

# ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590  
Phone 951-760-7390 Fax 951-760-7394 [www.amiha.org](http://www.amiha.org)



## *U.S. DEPARTMENT of the TREASURY HOMEOWNER ASSISTANCE FUND (HAF)*

The Homeowner Assistance Fund (HAF) is a federal assistance program that helps homeowners who have been financially impacted by COVID-19 and are experiencing financial hardship after January 21, 2020.

Funds from the HAF program can assist eligible homeowners with mortgage payment and/or other financial assistance. This will assist the homeowner reinstate a mortgage or pay other housing-related costs related to a period of forbearance, delinquency, default, payment assistance for utilities, (**telephone and cable ARE NOT considered to be utilities**) homeowner's insurance, flood insurance, mortgage insurance, property taxes and home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their property.

Payments will be made directly to lenders, utility companies, tax assessors, insurance companies, and licensed approved contractors.

HAF may assist homeowners who have income equal to or less than 100% of the area median income or equal to or less than 100% of the median income for the United States, whichever is greater. or; The household income is at or below 150% of the area median income.

AMIHA will prioritize funds for homeowners who have experienced the greatest hardships, leveraging local and national income indicators to maximize the impact.

Assistance will be structured as a one-time assistance to resolve a delinquency. If you are still in financial hardship due to COVID-19, you may reapply in six months, after your previously approved application. This is a temporary program and assistance is subject to availability of funds.

This program is only available for enrolled tribal members from Agua Caliente, Cahuilla, Jamul, La Jolla, Morongo, Pauma, Pechanga, Santa Ynez, Torres Martinez, Twenty Nine Palms and Viejas living on and off reservation.

Participants living in AMIHA lease to own homes may be eligible to apply for this program, some restrictions may apply.

HAF cannot be applied to costs that have been or will be reimbursed under any other federal, state, or local assistance. (**Services may not be duplicated**)

Please submit your completed application and attach all required documentation. If your application is not submitted with all the required documentation, it will be returned as incomplete, and will delay your application process.

**Once your completed application and required documentation is received, it will be reviewed for approval or denial within 20 business days.**

**Once your application is approved, payment will be processed within 10 business days to your provider.**

**To submit your completed application and required documentation or if you have any questions or concerns you may contact us.**

*Susan Subish, Grants Management Specialist [Ssubish@amiha.org](mailto:Ssubish@amiha.org) (951)595-5485  
Ana Farnsworth, Grant Management Assistant [Afarnsworth@amiha.org](mailto:Afarnsworth@amiha.org) (951) 428-1818  
Mail-27368 Via Industria, Suite 113, Temecula, Ca. 92590  
Fax-(951) 760-7394 – Attention HAF Program*

