

COQUILLE INDIAN HOUSING AUTHORITY  
COVID-19 HOMEOWNER ASSISTANCE FUND POLICY

**SECTION I. PURPOSE**

- A.** This Homeowner Assistance Fund Policy (“Policy”) shall govern the Coquille Indian Housing Authority (“CIHA”) Homeowner Assistance Fund (“HAF Program”) and the expenditure and management of the Homeowner Assistance Funds (“HAF Program Funds”) received from the U.S. Treasury pursuant to Section 3206 of the American Rescue Plan Act of 2021, P.L. No. 117-2 (March 11, 2021).
- B.** The first case of COVID-19 was detected in the United States on January 21, 2021. The Secretary of the U.S. Department of Health and Human Services declared the public health emergency for COVID-19 on January 31, 2020. An emergency declaration was issued on March 13, 2020, pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5191(b).
- C.** The COVID-19 pandemic poses an immediate and imminent threat to the health, safety, and well-being of Indian Tribes. The purpose of the HAF Program is to assist Tribal, Indian, and other households with mitigating financial hardships associated with the COVID-19 pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020, through qualified expenses related to mortgages and housing.
- D.** Notwithstanding any provision set forth in any other CIHA Policy, receipt of assistance from the HAF Program established under this Policy shall not make the Recipient or Recipient family eligible or ineligible for assistance under any of the regular CIHA policies.
- E.** Nothing in this Policy shall be construed to invalidate any otherwise legitimate grounds for eviction.
- F.** Assistance to be provided under the HAF Program is subject to availability of funds. No applicant or household determined to be eligible is entitled to or has a property right to receive funding under the HAF Program. When funding for the HAF Program is fully expended, the HAF Program will terminate. CIHA may terminate this Program at any time.
- G.** This Policy is based, and the HAF Program will be carried out, in reliance upon the April 14, 2021, guidance document from the Department of Treasury (entitled “Homeowner Assistance Fund Guidance”), along with any future modification, clarification, or supplementation which Treasury may provide. This Policy and the administration of the HAF Program will be subject to change if and when additional guidance is provided.

**SECTION II. DEFINITIONS**

**General:** The following definitions shall apply to this HAF Program Policy.

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- A. **“100% of the area median income”** for a household means two times the income limit for very low-income families, for the relevant household size, as published by the Department of Housing and Urban Development (HUD) in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF Program.
- B. **“100% of the median income for the United States”** means the median income of the United States, as published by HUD.
- C. **“150% of the area median income”** for a household means three times the income limit for very low-income families, for the relevant household size, as published by HUD in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF Program.
- D. **“Applicant”** means a homeowner who applies for financial assistance pursuant to this HAF Program Policy.
- E. **“CIHA”** means the Coquille Indian Housing Authority.
- F. **“Conforming loan limit”** means the applicable limitation governing the maximum original principal obligation of a mortgage secured by a single-family residence, a mortgage by a 2-family residence, a mortgage secured by a 3-family residence, or a mortgage secured by a 4-family residence, as determined and adjusted annually under section 302(b)(2) of the Federal Mortgage Association Charter Act (12 U.S.C. § 1717(b)(2) and section 305(a)(2) of the Federal Home Loan Mortgage Corporation Act (12 U.S.C. § 1454(a)(2)).
- G. **“COVID-19”** refers to the viral disease caused by the novel coronavirus known as SARS-CoV-2.
- H. **“Dwelling”** means any building, structure, or portion thereof that is occupied as, or designed or intended for occupancy as, a residence by one or more individuals.
- I. **“Eligibly entity”** means (1) a state, (2), the Department of Hawaiian Home Lands, (3) each Indian tribe (or, if applicable, the tribally designated housing entity of an Indian tribe) that was eligible for a grant under Title I of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. § 4111 *et seq.*) for fiscal year 2020, and (4) any Indian tribe that opted out of receiving a grant allocation under the Native American Housing Block Grants program formula in fiscal year 2020.
- J. **“Eligible Homeowner”** means a homeowner that meets the eligibility requires provided for in this Policy.
- K. **“Financial hardship”** means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner.

