



RED LAKE RESERVATION HOUSING AUTHORITY

PO BOX 219, HIGHWAY 1 EAST
RED LAKE, MINNESOTA 56671
PHONE (218) 679-3368
FAX (218) 679-2264



INSTRUCTIONS FOR FILLING OUT DOWN PAYMENT AND CLOSING COST ASSISTANCE APPLICATION

1. DO NOT LEAVE ANYTHING BLANK!!!! IF YOU OMIT ANY INFORMATION, WE WILL NOT ACCEPT YOUR APPLICATION UNTIL IT IS COMPLETE.
2. LIST NAMES OF THE PEOPLE WHO WILL RESIDE WITH YOU.
3. DO NOT FORGET MIDDLE INITIALS OR SOCIAL SECURITY NUMBERS.
4. DO NOT FORGET TO SIGN AND DATE THE APPLICATION.
5. **PLEASE INCLUDE A COPY OF YOUR TRIBAL ID FOR YOURSELF, IF YOU ARE NOT AN ENROLLED MEMBER PLEASE BRING A COPY OF YOUR CHILD/CHILDREN'S TRIBAL ID. IF YOU HAVE NO TRIBAL ID PLEASE HAVE THE ENROLLMENT OFFICE FILL OUT THE ENROLLMENT FORM.**
6. WHEN YOU RETURN YOUR APPLICATION TO THE OFFICE, YOU MUST BRING ALONG YOUR **VERIFICATION OF INCOME** WITH YOU. IF YOU RECEIVE PUBLIC ASSISTANCE (MFIP), YOUR CASEWORKER NEEDS TO FILL OUT THE BACK FORM FOR YOU. IF YOU RECEIVE SOCIAL SECURITY, SSI OR VETERANS ASSISTANCE, PLEASE BRING A COPY OF THE LETTER YOU RECEIVED FROM THEM THAT VERIFIES THE AMOUNT YOU WILL RECEIVE EACH MONTH.
ATTENTION: THE APPLICANT SHOULD NOT FILL OUT THE BACK OF THE FORM.
7. PLEASE READ CAREFULLY THE "*AUTHORIZATION FOR THE RELEASE OF INFORMATION.*" EVERY PERSON WHO IS 18 YEARS OR OLDER ON YOUR APPLICATION MUST SIGN THE FORM.
8. **IF YOU NEED HELP FILLING OUT THE APPLICATION PLEASE ASK ONE OF OUR RESIDENT SERVICES STAFF FOR ASSISTANCE.**
9. **THIS AN ONLY ONE TIME ASSISTANCE PROGRAM.**

Board of Commissioners

Richard Barrett, Sr., Chairperson • Adrian Beaulieu, Vice-Chairperson • Lucille Auginash, Secretary
James Brun, Commissioner • Myron Kingbird, Commissioner • Lisa Defoe, Commissioner

**RED LAKE RESERVATION HOUSING AUTHORITY
DOWN PAYMENT AND CLOSING COST ASSISTANCE**

The down payment and closing cost assistance program is created to assist Red Lake Band members who wish to live outside the boundaries of the Red Lake Reservation within Beltrami County. Lack of down payment and closing costs are the biggest barrier to purchasing a home.

Assistance will be provided for the loans as follows:

\$120,000.00 and over	\$25,000.00
\$90,000.00 to \$119,999.99	\$20,000.00
\$60,000.00 to \$89,999.99	\$15,000.00

Under \$59,999.99 will receive no more than 15% of the loan.

Closing Cost Assistance only will be considered a grant and will not exceed \$4,500.00

ELIGIBILITY REQUIREMENTS ARE:

1. Must qualify for a mortgage. A second mortgage may not be held against the property. This excludes the not for the down payment and closing cost assistance.
2. Must be an enrolled member of the Red Lake Band of Chippewa Indians. This will be verified by the Tribal Enrollment Office.
3. Must be a first time home buyer or has not owned a home in the last three years.
4. Down payment and closing cost assistance shall be made only to those persons and families who have an adjusted gross income which does not exceed the income guidelines established by the Office of Housing and Urban Development for the Indian Housing Block Grant. Guidance document to be updated each year.
5. The monthly mortgage payment shall not exceed 25% of the gross monthly income.
6. The property must be a single family residence, including individual residential units in planned unit developments, twin homes, townhouse projects, condominiums and mobile homes. Individual units in cooperatives and recreational and seasonal homes are not eligible.
7. The house must be located in Beltrami County, outside the boundaries of the Red Lake Reservation.
8. Homebuyer training program will be required.

ALL SPECIFIC REQUIREMENTS ARE LISTED WITHIN THE SECOND MORTGAGE PROMISSORY NOTE.

