Quartz Valley Indian Reservation Homeowner Assistance Fund (HAF)

The purpose of the Homeowner Assistance Fund (HAF) is to prevent mortgage delinquencies and defaults, foreclosures, loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship after January 21, 2022. Funds from the HAF may be used for assistance with mortgage payments, homeowner's insurance, utility payments, and other specified purposes. The lay prioritizes funds for homeowners who have experience the greatest hardships, leveraging local and national income indicators to maximize the impact.

The HAF program provides help for homeowners who have experienced financial hardship due to COVID-19 after January 21, 2020.

Program Information

Homeowners can use HAF funds for the purpose of preventing the following:

- Homeowner mortgage delinquencies,
- Homeowner mortgage defaults,
- Homeowner mortgage foreclosures,
- Homeowner loss of utilities or home energy services,
- And displacements of homeowners experiencing financial hardship.



Eligibility Criteria

Homeowners must meet the following criteria to be determined eligible.

Have an income equal to or less	ве app
than 150% of the area median	
income or 100% of the median	
income for the Unites States,	
whichever is greater	

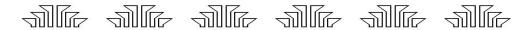
Be applying for your Primary Residence

Experienced a financial hardship after January 21, 2020.

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

Application Processing

- Step 1 Applications are reviewed for eligibility and compliance
- Step 2 Applicants are notified via email of approval or denial
- Step 3 Payment information is sent to the Service Provider
- Step 4 Service provider confirms payment acceptance and amount
- Step 5 Payments are made directly to the service providers



Need Assistance?

For program information, application status, or application assistance Call QVIR Tribal Services HAF program (530)468-5907 ext. 304/314 or email frieda.bennett@qvir-nsn.gov

Pre-Screening Questionnaire

Question 1	Are you enrolled member of Quartz Valley Indian Reservation? Yes No
Question 2	Are you seeking assistance for Mortgage and/or Utility for your primary residence? Yes No
Question 3	Have you experienced job loss, a reduction in income, or increased costs due to care for a family member since January 21, 2020, as a result of COVID-19 public Health emergency. Yes No
Question 4	Household Dynamics State: County: Household members:
Question 5	Do you need assistance with reinstating a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default? Yes No
Question 6	What is the mortgage company that you use
Question 7	Do you need assistance paying utilities Yes No
Question 8	Do you need help paying Property Tax that is not included in your mortgage payments? Yes No
Question 9	Do you need help paying homeowner's insurance, flood insurance or mortgage insurance that is not included in your mortgage payments? Yes No
Question 10	Do you have a home repair needing attention to avoid homeowner displacement or affecting the habitability of home? Yes No

If you are an enrolled QVIR member and answered 'Yes' to two or more questions, it appears you may be eligible for Homeowner Assistance Funding.



Apply Now

Quartz Valley Indian Reservation HOMEOWNERS ASSISTANCE FUND

Application

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200000 2000	Personal Information	0000 00	0000	
Name:		Date of appl	ication:	
DOB:	SSN:	Tribal Enrolli	ment #:	
Telephone #:		Alternate Te	lephone #:	
Mailing Address:				
Physical Address:				
County:		Email Addres	ss:	
I or someone in my household has experienced a negative impact because of COVID-19 (ex. Impacts in education, Behavioral or social support; unemployment or reduced hours; has a low or moderate income; food or housing insecurities; and or my household is experiencing other negative economic impact due to the Pandemic)				No
My request is proportional to the negation household	ative impacts the Pandemic has had on	my		
nousenoia			Yes	No
2020				
	Household Composition and Income			
Name of Household Member	DOB & Last 4-digits of SSN	Annua	al/Monthly I Employer	ncome
1. Self			Lilipioyei	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total in Household:	Total Adults in Household:	Total Annua	al Income fo	r household:

I understand Income verification	Income Verification attached:
must be submitted:	Pay Stubs
Yes No	W2s
	IRS form 1099s
	Tax filings
	Bank Statement demonstrating regular income
	Attestation from an employer
	Zero Income Certification
	Request

COVID-19 statement

I understand the following types of qualified expenses are for the purpose of preventing homeowner mortgage defaults, foreclosure, homeowner loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship.

> Yes No

I am requesting – Please check all that apply:		
Mortgage payment assistance – I must include:	Homeowner's utilities – I must include:	Homeowner's internet service – I must include:
Mortgage Holder (Tax Identification Number required) W9	Utility Form Utility Bill(s) W9 for each bill	Internet Bill to prevent Disconnection or to pay arrears Internet Quote to provide Connection
Homeowner's insurance – I must include: Insurance Bill	Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures – I must include:	Measures to prevent homeowner displacement, such as home repairs to maintain habitability of a home – I must include:
Lender Form	Property Tax Invoice/Bill	3 Repair Quotes by licensed Contractors
W9	Lender Form W9	W9
Required Supporting D	ocumentation for all request – check a	Il to show understanding
Tribal Enrollment Verification	Proof of Homeownership	State Driver's License or ID
Social Security Cards for all household members	Proof of Primary Residence	Income Verification for 60 days
Signed Attestation declaring Need	Proof of delinquencies, default, foreclosure, arrears, disconnection, repair	Bill/Invoice/Quotes

Attestation:

The undersigned is submitting this application as the head of household and on behalf of the eligible household identified herein. To the best of my knowledge and belief the information contained in this application is true and correct and does not knowingly omit any information that would make the information contained this application misleading or untrue. I understand that the Authority is relying on the information contained in this application. If any such information is untrue or misleading, the Authority can rescind the approval of the Homeowner Assistance and recover from me and any other adult members of the household any funds provided in reliance upon this application.

Print Name:	
Tribal Enrollment #:	
Date:	
Signature:	

Note: QVIR anticipates each application taking between 4-6 weeks for full processing.

Office use Only	
State and County of Residence:	
Number in Household:	
100% Area Median Income for County:	
150% Area Median Income for County:	
100% Median Income for U.S.:	