property Verification *

We will need at least one of the following documents to verify you have a qualifying interest in the property

- Title Deed/ Grant Deed
- Land Contract
- Property Tax Bill

Property Verification (cont.)

- Mortgage Statement
- Homeowner's Insurance Policy
- Co-op Lease (Proprietary Lease)
- HOA or Condominium Dues Statement
- Heirship Documentation or Will
- Lot Rent Statement

Proof of Delinquency *

We will need proof you are currently behind on your monthly housing payments. If eligible for assistance, you must provide copies of IRS form W9 for each vendor that will receive payment **(photographs of forms are not accepted).**

- Mortgage Statement for each mortgage lien (most recent month)
- Property tax delinquency statement
- Condominium or Homeowner Association Dues Delinquency statement
- Homeowner insurance policy delinquency statement, if not escrowed in monthly mortgage payment
- Mobile home consumer loan statement
- Mobile home lot rent statement
- Land Contract Agreement (all pages) and Delinquency statement from title holder/Seller of land contract
- Utility bill for each provider, Electric, Home Heating (gas, propane, etc.), Water and/or Sewer (most recent bill)
- Internet provider statement (most recent bill)

Proof of Approved Principal Reduction/Interest Rate Reduction *

- Written, approved loss mitigation to include Principal Reduction/Interest Rate Reduction.

Proof of Home Repair Assistance *

- Written explanation of the measures needed to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties.
- Photographs documenting damage.
- Copies of written contracts/estimates to perform the needed repairs. Contact/estimate totals must match the amount requested.
- IF APPLICABLE: For repairs exceeding the maximum assistance of \$10,000, applicant will need to demonstrate ability to cover all costs exceeding \$10,000.

Reviewed (PIN / FDDC Use Only)
Date completed:
Completed by: