



### **Homeowner Assistance Fund (HAF) Program**

The purpose of the HAF Program is to assist eligible SRMT tribal homeowner's with financial assistance to prevent mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services and displacements of homeowners experiencing financial hardship; additionally, to assist with mortgage reinstatement after January 21, 2020.

#### **What type of assistance will be available?**

- Mortgage payment assistance; HUD Home housing payments
- Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing costs related to a period of forbearance, delinquency or default
- Payment Assistance for:
  - Utilities, including: electric, gas, home energy and water
  - Internet service including broadband internet access service
  - Homeowners insurance, flood insurance, and mortgage insurance
- Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures
- Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties
- Individual homeowners performance plan including budget and financial literacy skills

#### **Who is Eligible?**

The SRMT HAF Program is for eligible homeowners who meet the following conditions:

- Homeowners must be tribal members or have the eligibility to be enrolled members of the SRMT
- Homeowners must reside in the jurisdiction of Akwesasne or within the 15-mile radius
- Homeowners must own and reside in the home for which they are applying
- Homeowners that have received financial hardship after January 21, 2020 due to job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member
- Homeowners must meet the household income limits as defined by SRMT HAF Program

#### **How long is assistance available?**

Eligible homeowners may receive up to 6 months of assistance, recertification is required at 3 months. In order to be eligible for recertification applicants must have completed one financial empowerment class and 30 days of expense tracking.

### What documents will a homeowner be required to submit?

- Fully completed and notarized HAF Program application
- SRMT Tribal enrollment card or proof you are eligible for a SRMT Tribal enrollment card
- Documentation showing homeownership
- Proof of Annual Household Income Documents for everyone over the age of 18. This includes, but is not limited to, full and for part-time employment, Canadian income, all income from public assistance agencies, social security, pension, SSI, disability, armed forces reserves, unemployment compensation, rental income, alimony, child support and grants.
  - A copy of your most recent IRS form 1040 (first two pages only)
  - Pay stubs, or a letter from your employer
  - SSI/Disability/PA/etc. award letter
  - If homeowner is self-employed, applicant must have a notarized attestation letter outlining type of work performed and income earned in the last 12 months
  - Employment attestation form

### Submit the following documentation if applicable:

- If you are behind in Mortgage payment(s): documents showing arrears and interest/penalties accrued
- If you are behind in Utility payments (s): copy of your most recent utility bills showing the amount owed, the utility provider and account number.
- All bills **MUST** be in the homeowner's name to be eligible

### What is required of me?

- to attend ONE financial empowerment class
- to meet with Program Manager to track expenses and create a self-sustainability plan
- to submit bills on time to ensure payments are made in a timely manner
- to update file as to any new family members coming into or leaving home
- to update file as to any new or loss of income for anyone over the age of 18 who lives in the home

Household Size	Annual Income Limits
1	\$58,500
2	\$66,800
3	\$75,200
4	\$83,500
5	\$90,200
6	\$96,900
7	\$103,600
8	\$110,300

**For more information contact: HAF Program at 518-358-2272, ext. 2560  
or alexandra.david@srmt-nsn.gov**



## **Homeowners Assistance Fund**

### **Application Checklist**

**Please review your application to make sure that it contains the following information (if applicable):**

- |  |  |
|--|--|
| <input type="checkbox"/> Tribal ID           | <input type="checkbox"/> Internet Bill                                     |
| <input type="checkbox"/> Income Verification | <input type="checkbox"/> Home Phone Bill                                   |
| <input type="checkbox"/> Land Deed           | <input type="checkbox"/> Electric Bill                                     |
| <input type="checkbox"/> Mortgage Statement  | <input type="checkbox"/> Notarized Application                             |
| <input type="checkbox"/> House Insurance     | <input type="checkbox"/> Notarized Release of Information                  |
| <input type="checkbox"/> Land Taxes          | <input type="checkbox"/> Notarized Employment Attestation Form (If needed) |
| <input type="checkbox"/> Heating Bill        |  |

***If you have any questions regarding your application please do not hesitate to contact our office Monday through Friday between 8:00 am and 4:00 pm.***

Homeowners Assistance Fund /HAF Program  
Saint Regis Mohawk Tribe  
71 Margaret Terrance Memorial Drive  
Akwesasne, NY 13655  
[HAF@srmt-nsn.gov](mailto:HAF@srmt-nsn.gov)  
518-358-2272 ext. 2560



**Homeowner Assistance Fund (HAF) Program  
Application**

**General Information**

Are you a member of the Saint Regis Mohawk Tribe?

☐ YES ☐ NO

*Please attach your SRMT Identification card (front and back)*

Are you the homeowner of the property to which you are applying for assistance?

☐ YES ☐ NO

*Please attach proof of home ownership*

Is this your primary residence?

☐ YES ☐ NO

*Please attach all utility and service bills*

Are you applying for displacement assistance (home repairs to keep home safe?)

☐ YES ☐ NO

Do you agree to attend one financial literacy class?