**REQUIRED DOCUMENTS NEEDED  
FOR EACH FAMILY MEMBER 18 AND OVER**

<b>Application</b>	<input type="checkbox"/> Completed legible application, dated, and signed.
<b>Proof of tribal enrollment</b>	<input type="checkbox"/> Valid tribal enrollment card, or current letter from the tribe
<b>Valid ID for each family member over 18</b>	<input type="checkbox"/> Valid driver's license <input type="checkbox"/> Current tribal ID <input type="checkbox"/> Passport
<b>Proof of your primary residence</b>	<input type="checkbox"/> Deed / Title (TIN required) <input type="checkbox"/> Loan Documents <input type="checkbox"/> Proof of ownership of your primary home on the reservation, AMIHA will accept a letter from your tribe.
<b>Proof of loss of income/ incurred significant cost or financial hardship due to COVID-19</b>	<input type="checkbox"/> Letter/Email from Employer <input type="checkbox"/> Other self-attestation <input type="checkbox"/> Self-quarantine cost <input type="checkbox"/> Other expenses incurred <input type="checkbox"/> Medical cost (if applicable) <input type="checkbox"/> Show risk of housing instability <input type="checkbox"/> Documents showing other loss of income
<b>Last 3 months of paystubs or income for each resident over 18</b>	<input type="checkbox"/> Current tax returns <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Revenue & Sharing <input type="checkbox"/> Per Capita <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Other income <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security/SSI / Disability/Survivor /Workman's Compensation
<b><u>Mortgage Reinstatement</u></b>  <b>MUST BE YOUR PRIMARY RESIDENCE</b>	HAF is to provide funds to eliminate or reduce past due payments and other delinquent amounts including payments on a forbearance plan, deferred payments, full or partial reinstatements on mortgages, loans secured by manufactured homes or contracts for deed.  <input type="checkbox"/> Must be delinquent by at least one payment <input type="checkbox"/> Submit current mortgage statement, with past due amounts, must show full name and account number <input type="checkbox"/> Statement of current ability to resume any required regular payments after account is reinstated <input type="checkbox"/> W-9 from mortgage company
<b><u>Mortgage Payment</u></b>  <b>MUST BE YOUR PRIMARY RESIDENCE</b>	Provide full payment assistance to homeowners who qualify for financial assistance under the mortgage reinstatement option. <b>This is not a standalone option</b>  HAF may also include one month Mortgage assistance (as funds permit). <b>After Mortgage Reinstatement becomes current.</b>
<b><u>Delinquent Utility Bills</u></b>  <b>Gas, Water, Sewer, Trash, Electricity</b>  <b>MUST BE YOUR PRIMARY RESIDENCE</b>	Provide funds to resolve delinquent payments for utility services.  <input type="checkbox"/> Must be delinquent by at least one payment <input type="checkbox"/> Statement of current ability to resume any required regular payments after account is reinstated <input type="checkbox"/> Submit current utility statement, with past due amounts, must show full name and account number <input type="checkbox"/> Must match the address on the Mortgage/Deed residence  HAF may also include one month utility service (as funds permit)

<p><b><u>Property Taxes</u></b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<p>Delinquent Property Tax Assistance will assist in preserving homeownership and creating housing stability by preventing foreclosure and displacement.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Must be delinquent by at least one payment</li> <li><input type="checkbox"/> Statement of current ability to resume any required regular payments after account is reinstated</li> <li><input type="checkbox"/> Submit current property tax statement, with past due amounts, must show full name and account number</li> <li><input type="checkbox"/> W-9 from Property Tax company</li> </ul> <p>HAF may also include one month property taxes (as funds permit)</p>
<p><b><u>Home Repairs</u></b></p> <p><b>MUST BE YOUR PRIMARY RESIDENCE</b></p>	<p>Provide funds to cover reasonable home repair expenses to the homeowner's primary residence as necessary to restore the property to habitable condition or to resolve housing/property code violations.</p> <p>At the time of repairs, the homeowner must be current on mortgage payment obligations, and or receiving HAF funds to be current on mortgage obligations.</p> <p><b>Qualification for Repairs:</b></p> <ul style="list-style-type: none"> <li>● Housing deficiencies or existing conditions which may be hazardous to occupants/residents,</li> <li>● Property has a code violation or other citation, or is in danger of being cited or condemned, without the necessary repair,</li> <li>● Property is uninhabitable or condemned and the repair is necessary to make the home habitable, OR</li> <li>● Home improvements are necessary to improve accessibility and assist senior residents.</li> </ul>

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## U.S. Department of Treasury Homeowner Assistance Fund (HAF)

### APPLICANT INFORMATION

Name Of Applicant: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Message Number: \_\_\_\_\_ Are you employed? Yes \_\_\_ No \_\_\_ F/T \_\_\_ P/T \_\_\_

Is the applicant a Tribal Member? Yes \_\_\_ No \_\_\_ Which Tribe? \_\_\_\_\_ Enrollment # \_\_\_\_\_

Do you live on an Indian Reservation? Yes \_\_\_ No \_\_\_ Residing Reservation \_\_\_\_\_

Are you obligated to pay the mortgage on your primary residence? Yes \_\_\_ No \_\_\_

When was the last time you paid your mortgage. \_\_\_\_\_

If not, do you have the Deed to your primary residence that you are applying for? Yes \_\_\_ No \_\_\_

Are you applying to convey your home. (Must owe less than \$15,000.00) Yes \_\_\_ No \_\_\_

Can you afford your regular mortgage payment at this time? Yes \_\_\_ No \_\_\_

Have you received a foreclosure notice? Yes \_\_\_ No \_\_\_

Have you talked with your servicer about options to avoid foreclosure? Yes \_\_\_ No \_\_\_

Have you or any member of your household applied for or have received Homeowner Assistance Funds (HAF) through the state, tribe, or any other Source? Yes \_\_\_ No \_\_\_ If yes, attach verification. (Award letter)

Assistance Received From	Months Assistance Was Received

### FAMILY COMPOSITION

Name	Relationship	Date Of Birth	Age	Disabled Yes or No	Are you employed
1.	Applicant				
2.					
3.					
4.					
5.					
6.					
7.					