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- L. **“Indian Tribe”** means a tribe that is a federally recognized tribe or a “State recognized tribe” as those terms are defined in NAHASDA, 25 U.S.C. 4103(13).
- M. **“Mortgage”** means any credit transaction (1) that is secured by a mortgage, deed of trust, or other consensual security interest on a principal residence of a borrower that is (a) a one- to four-unit Dwelling, or (b) a residential real property that includes a one- to four-unit Dwelling; and (2) the unpaid principal balance of which was, at the time of origination, not more than the conforming loan limit. For purposes of this definition, the conforming loan limit means the applicable limitation governing the maximum original principal obligation of a mortgage secured by a single-family residence, a mortgage secured by a two-family residence, a mortgage secured by a three-family residence, or a mortgage secured by a four-family residence, as determined and adjusted annually under section 302(b)(2) of the Federal National Mortgage Association Charter Act (12 U.S.C. 1717(b)(2)) and section 305(a)(2) of the Federal Home Loan Mortgage Corporation Act (12 U.S.C. 1454(a)(2)).
- N. **“NAHASDA”** means the Native American Housing Assistance and Self-Determination Act passed by the U.S. Congress in 1996.
- O. **“Secretary”** means the Secretary of the U.S. Department of Treasury, except where otherwise indicated.
- P. **“Socially Disadvantaged Individuals”** means those who have been subject to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities. The social disadvantage must stem from circumstances beyond their control. There is a rebuttable presumption that the following individuals are socially disadvantaged: Black Americans, Hispanic Americans, Native Americans, and Asian Americans and Pacific Islanders. In addition, an individual may be determined to be a socially disadvantaged individual in accordance with the procedures set forth in 13 C.F.R. § 124.103(c) or (d).
- Q. **“Treasury”** means the U.S. Department of Treasury.
- R. **“Tribal Member”** means a member of the Coquille Indian Tribe.
- S. **“Tribe”** means the Coquille Indian Tribe.

**SECTION III. HOMEOWNER ASSISTANCE OVERVIEW**

- A. CIHA shall only use the HAF Program Funds to provide financial assistance to Eligible Homeowners to use for qualified expenses for the uses set forth herein and in accordance with the terms of this Policy.
1. **Application.** To participate in the HAF Program, a Homeowner must first submit a complete, written Application to CIHA. This Application must include all information required by CIHA, as described herein.

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2. **Participation.** If an Applicant is approved for participation in the HAF Program, they must then submit information and supporting documentation each month for which they seek continued HAF Program Funds, unless such payments are to be provided for a 3-month period, for which the Applicant must provide such information for the 3-month period.

**B. Qualified Expenses**

1. HAF Program Funds may only be used for the following types of qualified expenses that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship, after January 21, 2020:
  - a. Mortgage payment assistance;
  - b. Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
  - c. Mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
  - d. Facilitating mortgage interest rate reductions;
  - e. Payment assistance for:
    1. Homeowner's utilities, including electric, gas, home energy, and water;
    2. Homeowner's internet service, including broadband internet access service, as defined in 47 CFR 8.1(b) (or any successor regulation);<sup>1</sup>
    3. Homeowner's insurance, flood insurance, and mortgage insurance;
    4. Homeowner's association fees or liens, condominium association fees, or common charges; and
    5. Down payment assistance loans provided by nonprofit or government entities;

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<sup>1</sup> As of the date April 14, 2021, the definition of "broadband internet access service" in 47 CFR 8.1(b) is "a mass market retail service by wire or radio that provides the capability to transmit data to and receive data from all or substantially all internet endpoints, including any capabilities that are incidental to and enable the operation of the communications service, but excluding dial-up internet access service. This term also encompasses any service that the [Federal Communications] Commission finds to be providing a functional equivalent of the service described in the previous sentence or that is used to evade the protections set forth in this part."

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- f. Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;
  - g. Measures 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;
  - h. Counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF Program related to foreclosure prevention or displacement, in an aggregate amount up to 5% of the funding from the HAF Program received by CIHA;
  - i. Reimbursement of funds expended by CIHA, by a state, local government, or entity described in clause (3) or (4) of the definition above of “eligible entity” during the period beginning on January 21, 2020, and ending on the date that the first funds are disbursed by CIHA under the HAF Program, for a qualified expense (other than any qualified expense paid directly or indirectly by another federal funding source, or any qualified expenses described in clauses (f), (g), (h), or (j) of this definition) (form to be provided by Treasury); and
  - j. Planning, community engagement, needs assessment, and administrative expenses related to CIHA’s disbursement of HAF Program Funds for qualified expenses, in an aggregate amount not to exceed 15% of the funding from the HAF Program received by CIHA.
2. **Duplication of Assistance.** An Eligible Homeowner that occupies a Dwelling for which that Homeowner is receiving or has already received other federal assistance may receive HAF Program assistance, provided that HAF Program Funds are not applied to costs that have been or will be reimbursed under any other federal assistance. To the extent feasible, CIHA will ensure that any financial assistance provided to an Eligible Homeowner pursuant to the HAF Program Funds is not duplicative of any other Federally funded rental assistance provided to such Homeowner.
- a. If an Eligible Homeowner receives homeowner assistance other than through the HAF Program, the HAF Program Funds may only be used to pay for costs that are not paid for by the other homeowner assistance. When providing HAF Program Funds, CIHA must review the Eligible Homeowner’s income and sources of assistance to confirm that the HAF Program Funds do not duplicate any other assistance, including federal, state, and local assistance provided for the same costs.

