NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL
GOVERNMENT

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. No exceptions. ARPA will refuse applications that are not complete.

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

Are you a homeowner of a dwelling currently used as your primary residence? ☐ Yes ☐ No

1. If yes, attach and submit your documentation showing your homeownership.

Please provide your yearly income $_____

Homeowner Assistance Fund Program
Checklist

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

For all Applicants:

- ☐ Documentation showing homeownership. (Deed or Tittle)
- ☐ Copy of IDs
- ☐ Copy of two of your household's most recent paystubs and 1099-Dividen form or previous year 1040 form
- ☐ Any document that proves hardship, delinquent bills, unexpected medical bills, etc.

Submit the following documentation if applicable for the assistance being requested:

- ☐ Documents showing mortgage payment arrears and interest/penalties accrued
- ☐ Documents showing utility costs arrears and interest/penalties accrued
- ☐ Documents showing other qualified expenses. (Taxes, insurance, fees related to the mortgage loan.)
- ☐ Invoice showing payment for repairs or quote from a licensed contractor or business and W-9 from member or contractor must be presented.

Applications without the proper documentation will be rejected and not processed. Please do not turn in the application until all documents are attached. It is the responsibility of the applicant to provide all documentation. Native Village of Barrow has the right to refuse and deny any application. Check off items on check list to ensure your application is complete.

HOMEOWNER ASSISTANCE FUND PROGRAM
Income Limits

Applicants must meet the below income limits to qualify. Income limit is per household, and all income including dividends and other income needs to be presented and accounted for. Income must be below the number shown on the below table to qualify. This program is set for lower income households.

# OF INDIVIDUALS IN HOUSEHOLD	INCOME MEDIAN ALLOW
1-PERSON	$121,400
2-PERSON	$138,750
3-PERSON	$156,100
4-PERSON	$173,400
5-PERSON	$187,300
6-PERSON	$201,150
7-PERSON	$215,050
8-PERSON	$228,900

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's displacement such as: mortgage delinquencies leaning to foreclosure, homeowner mortgage defaults, homeowner mortgage foreclosures, where home can be rescued, homeowner loss of utilities or home energy services, and displacements of homeowners due to health and life safety repairs experiencing financial hardship.

POLICY:

1. **HAF Program - Utility support (if this causes displacement of homeowner from their home), mortgage support to avoid foreclosure, rehabilitation support, property tax support, and property insurance to assure displacement or loss of property.**
   a. Eligibility and preferences
      i. HAF – Homeowner's Assistance Fund policy – 150% of state medium income, must be the homeowner and a member of Native Village of Barrow.
   b. Application process – fill out HAF application, provide proof of income for eligibility (two of the most recent paystubs),1099 form from Dividends of the corporations, or 1040 form, past due bills *must* provide, a copy of your identification, a copy of the deed or title proving homeownership.
   c. The homeowner must attest within the application that no other monetary assistance has been awarded for the aid they are requesting from any other grant.
   d. The member (homeowner) must be the occupant of the property; property must be the member's primary residence.
   e. Member must be delinquent on their payments for bills, mortgage, insurance, and property taxes in a status of disconnect or foreclosure. Repairs may be only due to vital systems, structural integrity, health, and hazard abatement, and for accessible modifications related to health and life safety.
   f. Process may be subjected to additional requirements to ensure maintenance of housing guidelines and policies are being met; and documentation meets the requirements of the HAF grant.
   g. Typical award, and individual award limits - up to the amount needed to bring the homeowner current and in good standing under the requested assistance.
   h. Program amount - allocated amount for the program $743,529.00
   i. **Limited Funding**: The program has a set amount of funding available.
   j. First Come, First Serve: Applications will be processed in the order they are received.
   k. Program Closure: Once funding runs out, no further applications will be accepted, and the program will cease until further funding is obtained.
   l. Application Approval: Applying does not guarantee approval; if funding is exhausted, applications will be denied.
   m. Policy may be subjected to change in accordance with this grant's federal policies.

A. 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, including firewood and home heating oil, water, wastewater, internet service) payment?

(check all that apply)

If you checked 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 owed but are 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: _____

B. 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 checked 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.)

☐ Insurance **Payment** due:

Amount Due: $_____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____State: _____ Zip: _____

Email: _____

☐ Tax **Payment** due:

Amount Due: $_____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

☐ Other (please describe) **Payment** due:

Amount Due: $_____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____

City: _____. State: _____ Zip: _____

Email: _____

Financial Hardship Declaration

Have you experienced financial hardships associated with the COVID-19 pandemic that has created or increased the risk of:

☐ Homelessness ☐ Family Violence ☐ Drug or Alcohol Treatment ☐ Lack of resources to support medical travel ☐ Death in family ☐ other.

Briefly describe your situation below: ***Do not release sensitive medical details.***

_____

_____

_____

_____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you have read and understood the policy. 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 is below:

_____

_____

_____

By signing my signature below, ***I hereby certify and attest*** that all 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 **Native Village of Barrow Inupiat Traditional Government** 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 **Native Village of Barrow Inupiat Traditional Government** determines it is appropriate to do so.

Applicant Printed Name **Date**

_____ _____

Applicant Signature

_____

NATIVE VILLAGE OF BARROW OFFICIAL

_____ _____

Receiving Staff Signature **Date**

_____

Receiving Staff Printed Name

Approved: Yes ☐ No ☐ **Denial Communicated**: Yes ☐ No ☐

Reason:

_____

_____

Staff name who communicated the denial: _____

Date of communication: _____

_____

ARPA Manager

_____

ARPA Compliance Manager

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they