

**MOWA BAND OF CHOCTAW INDIANS
HOMEOWNERS ASSISTANCE FUND PROGRAM (HAF)
HOME REPAIRS**

The MOWA Band of Choctaw Indians will utilize HAF funds on behalf of homeowners who may need home repairs. These are COVID funds, and applicants must be able to verify that they were impacted by COVID. There are a limited amount of funds available and we may not be able to serve everyone who applies **This program will be administered according to need and in accordance with guidelines set forth by the Treasury Department.** Need will be determined based on a point system to determine those most in need. Please complete this form if you are interested in applying to participate in this program.

Name of Household Member _____ DOB _____

Address _____ Phone # _____

Email _____

____ Single ____ Married ____ Widowed ____ Divorced (You *may* be asked to provide proof)

Social Security Number _____

Name of Spouse _____ DOB _____

Social Security Number _____

Name of Other Household Members:

1st Person _____ DOB _____

Social Security Number _____

2nd Person _____ DOB _____

Social Security Number _____

3rd Person _____ DOB _____

Social Security Number _____ (Use additional sheets, if necessary)

IS ANYONE IN THE HOUSEHOLD DISABLED? If so, who, and what is their handicapping condition.

Is this individual on disability? _____ Yes _____ No

IS ANYONE IN THE HOUSEHOLD A VETERAN? _____ No _____ Yes If so, who? _____

How many in household has a job: _____ List Jobs and Salary for each Person.

1st Person _____ Employer: _____

Salary _____ Weekly _____ Bi-Weekly _____ Monthly

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2nd Person _____

Employer: _____

Salary _____

_____ Weekly _____ Bi-Weekly _____ Monthly

3rd Person _____

Employer: _____

Salary _____

_____ Weekly _____ Bi-Weekly _____ Monthly

HOMEOWNER:

Please list repairs needed to your home. We will have someone come out and provide us with an estimate of the cost of repairs.

_____	_____
_____	_____
_____	_____
_____	_____

Before and After pictures will be required!

TO BE COMPLETED BY OFFICE STAFF

Does this household qualify for the Home Repair Program _____ Yes _____ No

If no, why _____ Recommended by _____

Approved: _____ Yes _____ No If no, why _____

Estimated cost of Repairs: _____ Approved by _____

Contact the tribal office at 251-829-5500 and ask for Maggie Rivers if you have questions.

April 2023

PLEASE TURN IN THIS APPLICATION NO LATER THAN 4:30 PM ON MONDAY, APRIL 17, 2023, IF YOU WOULD LIKE TO BE CONSIDERED FOR SERVICES.

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HOMEOWNERS ASSISTANCE FUND (HAF)
HOME REPAIR PROGRAM

ATTENTION APPLICANTS

NAME: _____

DATE: _____

PLEASE BE AWARE THAT THE HOMEOWNER'S ASSISTANCE FUND (HAF) PROGRAM IS A COVID PROGRAM. AN APPLICANT MUST ATTEST (PROVIDE EVIDENCE) THAT THEY HAVE EXPERIENCED A FINANCIAL HARDSHIP AFTER JANUARY 2020 DUE TO COVID IN ORDER TO RECEIVE ASSISTANCE FROM THIS PROGRAM.

EXAMPLES OF PROOF THAT THE APPLICANT EXPERIENCED A FINANCIAL HARDSHIP DUE TO COVID WOULD BE JOB LOSS, A REDUCTION IN HOURS WORKED, A REDUCTION IN INCOME, OR INCREASED COSTS DUE TO HEALTHCARE SUCH AS HAVING THE COVID VIRUS OR PROVIDING CARE FOR A HOUSEHOLD MEMBER WITH COVID.

AN APPLICANT **MUST** MEET THE QUALIFICATIONS LISTED BELOW IN ORDER TO QUALIFY FOR SERVICES:

- _____ Homeowner is an enrolled tribal member.
- _____ Homeowner resides in Mobile or Washington County.
- _____ Homeowner meets income guidelines.
- _____ The home is the primary place of residence of the Homeowner.
- _____ The homeowner can provide evidence of ownership of home (deed, mortgage statement, etc.)
- _____ The Homeowner can provide evidence of a financial hardship as a result of COVID after January 2020 (for example, job loss, a reduction in income, increased cost due to healthcare such as having the COVID virus or providing care of a household member with COVID.

AN APPLICANT **MUST** SUBMIT THE FOLLOWING DOCUMENTS:

- _____ Copy of driving license for each household member 18 and over
- _____ Copy of Social Security Card for each household member
- _____ Proof of income (for each working household member)
- _____ Tribal Card
- _____ Evidence that the home is the primary place of residence of the Homeowner.
- _____ Evidence of ownership of home (deed, mortgage statement, etc.)
- _____ Evidence of financial hardship as a result of COVID after January 2020 (for example, job loss, a reduction in income, increased cost due to healthcare such as having the COVID virus or providing care of a household member with COVID.

NOTE: NO APPLICATION WILL BE ACCEPTED UNLESS ALL REQUIRED DOCUMENTS ARE SUBMITTED ALONG WITH THE APPLICATION