**SECTION IV. ELIGIBILITY**

- A. Eligibility Requirements.** In order to be eligible to apply for the HAF Program, at the time the Applicant applies to the HAF Program, the Applicant must meet the following eligibility requirements:

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1. The Applicant is a homeowner who has experienced a financial hardship after January 21, 2020 and have an income equal to or less than 150% of the area median income.
  2. The Applicant attests to the nature of the financial hardship experienced after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).
- B.** HAF Program Funds received by an Applicant must only be used for qualified expenses set forth in this Policy that are related to the Dwelling that is used as the homeowner's primary residence.
- C. Income Determination.** In determining the Income of a household for purposes of determining such household's eligibility for assistance from the HAF Program Funds, CIHA may use HUD's definition of "annual income" in 24 C.F.R. § 5.609 or use adjusted gross income as defined for purposes of reporting on Internal Revenue Service (IRS) Form 1040 series for individual federal annual income tax purposes.
1. **Documentation of Income Determination:** Applicant must provide sufficient information to CIHA to enable CIHA to have a reasonable basis under the circumstances for purposes of determining if the income eligibility requirements in (A) above are met. Two approaches for income verification are permissible: (1) the household may provide a written attestation as to household income together with supporting documentation such as paystubs, W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer; or (2) the household may provide a written attestation as to household income and CIHA may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area. In implementing the HAF Program, CIHA will avoid establishing documentation requirements that are likely to be barriers to participation for eligible households, including those with irregular incomes such as from a small business.
  2. **Waiver or Exception to Documentation Requirement:** CIHA may provide a waiver or exception to documentation of income requirement as reasonably necessary to accommodate extenuating circumstances, such as disabilities, practical challenges related to the pandemic, or a lack of technological access by homeowners; in these cases, CIHA is still responsible for making the required determination regarding household income and documenting that determination.

**SECTION V. APPLICATIONS FOR HAF PROGRAM**

- A. Participation Applications:** To participate in the HAF Program, an Applicant must first submit a complete, written Application on the forms provided by CIHA, which are attached as Exhibits to this Policy. All information required to be on the forms must be completed, or

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the Application will be returned. Applications for the HAF Program must be submitted to CIHA by mailing or dropping off the Applications to the following address:

Coquille Indian Housing Authority  
Attn. COVID-19 HAF Program  
2678 Mexeye Loop  
Coos Bay, OR 97420

Or submitting such Applications by email to: [covid@coquilleiha.org](mailto:covid@coquilleiha.org)

**The Application must include the following information and supporting documentation:**

1. **Applicant and Household Information.** Homeowners must submit applicant and household information as included in the Application Form. This form is attached as an Exhibit.
2. **Financial Hardship.** Homeowners must attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member). This form is attached as an Exhibit.
3. **Income.** Homeowners must have incomes equal to or less than 150% of the area median income.
4. **Release of Information.** This form is attached as an Exhibit.

**B. Notification of Change of Eligibility.** Applicants are required to notify CIHA in writing immediately whenever any determining factor of eligibility changes. This includes, but is not limited to:

1. No longer experiencing a financial hardship; or
2. Have an income that is equal to or less than 150% of the area median income.

**C. Falsification and Investigation.**

1. If it is discovered that an Applicant has falsified his or her Application, or otherwise abused the HAF Program, or if an Eligible Homeowner fails to notify CIHA of changes to eligibility, the homeowner will be subject to penalties. Penalties will include ineligibility for continued participation in the HAF Program and repayment of the value of any benefit for which they were not eligible to receive. CIHA shall have the right to seek such repayment through garnishment of the Recipient's per capita distribution or wages, if any.

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2. CIHA shall retain the right to conduct a follow-up investigation into any self-attestations submitted or regarding any other documentation, at its own discretion, if it determines that the reliability or accuracy of the information provided is in doubt.

