

**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.

Checklist for items needed to process your application:

- Household Income Documentation *see Income Information Section and HAF Document List
- Copies of statements for which you seek assistance* see HAF Document List

Applicant Information		
Name		
Last:	First:	Middle:
Address:		
Current Street Address:		
City:	State:	Zip:
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:		

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)
Date and Time application received:
Received by:
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
If not eligible, state reason:
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)

**Homeowner Assistance Fund
Authorization to Disclose Personal Information**

Applicant: _____

Co-Applicant: _____

Property Address: _____

I/We authorize Four Directions Development Corporation (FDDC) to provide the following personal information regarding my/our request for assistance from the Homeowner Assistance Fund to the Authorized Party below. FDDC collects personal information from the following sources:

- Applications or other forms that you fill out
- Transactions with us or our affiliates
- Documents provided to FDDC including but not limited to social security cards, bank statements, utility bills, pay stubs, tax returns, statements of delinquent debts, etc.
- Written or recorded correspondence such as voicemails, emails, letters.

I/We further authorize FDDC to discuss and disclose all information regarding my/our request with the Authorized Party.

This authorization is valid until revoked by the undersigned.

Name of Authorized Party: Penobscot Nation, specifically tribal administration staff employed by the Tribe for which you are enrolled as it pertains to their role in reviewing your request to the tribal Homeowner Assistance Fund program.

Applicant

Date

Co-Applicant

Date

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

- The most recently filed federal income tax returns for all adult members of your household who file
- W2, OR most recent 60 days of paychecks or paystubs, and/or IRS 1099 form for all adult members of the household who are currently employed
- Last 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 most recent bank statements showing receipt of such payment.
- If you are self-employed: a current profit and loss statement, most recent 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.

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
- 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.

- 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.

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