☐ YES ☐ NO

**Applicant Information**

Homeowners Name:

Date:

Date of Birth:

Tribal Enrollment #:

SSN:

**Physical** Address (where you live/pay utilities/own home)

City:

State:

Zip:

**Mailing** Address (if different from physical address)

City:

State:

Zip:

Email:

Phone:

The SRMT HAF Program is supported in whole or in part by federal award number HAFP0063 to Saint Regis Mohawk Tribe by the U.S. Department of Treasury

How many people currently live in your home?\_\_\_\_\_

Please provide information for all household members:

Name	DOB	Last 4 digits of SSN	Income Source

**INCOME VERIFICATION:** Income includes but is not limited to: full and for part-time employment, all income from Canadian employment, public assistance agencies, social security, pension, SSI, disability, armed forces reserves, unemployment compensation, rental income, alimony, child support and grants. ***Applicant must attach supporting documentation for all income sources for everyone over the age of 18 such as:***

- A copy of your most recent tax form 1040 (first two pages only)
- Pay stubs, or a letter from your employer
- SSI/Disability/PA/etc. award letter
- If homeowner is self-employed, applicant must have a notarized attestation letter outlining type of work performed and income earned in the last 12 months
- Employment attestation form (attached page 5)

### Financial Hardship

I have experienced financial hardship associated with COVID-19 pandemic after January 21, 2020 (including a hardship that began before and continued after January 21, 2020) that has created or increased risk of mortgage delinquency, mortgage default and foreclosure, loss of utilities or home energy services or displacement (check all that apply to your situation)

- ☐ A reduction in household income
- ☐ Increased living expenses
- ☐ Loss of employment/Temporary Layoff/ or Furlough
- ☐ Increased costs due to healthcare or need to care for a family member

Other financial hardship: (please explain your situation)

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## Homeowner Acknowledgements and Certification

I am currently receiving assistance from the following SRMT Tribal/State Programs:

- |   |  |
|---|--|
| <input type="checkbox"/> Heating Assistance | <input type="checkbox"/> Healthy Housing Program (formerly known as HIP) |
| <input type="checkbox"/> Family Advocates   | <input type="checkbox"/> Social Services                                 |
| <input type="checkbox"/> HUD                | <input type="checkbox"/> Mohawk Indian Housing Corp                      |
| <input type="checkbox"/> Three Sisters      | <input type="checkbox"/> TVR   |
| <input type="checkbox"/> Child Support Unit | <input type="checkbox"/> Other:  |

### RELEASE OF LIABILITY, AND ASSUMPTION OF RISK FOR THE SAINT REGIS MOHAWK TRIBE

I hereby agree the Saint Regis Mohawk Tribe (“Tribe”) specifically the SRMT Homeowners Assistance Fund Program assumes **no responsibility** regarding your participation in any form of displacement assistance.

RELEASE OF LIABILITY. I hereby release the Tribe, its employees, officials, elected officials, agents, and contractors (“Released parties”) FROM ALL LIABILITIES, CAUSES OF ACTION, CLAIMS AND DEMANDS that may arise in any way from any injury, death, loss or harm that may occur to me or to any other person or to any property during the activity or in any way related to such activity. This release includes claims for the negligence of the Released parties. I agree NOT TO SUE or make a claim against the Released parties for death, injuries, loss or harm that may occur during the activity or for any other latent injury that may be related in any way to such activity.

By my signature below, I hereby certify that all of the information and attached documentation is true and complete. I understand that providing any false information or if I fail to notify HAF of changes to my household’s situation, I may be held responsible to repay the U.S Treasury the full amount of any benefits received improperly. In addition, I agree the Tribe is not responsible for any warranty or warranty-related claims for the product purchased on your behalf. I understand that by signing below I am waiving any claims against the Tribe etc. and I am binding my heirs, successors, and assigns.

**\*This form must be completed in the presence of a notary\***

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Applicant Signature

Date

**Notarization required** (seal, signature and date notarized):



## Homeowner Assistance Fund (HAF) Program

### Employment Attestation (If Needed)

**Instructions:** This form must be completed by each member of the household over the age of 18 who has lost income or employment due to the COVID-19 pandemic and who is unable to provide paystubs, w-2, an employer letter or any other written documentation of income.

Date: \_\_\_\_\_

My name is \_\_\_\_\_ and I reside at: \_\_\_\_\_  
\_\_\_\_\_  
(address).

Prior to the COVID-19 pandemic, I was employed as a: \_\_\_\_\_  
(job you performed) at: \_\_\_\_\_  
(place of employment). I earned \$ \_\_\_\_\_ every \_\_\_\_\_  
(frequency of earnings: weekly, bi-weekly, monthly or per day) before taxes were taken out (if any).

Currently I am employed as a: \_\_\_\_\_ (job you perform,  
or write "unemployed" if you have lost your job). I am employed at: \_\_\_\_\_  
(place of employment). I earn \$ \_\_\_\_\_ every \_\_\_\_\_  
(frequency of earnings: weekly, bi-weekly, monthly or per day) before taxes were taken out (if any).

### Certification:

By my signature below, I hereby certify that all of the information and attached documentation is true and complete. I understand that providing any false information or if I fail to notify HAF of changes to my household's situation, I may be held responsible to repay the U.S Treasury the full amount of any benefits received improperly. **\*This form must be completed in the presence of a notary\***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Notarization required** (seal, signature and date notarized):



**Homeowner Assistance Fund (HAF) Program  
Release of Information**

I, \_\_\_\_\_, have applied for assistance thru the Saint Regis Mohawk Tribe Homeowner Assistance Fund Program (“HAF”) and as part of the application process, HAF must verify information contained in my application to determine my eligibility.

***HAF will verify with the Saint Regis Mohawk Tribe and its programs that the applicant is not receiving assistance from any other tribal program to cover mortgage/homeowner payments, utilities, or other homeowner costs covered by this program. The information received by this request can only be used in the processing of my request for assistance from the HAF program. \*This form must be completed in the presence of a notary\****

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Applicant Signature

Date

**Notarization required** (seal, signature and date notarized):