**D. Application Review**

1. The CIHA staff member receiving the Application shall sign and date the Application when it is received at the CIHA offices.
2. **Preferences and Priorities.** Applications will be reviewed and processed as they are received. However, in anticipation of CIHA receiving a substantial number of applications within a short period of time, with a finite amount of funding available, CIHA shall review and process Applications for HAF Program Funds under this Policy according to the following order of preferences, and in accordance with the HAF Plan submitted to, and approved by, the Secretary.
  - a. Not less than 60% of amounts made available to CIHA must be used for qualified expenses that assist Eligible Homeowners having 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, utilizing the following preferences:
    1. First preference will be given to socially disadvantaged Eligible Homeowners that have at least one family member (regardless of whether that member is an adult or head of household) who is a Tribal Member.
    2. Second preference will be given to socially disadvantaged Eligible Homeowners that have at least one family member (regardless of whether that member is an adult or head of household) who is a member of an Indian Tribe.
    3. Third, preference will be given to other Socially Disadvantaged Individuals.
  - b. The remaining 40% of amounts made available to CIHA will be prioritized to socially disadvantaged individuals utilizing the same preferences as set out in subsection (a), above.
3. **Approval of Application.** CIHA will notify Applicants in writing, within fourteen (14) days of CIHA's receipt of the Application, of CIHA's decision of whether the Applicant has been approved to receive HAF Program Funds.
4. **Denial of Application.** If upon initial review, CIHA determines that the Applicant is not eligible or the request is outside of this Policy, or there are no longer any HAF Program Funds available, CIHA will notify the Applicant in writing of this determination, the applicable policies which support the determination, and the process of appeal (if allowed).



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- a. **Process of Appeal.** Any Applicant who is dissatisfied with a decision of CIHA concerning eligibility of assistance, the level of benefit approved, or the type of services available, can appeal that decision under the regular CIHA appeal procedures for denial of services.
- b. **No Appeal.** If the reason for the denial of the Application is that there are no longer any HAF Program Funds remaining, such denial is not subject to appeal.

**SECTION VI. HAF PROGRAM PARTICIPATION**

**A. Submission of Documentation**

1. Once an Applicant is approved for participation in the HAF Program, they must submit information and documentation on the qualified expenses for which they are seeking HAF Program Funds.
  - a. Applicants may initially submit the above information and documentation at the same time that they submit their initial program Application.

**SECTION VII. HAF PROGRAM MANAGEMENT**

**A. HAF Plan.**

1. To receive HAF funds beyond the initial 10% payment described above, CIHA must develop and submit a plan for its use of HAF funding. These HAF plans will describe in detail the needs of homeowners within the relevant jurisdiction, the design of each program the eligible entity proposes to implement using HAF funds, performance goals, and information regarding CIHA's readiness to implement the programs. Treasury encourages CIHA to post draft HAF plans for public comment and hold public hearings. CIHA will receive funds under the HAF only after Treasury approves a HAF plan. It is expected that Treasury will provide a template for the HAF plan, which is expected to include the elements described in Treasury's HAF Guidance, dated April 14, 2021 (Homeowner Needs and Engagement; Program Design; Performance Goals; Readiness; Budget). Notwithstanding anything else in this paragraph, CIHA will begin implementing the HAF Program upon adoption of this Policy, utilizing the initial 10% payment of HAF funds.
2. By June 30, 2021, CIHA must submit to Treasury a completed HAF plan or a date by which a HAF plan will be submitted.

**B. Maintenance of and Access to Records.**

1. CIHA must create and maintain a set of files for this HAF Program separate from all other CIHA programs. Any Eligible Homeowner who also participates in another CIHA program must have a separate file maintained specifically for the HAF Program.

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2. CIHA may copy relevant documents from an Eligible Homeowner's existing file under a separate CIHA program so that the Eligible Homeowner does not need submit the same documentation twice, provided that the copied documentation for the HAF Program is kept separately with all other HAF Program files.
3. CIHA shall maintain records and financial documents sufficient to evidence compliance with Section 3206 of the American Rescue Plan Act of 2021 and applicable Guidance regarding the eligible uses of funds.
4. The U.S. Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, shall have the right of access to records (electronic and otherwise) of CIHA in order to conduct audits or other investigations.
5. CIHA shall maintain records for a period of five (5) years after all funds have been expended or returned to the Treasury.

**C. Reporting Requirements**

1. CIHA agrees to comply with any reporting obligations established by Treasury related to the HAF Program. CIHA acknowledges that any such information required to be reported may be publicly disclosed.
2. CIHA will submit quarterly reports to Treasury that include financial data, targeting data, and other information, incompliance with upcoming Treasury Guidance. CIHA will be subject to the reporting requirements under 2 C.F.R. Part 200, other than such provisions as Treasury may determine are inapplicable to CIHA. CIHA will also submit an annual program report to Treasury regarding the impact of the HAF Program.