## HOUSEHOLD INCOME

List all current sources of income for you and each household member 18 and older. You must submit all income documentation, three months of stubs from all jobs, tribal income, EDD, (unemployment statement), or a copy of your Form 1040 as filed with the IRS.

Name	Source of Income (Include Name of Tribe/ Company/Organization)	Monthly Gross Income	Annual Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
<b>TOTAL INCOME</b>			

## IMPACT OF COVID-19

**LOSS OF INCOME** – Have you or someone in your household had a loss of income due to Covid? (Loss of Employment, Temporary Layoff, Furlough, Loss of self-employment/business income (income is reported on IRS form 1040)) **Yes\_\_\_ No\_\_\_**

**REDUCTION OF INCOME** – Have you or someone in your household had a reduction of income due to Covid? (Loss of Employment, Temporary Layoff, Furlough, Reduction in hours/pay) **Yes\_\_\_ No\_\_\_**

**INCREASE OF EXPENSES** – Have you or someone in your household had an increase in expenses due to Covid? (Having to buy sanitizing supplies, disabled and enduring increased costs, incurred significant costs, hospital bills, medication costs, underlying medical condition requiring staying home to prevent exposure, unable to work or experiencing financial hardship due to no childcare/school) **Yes\_\_\_ No\_\_\_**

### Statement of current ability to resume any required regular payments after your account is reinstated

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**NEED FOR ASSISTANCE due to COVID-19**

**Must be due to a loss of income, reduction of income or increase of expenses**

**One payment must be in arrears**

**Do you need assistance with mortgage (reinstatement) payments? Yes \_\_\_ No \_\_\_**

If yes, fill out the information below and attach your full mortgage statement

<b>Mortgage Lender</b>	
Full address of Lender	
Full Account Number	
Past Due Charges	\$
Regular Monthly Payment	\$

**Do you need assistance with insurance (homeowner, flood, mortgage). Yes \_\_\_ No \_\_\_**

If yes, fill out the information below and attach your full Insurance Statement

<b>Insurance Provider</b>	
Full Address of Provider	
Full Policy Number	
Past Due Charges	\$
Regular Monthly Payment	\$

**Do you need assistance with property taxes? Yes \_\_\_ No \_\_\_**

If yes, fill out the information below and attach your full Property statement

<b>Name of Property Tax Provider</b>	
Full Address of Provider	
Full Policy Number	
Past Due Charges	\$
Regular Monthly Payment	\$

**Do you need assistance with utilities (electric, propane, gas, water, trash,) Yes \_\_\_ No \_\_\_**

If yes, attach the full bill for each utility request

<b>Name of Utility Provider</b>	
Full Address of Provider	
Full Account Number	
Past Due Charges	\$

<b>Name of Utility Provider</b>	
Full Address of Provider	
Full Account Number	
Past Due Charges	\$

<b>Name of Utility Provider</b>	
Full Address of Provider	
Full Account Number	
Past Due Charges	\$

<b>Name of Utility Provider</b>	
Full Address of Provider	
Full Account Number	
Past Due Charges	\$

<b>Name of Utility Provider</b>	
Full Address to Provider	
Full Account Number	
Past Due Charges	\$

**Do you need assistance with home repairs? Yes\_\_\_ No\_\_\_**  
 If yes, list repairs needed to prevent displacement or risk of health and safety.

**LIST BY PRIORTY**

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Estimate of repairs \$\_\_\_\_\_

Home repairs that exceed the approved amount set by AMIHA will be the sole responsibility of the homeowner. AMIHA will not be responsible for costs previously incurred by the homeowner.

