



DOWN PAYMENT ASSISTANCE

- PRE-APPROVAL LETTER FROM LENDER
- INCOME VERIFICATION ALL ADULT HOUSEHOLD MEMBERS
- TRIBAL CERTIFICATION (ENROLLED PIT RIVER TRIBAL MEMBER)
- CURRENT TAX RETURN (1040 Long form) (ALL ADULT HOUSEHOLD MEMBERS)
- HOMEBUYER EDUCATION COURSE and CERTIFICATION

Freddie Mac - www.freddiemac.com/creditsmart/tutorial.html

United Guaranty - www.ugcorp/homebuyers/homebuyers-educational-certification-program.html

Essent - www.essent.us/training/education-homebuyers

Thank you for your interest in our Down Payment Assistance Program. Eligible applicants could receive up to \$20,000 to be applied towards down payment and closing cost. Home must be owner occupied and located within the 100 mile square Ancestral Boundaries of the Pit River Tribe. Please complete all pages of the attached application, including the Authorization for the Release of Information, all adults age 18+ are required to sign and date this form. Please be advised, this Down Payment Assistance Grant is available for use only **once** in a lifetime. Homebuyers are required to participate in a Homebuyer Education Course designed to assist the homebuyer in understanding and fulfilling the responsibility of homeownership.

PLEASE RETURN TO:
PIT RIVER TRIBAL HOUSING

20300 Fir Street ~ Burney, California 96013

Phone: 530-335-4809

Fax: 530-335-4849

Toll free: 877-335-4802

Eligibility

Must be an enrolled Pit River Tribal Member

Household income must be within the 80/100 percent of median income defined under NAHASDA income limits

Have a Pre Qualification letter from Lender

Must be a first time homebuyer

No outstanding balances owed to Pit River Tribal Housing or Pit River Tribe

Program Guidance Income Limits Under NAHASDA

The applicant must qualify as a family whose income is within the 80/100 percent the median income consistent with Income Limits under the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA). Income limits are adjusted for family size and updated on an annual basis.

2023 Median Family Income \$96,200

% Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$53,850	\$61,550	\$69,250	\$ 77,000	\$ 83,100	\$ 89,250	\$ 95,450	\$101,600
100%	\$67,350	\$77,000	\$86,600	\$ 96,200	\$103,900	\$111,600	\$119,300	\$127,000



NAHASDA USEFUL LIFE

NAHASDA statute requires Pit River Tribal Housing Board to establish an “affordably period” for each housing unit that receives HUD funds. This period is known as useful life. You may be required to repay a portion of the funds if you sell your home prior to the end of the useful life.

What is “useful life” and how is it related to affordability?

NAHASDA §205,CFR § 1000.141

Useful life is the time period during which an assisted property must remain affordable, as defined in section 205(a) of NAHASDA

The Tribe’s useful life policy is as follows;

IHBG Funds Invested	Useful Life
Under \$15,000	2 Years
\$15,000—\$40,000	10 Years
Over \$40,000	15 Years
New Construction	20 Years

Pit River Tribal Housing

P.O. Box 2350 20300 Fir Street Burney, California 96013

Telephone (530) 335-4809 Fax (530) 335-4849

Down Payment Assistance—Application

IMPORTANT: Make sure your lender (Bank, Broker, etc.) accepts the terms of our Useful Life Agreement before you go through the loan process. Some lenders don't accept the Useful Life which is required for this grant.

You must verify and date here that you understand and will verify you are working with the a lender who accepts the terms under the Useful Life Agreement.

Date Verified: _____ Applicants Initials: _____

This program provides a "one-time" grant to each qualifying Tribal member homebuyers for down payment assistance for the purchase of a single-family home.

APPLICANT:

Name: _____
Last First Middle

Address: _____
Street

City State Zip County

Phone: (____) _____ Home Cell

Person authorized to give/receive information regarding this application if other than applicant (spouse, girlfriend, boyfriend etc.)

Name: _____ Relationship to Applicant: _____

Applicants Initials: _____ (by initialing, I, the Applicant, understand and authorize the person mentioned above to give/receive information regarding my application.

HOUSEHOLD INFORMATION: List all persons who reside in the home on a permanent basis. List the applicant first (SELF), then list all other household members. Please list names as they appear on each person's Social Security Card.

LEGAL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY #	FULL TIME STUDENT	TRIBAL ENROLLMENT NUMBER
	SELF				

INCOME: List all income from all sources for each member of the household, including but not limited to wages, salaries, self employment or business income, per capita payments, interest and dividends, Social Security payments (state and tribal), retirement benefits and pension, disability or death benefits, unemployment, child support, TANF/welfare (not including food stamps).

HOUSEHOLD MEMBER	INCOME SOURCE	AMOUNT	WEEKLY/MONTHLY	VERIFICATION (i.e., Check Stub/W-2 etc.)

GENERAL INFORMATION:

QUESTION	ANSWER YES OR NO	EXPLANATION
Has any household member ever received any type of housing assistance or grant from PRTHB?		
Has any household member ever received any type of local, state, federal or tribal assistance or grant?		
Does any household member currently owe money to the Pit River Tribe?		
Has any household member ever used any name (s) other than the one listed on you Social Security Card?		

GRANT SPECIFIC INFORMATION:

QUESTION	ANSWER YES OR NO	ADDRESS
Have you made an offer on a home?		
Your realtors name (if applicable) _____ Phone # (____) _____		
Are you working with a Lender?		Lender Name:
Have you been pre qualified by the Lender for a home loan		Please attach pre approval letter

APPLICATION DECLARATION: I certify that all information provided on this form and supplied as supporting documentation is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying eligibility. I understand that I must report any changes to the information contained herein to PRTHB. Further, I understand that If I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state or Tribal law; and may be denied assistance.

Applicant Signature _____

Date _____

CONFLICT OF INTEREST

DEFINATION: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents, grandchildren, aunt, and uncle.

PUBLIC DISCLOSURE: The Pit River Tribal Housing (PRTHB) shall make public disclosure the nature of assistance to be provided. The disclosure shall be posted at the PRTHB office, and a copy of the disclosure shall be provided to HUD before assistance is provided.

Are you related to any PRTHB employees or Board of Commissioners? Yes No

If yes give the name(s) of relative(s) and relationship

Name: _____ Position: _____

Relationship: _____

Name: _____ Position: _____

Relationship: _____

Name: _____ Position: _____

Relationship: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

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

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



Pit River Tribal Housing
20300 Fir Street
Burney CA 96013

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	Date _____	_____	Date _____
Head of Household		Other Family Member over age 18	
_____		_____	Date _____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date _____
_____	Date _____	_____	Date _____
Spouse		Other Family Member over age 18	Date _____
_____	Date _____	_____	Date _____
Other Family Member over age 18		Other Family Member over age 18	Date _____
_____	Date _____	_____	Date _____
Other Family Member over age 18		Other Family Member over age 18	Date _____

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

Penalties for Misusing this Consent:

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

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

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.