**D. Compliance with Applicable Laws and Regulations.** In carrying out the activities funded by the HAF Program Funds, CIHA will comply with the following laws and regulations.

1. Section 3206 of the American Rescue Plan Act of 2021 relating to the HAF Program and any guidance on the HAF Program issued by Treasury.
2. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200, other than such provisions as the Secretary may determine are inapplicable to the HAF Program Funds and subject to such exceptions as may be otherwise provided by the Secretary. Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, shall apply to the HAF Program Funds.
3. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25 and pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is hereby incorporated by reference.

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4. Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 170 is hereby incorporated by reference.
  5. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180 (including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and the Treasury's implementing regulation at 31 C.F.R. Part 19.
  6. Recipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 C.F.R. Part 200, Appendix XII to Part 200 is hereby incorporated by reference.
  7. Government-wide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20.
  8. New Restrictions on Lobbying, 31 C.F.R. Part 21.
  9. Title VI of the Civil Rights Act of 1964 and the Fair Housing Act, which prohibit discrimination on the basis of race, color, national origin, sex, familial status, or disability, with the understanding, codified in regulation at 24 CFR 1000.12(d), that Tribes and TDHEs carrying out housing activities satisfy these requirements by their compliance with the Indian Civil Rights Act, 25 U.S.C. §§ 1301-1304 (ICRA), and with the further understanding that, as codified in 25 U.S.C. §§ 4114(b) and 4131(b), Tribes and TDHEs are permitted to use Indian and Tribal-specific preference in providing housing services, as well as in contracting and hiring.
  10. The non-discrimination requirements as applied under Section 504 of the Rehabilitation Act of 1973 and the Department of Housing and Urban Development implementing regulations at 24 CFR Part 8.
  11. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.) and the Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance.
- E. Conflict of Interest.** CIHA agrees that it will maintain in effect a conflict of interest policy consistent with 2 C.F.R. § 200.318(c) covering each activity funded under this award. CIHA shall disclose in writing to Treasury any potential conflict of interest affecting the awarded funds in accordance with 2 C.F.R. § 200.112.
- F. False Statements.** CIHA understands that false statements or claims made in connection with the HAF Program award is a violation of federal criminal law and may result in fines, imprisonment, debarment from participating in federal awards or contracts, and/or any other remedy available by law.

**SECTION VIII. USE AND MANAGEMENT OF FUNDS**

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- A. Use of Funds.** CIHA understands and agrees that the HAF Program Funds may only be used for the purposes set forth in Section 3206 of the American Rescue Plan Act of 2021 and the Guidance for the Homeowner Assistance Fund issued by Treasury on April 14, 2021, as amended from time to time, and any other guidance issued by Treasury regarding the HAF.
- B. Initial Payments.** Treasury will make initial payments from the HAF Program available to eligible entities that are approved to participate in the HAF Program, in an amount equal to 10% of the total amount allocated to the eligible entity. In order to receive this initial payment, CIHA must (1) enter into the financial assistance agreement with Treasury described above, and (2) commit to use the funds only for qualified expenses other than clause B(1)(i) of the “Qualified Expenses” section above. Treasury will make payments to CIHA, or an agency of the eligible entity identified on the eligible entity’s notice of funds request. No more than 50% of the initial payment may be used for planning, community engagement, needs assessment, and administrative expenses described in clause B(1)(j) of the “Qualified Expenses” section above. An eligible entity that elects not to receive this initial payment may receive its allocated funds after Treasury approves its HAF plan. Treasury encourages HAF participants to use these initial payments to create or fund pilot programs to serve targeted populations, and to focus on programs that are most likely to deliver resources most quickly to targeted populations, such as mortgage reinstatement programs.
- C. Financial Management of HAF Program Funds**
1. The HAF Program Funds received by CIHA must be held and maintained in a bank account depository separate from all other CIHA funds.
  2. The depository in which the HAF Program Funds are deposited must be a financial institution that is approved by Treasury and that is sufficiently insured by the Federal Deposit Insurance Corporation (“FDIC”) or National Credit Union Share Insurance Fund (“NCUSIF”).
  3. The HAF Program Funds should be accounted for separately from other CIHA funds.
  4. **Collateralization of HAF Program Funds.** All deposits of HAF Program Funds that are in excess of the FDIC insured amount must be continuously and fully secured. This may be accomplished by the pledging or setting aside of collateral of identifiable U.S. Government securities. Such securities shall be owned by the depository, and the manner of collateralization shall provide CIHA with a continuing perfected security interest for the full term of the deposit in the collateral in accordance with applicable laws and Federal regulations. Such collateral shall, at all times, have a market value at least equal to the amount of the deposits so secured.