When submitting for home repairs, please submit at least two to three license contractors that will perform the work on you home. Must be the same scope of work for each contractor.





# SELF-CERTIFICATION

I do hereby certify that my household composition is true and correct, and my household income represents income for every member of my household over the age of 18. I further acknowledge that falsification of information or any material falsehoods or omissions in my application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties.

I give consent/authorization to the All Mission Indian Housing Authority, HAF program and its respective agents, and employees to share, disclose, analyze, and discuss all documentation and information provided within this application and in subsequent communications related to the Federal Homeowner Assistance Funds Program.

\_\_\_\_\_  
**Signature (Applicant)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Household member over 18 years old**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Household member over 18 years old**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Household member over 18 years old**

\_\_\_\_\_  
**Date**

### OFFICE USE ONLY

Date received application: \_\_\_\_\_ Date application approved: \_\_\_\_\_ Date denied \_\_\_\_\_

- Experienced financial hardship after January 21, 2020.
- A household must be the primary residence on a residential dwelling; and
- One or more individuals within the household has or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak; and
- One or more individuals within the household can demonstrate a risk of experiencing housing instability; and
- The household incomes equal to or less than 100% of the area median income or equal to or less than 100% of the median income for the United States, whichever is greater. *or*;
- The household income is at or below *150% of area median income*.

Number of household members \_\_\_\_\_ Eligibility Determination Income \$ \_\_\_\_\_

HAF Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HAF Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Provided to Applicant: \_\_\_\_\_

If denied, reason for denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Homeowners Assistance Fund Verification Release of Information

Each household member 18 years and older must sign (1 person per form)

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize All Mission Indian Housing Authority, Homeowners Assistance Fund Program to request information regarding my financial and personal information to determine eligibility.

The requested information is held in strict confidence and is only used for establishing eligibility.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*THIS DOCUMENT IS VALID ONE YEAR FROM DATE ORIGINALLY SIGNED\*\*\***

-----**FOR OFFICIAL USE ONLY**-----

### ASSISTANCE RECEIVED

Please indicate if the applicant has received any of the following assistance.

**(Circle one)**

Mortgage /Utilities	Amount: _____	Month: _____
Mortgage /Utilities	Amount: _____	Month: _____
Mortgage /Utilities	Amount: _____	Month: _____
Home Repairs	Amount: _____	Month: _____

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### INCOME VERIFICATION

Please indicate if the applicant has received any of the following income, please provide verification.

_____ All taxable and non-taxable income	_____ Per Capita / Revenue Sharing
_____ Welfare/TANF	_____ Child Support
_____ SSI	_____ EDD
_____ General Assistance	_____ Other

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete form and return to  
Susan Subish [ssubish@amiha.org](mailto:ssubish@amiha.org) or Ana Farnsworth [afarnsworth@amiha.org](mailto:afarnsworth@amiha.org)  
You may also mail to the address above.

**Authorization for the Release of Information/  
Privacy Act Notice**  
to the US Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U. S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full Address, name of contact person, and date)

**All Mission Indian Housing Authority  
27368 Via Industria, Ste 113  
Temecula, Ca. 92590**

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U. S. Social Security Administration and the U. S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian Housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Purpose:** In signing this consent form, you are authorizing HUD and the above named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information to Be Obtained**

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U. S. C. 552a. HUD may disclose information (other than tax return information ) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**State Wage Information Collection Agencies.** (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

**U. S. Social Security Administration (HUD only)** (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

**U. S. Internal Revenue Service (HUD only)** (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Consent: I \_\_\_\_\_ consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently

verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

**Signatures:**

_____	_____	_____	_____
Head of Household	Date	Other Family Member 18 and over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member 18 and over	Date
_____	_____	_____	_____
Other Family Member 18 and over	Date	Other Family Member 18 and over	Date

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**Privacy Act Notice. Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U. S. Housing Act of 1937 (42 U. S. C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U. S. C. 2000d) , and by the Fair Housing Act (42 U. S. C. 3601-19). The Housing and Community Development Act of 1987 (42 U. S. C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA including all Social Security Numbers you, and all other household members age six year and older, have and use. Giving the Social Security Numbers of all household members six year of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be

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Original is retained by the requesting organization