



TRIBAL  
HOUSING  
OFFICE

P.O. BOX 39 • USK, WA 99180  
PHONE (509) 447-7270 • FAX (509) 445-0920

## MEMORANDUM

TO: Homebuyer Assistance Program Applicant  
FROM: Housing Program Manager  
RE: Homebuyer Assistance Program

Attached is the Homebuyer Assistance Program policy which describes the program, outlines the eligibility requirements, and program limitations.

Here is a check list of items that need to be included as part of the application process for the Homebuyer Assistance Program. Some items you will have, some will need to be requested from the financial institution you are working with, and at least one item will be done by the housing office.

### Checklist:

- Income Verification for all members of the household.
- Employer Information – Name, Address, Phone Number (for each employed household member). Having this information expedites the required verification of employment and income.
- Social Security Numbers for all members of the household.
- Kalispel Tribe of Indians Enrollment Card.
- Copy of Mortgage/Loan Application or Loan Agreement from financial institution.
- Copy of Appraisal
- Copy of Approved Land Lease, if home is to be built on Trust property

\_\_\_\_\_ Indian Health Service Application for Services (Water/Sewer), if home is to be built on Trust property

\_\_\_\_\_ Approved for Services      \_\_\_\_\_ Submitted to IHS on \_\_\_\_\_  
(Date)

\_\_\_\_\_ Environmental Review (to be conducted by KTHO)

If you have any questions or need any assistance with the application or acquiring the above items, please feel free to contact me at (509) 447-7270.

*The original signed documents have to be returned to the housing office. Faxed copies will be used to start the process but to complete the approval process the original documents have to be on file.*



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HOME BUYER ASSISTANCE PROGRAM APPLICATION

APPLICANT

1. NAME: Last First M.I. Maiden Name

2. MAILING ADDRESS:

3. SOCIAL SECURITY NO. 4. KALISPEL TRIBAL ROLL NO.:

5. DATE OF BIRTH: 6. PHONE NO.:

7. APPLICATION FOR: First-time Homebuyer Non-First-Time Homebuyer Refinance Assistance

8. APPLICATION FOR: New Construction Existing Home Purchase

9. LAND STATUS: Fee Land Tribal Trust Individual Trust

ELIGIBILITY (Check One)

- 1. Are you an enrolled member of the Kalispel Tribe of Indians? YES NO
2. Are you at least 18 years of age? YES NO
3. Do you or any adult member in your household have any unpaid debts owing to KTHO? YES NO
4. The home is located in Washington Oregon Idaho
5. Already have an approval from financial institution? YES NO

FINANCIAL INSTITUTION

Financial Institution:
Address:
Phone Number:
Contact Person:
Amount of Loan Approval:

PROPERTY INFORMATION

Property Address:
Realtor Name:
Realtor Address:
Phone Number:

**HOUSEHOLD MEMBERS:**

List all persons who will live in your rental unit. **Verification of Social Security Numbers is required for each household member.**

Name	Date of Birth	SSN	Relationship	Enrollment No.

**INCOME INFORMATION:**

List all household members at least 18 years of age that have income, including yourself and (if applicable) your spouse. This includes wages, salary, per capita payments, public assistance, social security, disability, etc. **Verification of income for each household member is required.**

Name	Source of Income with Address and Phone Number	Annual Amount

Total Household Annual Income: \$ \_\_\_\_\_

I hereby authorize anyone to release income/credit and any other information needed concerning myself/ourselves to the Kalispel Tribe Housing Office. This authorization is given to enable KTHO to evaluate my/our request housing assistance. I certify that all statements are true and complete and are submitted for the purpose of obtaining homebuyer assistance. Verification may be obtained from any source named in the application and from any credit-reporting agency. I agree that the application shall remain KTHO property whether it is approved or not approved.

X \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

## CONSENT AND AUTHORIZATION STATEMENT

1. **PURPOSES:** In signing this consent and authorization form, you are authorizing Kalispel Tribe Housing Office (KTHO) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the KTHO programs, including but not limited to Mutual Help, Rental, and Homebuyer Assistance Programs. KTHO needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

Further, KTHO will need similar information during the time period you are receiving any benefits under KTHO programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.

Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs that have a need for such information during the period you are applying for or are receiving housing benefits from KTHO. KTHO may release certain information to the source and entities or programs identified in Paragraph 2 below.

2. **SOURCES TO WHOM INFORMATION MAY BE RELEASED, OBTAINED AND VERIFIED:**
  - A. Public Utility Districts, including Pend Oreille PUD and Avista Utilities.
  - B. Any and all Kalispel Tribal Programs or Kalispel Tribal Enterprise Programs; including but not limited to the Tribal Credit, Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, KTI Payroll, Kalispel Business Council, Food Distribution Program, Early Childhood Program, Alcohol Program, and Mental Health.
  - C. Kalispel Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.
  - D. Washington State Agencies, including the Employment Security Department, Department of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation wages, benefits, or income.
  - E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)
  - F. Current and former employers concerning salary and wages.
  - G. Financial Institution concerning unearned income (i.e. interest and dividends).
3. **WHO MUST SIGN CONSENT FORMS:** 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.
4. **FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under KTHO programs. Any such denial or termination will be promptly communicated in writing to you by KTHO.

I hereby consent and authorize the Kalispel Tribe Housing Office to obtain, request, verify, and release information to the sources listed above for the purposes specified in Paragraph 1.

This consent includes any program KTHO participates in including computer matching programs. I agree that photocopies of this form may be used to accomplish its purpose.

I also understand that if I or any adult member of my family fails to sign this consent form, such action may constitute grounds for denial of eligibility and/or termination of assistance from KTHO. However, I also understand that if this should occur, then I will be properly notified in writing by KTHO of such grounds for denial or termination.

Finally, I understand and agree that this consent and authorization form will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any KTHO programs, whichever occurs first.

**SIGNATURES:**

_____	_____	_____
Head of Household	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date