**D. Counseling or Educational Costs**

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1. CIHA may not use more than 5% of the total amount of HAF Program Funds for counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF Program related to foreclosure prevention or displacement.

**E. Administrative Costs**

1. CIHA may not use more than 15% of the total amount of HAF Program Funds for planning, community engagement, needs assessment, and administrative expenses related to CIHA's disbursement of the HAF Program Funds for qualified expenses, in an aggregate amount.

**F. Expenditure of HAF Program Funds**

1. Pursuant to Section 3206(c)(2), at least 60 percent of the total amount of HAF Program Funds received by CIHA shall be used for qualified expenses that assist homeowners having incomes equal to or less than 100% of the area median income for their household size or equal to or less than 100% of the median income for the United States, as determined by the Secretary of Housing and Urban Development, whichever is greater.
2. Any amount not made available to homeowners that meet this income-targeting requirement must be prioritized for assistance to socially disadvantaged individuals, with funds remaining after such prioritization being made available to other Eligible Homeowners.

**G. Cost Sharing.** Cost sharing or matching funds are not required to be provided by CIHA.

**H. Sanctions.** In the event of CIHA's noncompliance with applicable law or HAF Program requirements or guidance, Treasury may impose additional conditions on the receipt of additional HAF Program Funds by CIHA, terminate further payments from the HAF Program, seek the repayment of previous HAF payments, or take other available remedies.

**I. Debts Owed the Federal Government.**

1. Any funds paid to CIHA (1) in excess of the amount to which CIHA is finally determined to be authorized to retain under the terms of this award; (2) that are determined by the Treasury Office of Inspector General to have been misused constitute a debt to the federal government.
2. Any debts determined to be owed the federal government must be paid promptly by CIHA. A debt is delinquent if it has not been paid by the date specified in the Treasury's initial written demand for payment, unless other satisfactory arrangements have been made. Interest, penalties, and administrative charges shall be charged on delinquent debts in accordance with 31 U.S.C. § 3717 and 31 C.F.R. § 901.9. The Treasury will

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refer any debt that is more than 180 days delinquent to the Treasury's Bureau of the Fiscal Service for debt collection services.

3. Penalties on any debts shall accrue at a rate of not more than 6 percent per year or such other higher rate as authorized by law. Administrative charges, that is, the costs of processing and handling a delinquent debt, shall be determined by the Treasury.
4. Funds for payment of a debt must not come from other federally sponsored programs.

**J. Reallocation of Funds.** Funds allocated by Treasury to CIHA that are not subsequently requested by and disbursed to CIHA may be reallocated by Treasury to other eligible entities, in accordance with the HAF statute.

**K. Period of Performance.** The period of performance for the award of HAF funds begins on the date CIHA's Financial Assistance Agreement was executed and ends on September 30, 2026. CIHA shall not incur any obligations to be paid with the funding from this award after such period of performance ends.

**L. Additional Federal Requirements.**

1. Protections for Whistleblowers.
  - a. In accordance with 41 U.S.C. § 4712, may not discharge, demote, or otherwise discriminate against an employee as a reprisal for disclosing information to any of the list of persons or entities provided below that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant.
  - b. The list of persons and entities referenced in the paragraph above includes the following:
    - i. A member of Congress or a representative of a committee of Congress;
    - ii. An Inspector General;
    - iii. The Government Accountability Office;
    - iv. A Treasury employee responsible for contract or grant oversight or management;
    - v. An authorized official of the Department of Justice or other law enforcement agency;
    - vi. A court or grand jury; and/or

COQUILLE INDIAN HOUSING AUTHORITY  
COVID-19 HOMEOWNER ASSISTANCE FUND POLICY

- vii. A management official or other employee of Recipient, contractor, or subcontractor who has the responsibility to investigate, discover, or address misconduct.
  - c. CIHA shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.
2. Reducing Text Messaging While Driving. Pursuant to Executive Order 13513, 74 FR 51225 (Oct. 1, 2009), CIHA should encourage its employees, subrecipients, and contractors to adopt and enforce policies that ban text messaging while driving, and CIHA should establish workplace safety policies to decrease accidents caused by distracted drivers.
  3. Increasing Seat Belt Use in the United States. Pursuant to Executive Order 13043, 62 FR 19217 (Apr. 8, 1997), CIHA should, and should encourage its contractors to, adopt and enforce on-the-job seat belt policies and programs for their employees when operating company-owned, rented, or personally owned vehicles.