NOTE: Because of some Bank requirements, it may be necessary to increase the amount of down payment assistance to a higher percent. This can only be done by approval of the Board of Commissioners \$25,000.00 is the maximum amount provided for assistance.

LENDER INFORMATION
<i>TO BE FILLED OUT BY LENDER</i>
COMPLETION OF THIS FORM DOES NOT GUARANTEE DOWN PAYMENT ASSISTANCE
GENERAL INFORMATION

Tenant Name(s): List ALL persons who will be residing in the unit:

Dwelling Type: Single-Family House Mobile Home Modular

Number of Bedrooms in the Unit: (Circle One) 1 2 3 4 5 6 7

Number of Adults in Unit: _____ Number of Children: _____

Address of Unit: _____ City _____ MN _____

LENDER INFORMATION
All information Must Be Complete

Purchase/Closing Date: ____/____/____

Amount of Loan: \$ _____

Is the Unit going to be located within Beltrami County? YES NO

Checks Should Be Made Out To: _____

Checks Should Be Sent To: _____
(Address)

Lender's Name: _____

Federal I.D. Number: _____

Lender's Address _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE, TRUE AND CORRECT

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

PLEASE RETURN THIS FORM TO:

**RED LAKE RESERVATION HOUSING AUTHORITY
PO BOX 219
RED LAKE MN 56671
PHONE (218)679-3368
FAX (218)679-2264**

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)

Red Lake Reservation Housing Authority
PO Box 219 Hwy 1 East
Red Lake, MN 56671
Attn: Resident Services
Date:

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:

NAHASDA ACTIVITIES
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:

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

REQUEST FOR CERTIFICATION OF TRIBAL MEMBERSHIP

PLEASE COMPLETE AND RETURN TO:

**RED LAKE HOUSING AUTHORITY
P.O BOX 219
RED LAKE, MN 56671
PH: (218)679-3368
FAX: (218)679-2264**

**I GIVE PERMISSION TO THE RED LAKE ENROLLMENT DEPARTMENT TO CERTIFY MY
TRIBAL ENROLLMENT/MEMBERSHIP INFORMATION:**

PLEASE PRINT:

NAME: _____
 FIRST MIDDLE LAST MAIDEN

COMPLETE ADDRESS: _____

DATE OF BIRTH: _____ DATE OF REQUEST: _____

SIGNATURE: _____

TO BE COMPLETED BY THE ENROLLMENT DEPT. ONLY

Enrolled and possesses at least one fourth degree Red Lake Band Chippewa Indian Blood

Not enrolled

**I CETRIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. THIS INFORMATION
TAKEN FROM THE MEMBERSHIP ROLLS OF THE RED LAKE BAND OF CHIPPEWA
INDIANS ON FILE AT THE ENROLLMENT DEPARTMENT, RED LAKE TRIBAL COUNCIL,
RED LAKE, MINNESOTA.**

CERTIFIER'S SIGNATURE/ENROLLMENT DEPT.

DATE

*****NOT TO BE FILLED OUT BY TENANT OR APPLICANT*****

PUBLIC ASSISTANCE VERIFICATION

- GENERAL ASSISTANCE
- MFIP

AMOUNT: _____
DATE: _____

NAME ON GRANT _____
OF ADULTS ON GRANT _____
OF CHILDREN ON GRANT _____

SIGNATURE : _____ TITLE : _____

PUBLIC ASSISTANCE

- GENERAL ASSISTANCE
- MFIP

AMOUNT: _____
DATE: _____

NAME ON GRANT _____
OF ADULTS ON GRANT _____
OF CHILDREN ON GRANT _____

SIGNATURE: _____ TITLE: _____

EMPLOYMENT VERIFICATION

EMPLOYEES NAME: _____ S.S.N: _____

PLACE OF INCOME: _____ ANNUAL GROSS SALARY: _____

DATE: _____ SIGNATURE: _____ TITLE: _____

EMPLOYMENT VERIFICATION

EMPLOYEES NAME: _____ S.S.N: _____

PLACE OF INCOME: _____ ANNUAL GROSS SALARY: _____

DATE: _____ SIGNATURE: _____ TITLE: _____

**RED LAKE RESERVATION HOUSING AUTHORITY
DOWN PAYMENT AND CLOSING COST ASSISTANCE**

Things we will need for the Down Payment and Closing Cost Assistance:

1. Lender Information
2. Income Verification (2008 & 2007 W-2's, 30 days paycheck stubs, VOE)
3. Purchase Agreement
4. Certified Appraisal Report
5. Full Loan Application (1003)
6. Homebuyers Training Course (Red Lake Housing Authority) or (Bi-Cap in Bemidji)
***NEED A COPY OF THE CERTIFICATE THAT YOU COMPLETED THE COURSE**