**COQUILLE INDIAN HOUSING AUTHORITY  
 COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM  
 APPLICATION**

<b>*FOR OFFICIAL USE*</b>
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**General Information**

1. Are you or a member of your household a member of an Indian tribe?  Yes  No
  - a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Are you a homeowner of a dwelling currently used as your primary residence?  Yes  No
  - a. If yes, attach proof of a home mortgage or other proof of homeownership.

**Household Member Information:**

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual Income	Income Source

**Household Income Verification**

Below, provide information on the total annual income of your household for calendar year 2020.

1. **Annual income** of household: \$ \_\_\_\_\_
  - a. Applicant must attach and submit: (1) a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer, or (2) a written attestation as to household income that the Coquille Indian Housing Authority may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.



**Financial Hardship**

1. Have you experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? (check all that apply)

- A reduction in household income
- Increase in living expenses
- Loss of Employment/Temporary Layoff/or Furlough
- Increased costs due to healthcare or need to care for a family member
- Other financial hardship; list: \_\_\_\_\_

a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income).

**Additional Requirements**

1. Applicants must sign a release of information form allowing the Coquille Indian Housing Authority to verify any and all information required to participate in the Homeowner Assistance Fund Program.

**Applicant Acknowledgements and Attestation**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes no longer experiencing a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or homeowner displacement.

By my signature below, *I hereby certify and attest* that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify the Coquille Indian Housing Authority of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution the Coquille Indian Housing Authority determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Application Received by the Coquille Indian Housing Authority:

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

<b>OFFICIAL USE ONLY</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: _____
Denial Communicated: _____	Staff Signature: _____

## **Homeowner Assistance Fund Program Application Checklist**

Please review your application to make sure that contains the following information:

### **For all Applicants:**

- Documentation showing homeownership
- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (*if applicable*)
- Annual Household Income Verification
  - A written attestation as to household income with supporting documentation (paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer), or
  - A written attestation as to household income and the Coquille Indian Housing Authority may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

### **Submit the following documentation if applicable:**

- Documents showing a reduction in household income
- Documents showing an increase in living expenses
- Bills /receipts showing significant costs (hospital bills, medication costs, etc.)
- Copy of utility bill(s)
- Other documents showing financial hardship

COQUILLE INDIAN HOUSING AUTHORITY  
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM  
FINANCIAL ASSISTANCE FORM

*Applicants must submit this form and supporting documentation to apply for financial assistance under the Homeowner Assistance Fund Program.*

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_ SSN: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1. Are you a homeowner of a dwelling currently used as your primary residence?  Yes  No
  - a. If yes, attach and submit your documentation showing your homeownership.
2. What is the total amount of your monthly mortgage payment? \$ \_\_\_\_\_

**Financial Assistance for Qualified Expenses**

The Homeowner Assistance Fund Program provides financial assistance to eligible homeowners for the following types of **qualified expenses** that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship:

- (1) mortgage payment assistance;
- (2) financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
- (3) mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
- (4) facilitating mortgage interest rate reductions;
- (5) payment assistance for:
  - (a) homeowner’s utilities, including electric, gas, home energy, and water;
  - (b) homeowner’s internet service, including broadband internet access service, as defined

- in 47 CFR 8.1(b) (or any successor regulation);
- (c) homeowner's insurance, flood insurance, and mortgage insurance;
- (d) homeowner's association fees or liens, condominium association fees, or common charges; and
- (e) down payment assistance loans provided by nonprofit or government entities;

(6) payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;

(7) measures 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;

(8) counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF Program related to foreclosure prevention or displacement;

**A. Mortgage Payment Arrears and Utility Costs Arrears<sup>1</sup>**

**Do you have mortgage payment arrears or utility costs (electric, gas, home energy, water, internet service) arrears?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each arrears payment (mortgage payment, documents showing mortgage or utility costs arrears and interest accrued, etc.)*

**Mortgage Payment Arrears:**

Total amount in \$ \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Utility Costs Arrears:** Total amount in Arrears \$ \_\_\_\_\_

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

<sup>1</sup> **Arrears Payments:** If any Applicant has mortgage payment arrears or utility cost arrears, the Coquille Indian Housing Authority will first pay those arrears payments before providing payments for any current or future mortgage payment or utility costs payments.

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Current Mortgage Payment and Current Utility Costs**

**Do you expect to be unable to pay your current mortgage payment or current utility costs (electric, gas, home energy, water, internet service) payment?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for current mortgage payment or current utility costs payment, if available (documents showing mortgage payment or utility costs due, etc.)*

- Current Mortgage Payment due** (*mortgage payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

- Current Utility Costs Payments due** (*utility costs that are currently due and owing but not yet in arrears*):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### C. Prospective Mortgage Payments and Prospective Utility Costs

**Do you expect to be unable to pay your prospective mortgage payment or prospective utility costs (electric, gas, home energy, water, internet service) payments?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each prospective payment if available (documents showing mortgage payment or utility costs due, etc.)*

**Prospective Mortgage Payments due** (*mortgage payments expected to be owed*):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Prospective Utility Costs Payments due** (*utility costs payments expected to be owed*):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**D. Other Qualified Homeowner Expenses**

**Do you expect to be unable to pay any other Qualified Housing Expenses?** *(See section on Homeowner Assistance Qualified Expenses on pages 1 and 2 of this form)*

*If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)*

\_\_\_\_\_ **Payment due:**

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ **Payment due:**

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ **Payment due:**

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant Acknowledgements**

**TO THE APPLICANT:** By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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

By my signature below, *I hereby certify and attest* that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify the Coquille Indian Housing Authority of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if the Coquille Indian Housing Authority determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Form Received by the Coquille Indian Housing Authority:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

Approved:  Yes  No Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_ Staff Signature: \_\_\_\_\_



**Homeowner Assistance Fund Program  
Form Checklist**

Please review your application to make sure that contains the following information:

**For all Applicants:**

- Documentation showing homeownership

**Submit the following documentation if applicable and available:**

- Documents showing mortgage payment arrears and interest/penalties accrued
- Documents showing utility costs arrears and interest/penalties accrued
- Documents showing other qualified expenses
- Utility bills showing current utility costs due

COQUILLE INDIAN HOUSING AUTHORITY  
COVID-19 HOMEOWNER ASSISTANCE FUND PROGRAM

APPLICANT ATTESTATION OF FINANCIAL HARDSHIP

*In order for financial assistance to be provided under the Homeowner Assistance Fund Program, this Attestation of Financial Hardship must be completed and signed/dated by the homeowner.*

I, \_\_\_\_\_, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used a primary residence and I have experienced a financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [*describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member*]

I agree to notify the Coquille Indian Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



# Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

## APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

I am applying for certain housing assistance services from the Coquille Indian Housing Authority. As part of my application for services, I am required to provide background information for determination of my eligibility.

**Consent:** I authorize and direct any federal, state, tribal, local, or private agency, organization, or individual to release to the Coquille Indian Housing Authority (CIHA) any information or materials needed to complete and verify my application for program participation and to maintain my continued assistance under any and all CIHA programs no matter the funding source. I understand and agree that my signature below authorizes CIHA, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of the Treasury, the Coquille Indian Tribe, and any other federal, state, tribal, local, or private funding agency, organization, or individual granting or loaning funds to CIHA to use any information received under this release to administer and enforce their respective program rules and policies. I hereby authorize the release of any and all records or other information regarding me and my household, in whatever format, that a person or entity has in their or its possession to the Coquille Indian Housing Authority.

**Information covered:** I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be addressed include but are not limited to: identity and marital status; household composition; medical and childcare expenses; employment, income, and assets; credit and criminal activity; residence and rental activity; utility costs; disability assistance expense; Social Security programs, etc. I understand that this authorization cannot be used to obtain information that is not pertinent to my eligibility for and continued participation in CIHA programs.

**Groups or Individuals that may be contacted:** Groups or individuals that I authorize to release the above information include but are not limited to: current and previous landlords; other housing agencies; courts and post offices; schools and colleges; law enforcement agencies; support and alimony providers; past and present employers; utility companies; private employment agencies; child care providers; the U.S. Department of Veterans Affairs and Social Security Administration; any federal, state, tribal, or local human services, health, or employment department; retirement systems; credit providers and credit bureaus; banks and financial institutions, under Section 502(e)(2) of the Graham-Leach-Bliley Act (P.L. 106-102).

**Computer matching consent:** I understand and agree that CIHA may conduct computer matching programs to verify the information supplied for my application or recertification, including information received under this authorization or any other authorization I sign. If a computer match is done, I understand that I have the right to notification of any adverse information found and the opportunity to disprove that information. CIHA may, in the course of its duties, exchange such automated information with other federal, state, tribal, and local agencies.

**Conditions:** I agree that a photocopy of this authorization may be used for the purposes stated above. By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the Coquille Indian Housing Authority. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date Signed