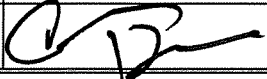


**CHEROKEE NATION**  
**Integrated Self-Sufficiency Solutions**

<b>EFFECTIVE DATE:</b>	<b>11/13/2018</b>	<b>SUPERSEDES MATERIAL DATED:</b>	<b>09/23/2017</b>
<b>APPROVED BY:</b>		<b>DATE:</b>	<b>11/13/2018</b>

**I. PURPOSE**

The policies and procedures are a means to ensure compliance with the Native American Housing Assistance and Self-Determination Act of 1996, as amended, and all other applicable Tribal and Federal requirements in regards to Cherokee Nation's Housing Programs.

Cherokee Nation will assist eligible Indian families reach self-sufficiency through sustainable homeownership by integrating self-sufficiency counseling; improved household income through education, job training and health services; and financial assistance with mortgage down payment and closing costs. The Integrated Self-Sufficiency Solutions Program, which will be marketed as the Mortgage Assistance Program to maintain established program branding, improves family self-sufficiency through coaching, education and financial asset building, sustainable homeownership. Specifically the program develops clients' ability to obtain, retain and maintain a home through self-sufficiency counseling and income security, and relies on the clients' ability to obtain non-predatory, private mortgage financing that is leveraged by financial assistance for down payment and closing costs.

**II. ELIGIBILITY**

All applicants must meet the following criteria to be eligible for program participation:

**A. Eligibility Requirements:**

1. **Citizenship** - Provide verification of membership/citizenship of an Indian tribe per NAHASDA eligibility guidelines; Cherokee Nation citizens will be given first preference.
2. **Income** - Have household annual income no greater than 80% of the National Median Household Income in accordance with NAHASDA/Indian Housing Block Grant (IHBG) requirements.
  - a. The amount of eligible financial assistance for each applicant will be based on household income and is described in Section VIII of these policies.

- b. All household income will be determined using the Section 8 definition of income and income eligibility will be determined prior to program acceptance.
  - c. Income verification for program acceptance is valid for up to five (5) years from the date of eligibility determination as long as the household participates continuously and actively in the self-sufficiency counseling portion of this program (see section III of this policy).
  - d. Income again be verified at the time of home purchase.
  - e. Qualified applicants will participate a minimum of six (6) months in self-sufficiency counseling and a maximum of five (5) years or until such time as client is able to obtain a non-predatory mortgage. Participants must continuously and actively participate in the counseling process in order to maintain financial assistance eligibility.
3. **First Time Homebuyer** – An individual who has never had any ownership interest in a home. Exceptions may be made for:
    - a. An individual who lost their home due to documented domestic violence AND who received no monetary benefit from the previous homeownership.
    - b. An individual who has only owned a mobile residence. Clients currently owning a mobile home will be required to sell the mobile prior to issuance of financial assistance and must purchase a stick built home. Clients cannot use financial assistance to purchase another mobile home.
  4. **Training** - Attend Homebuyers Education classes conducted by the Cherokee Nation.
  5. **Outstanding Debt to Cherokee Nation** - Not owe any outstanding delinquent debt to the Cherokee Nation, any Cherokee Nation entity or the Housing Authority of the Cherokee Nation.
  6. **Non-Predatory Mortgage Financing** - Obtain non-predatory financing for a home through an approved lending institution, using household income. See Exhibit C of these policies for Non-Predatory Guidelines.
  7. **Previous Cherokee Nation Homeownership Participation** – Eligible applicants cannot have previously received homeownership assistance through any Cherokee Nation or Housing Authority of Cherokee Nation program. Exceptions may be made for individuals who no longer have an ownership interest in the home due to documented domestic violence and received no monetary benefit from the previous homeownership.
  8. **Home Location** – Purchased homes must be located within Cherokee Nation’s jurisdictional boundaries.

**Documentation Required:**

1. Proof of Tribal Citizenship
2. Household Income Verification

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3. Family Household Size
4. Social Security number verification for applicant and co-applicant
5. State, federal or tribally issued photo identification for all adult household members
6. A copy of the applicant's and co-applicant's credit report from [www.annualcreditreport.com](http://www.annualcreditreport.com), a free service

**III. SELF-SUFFICIENCY COUNSELING****A. Participation**

Client participation in self-sufficiency counseling is necessary for a minimum of six (6) months to receive down payment and closing cost financial assistance. Clients may withdraw from self-sufficiency counseling at any time by providing written notice to their MAP counselor.

**B. Eligibility**

1. A client who meets NAHASDA eligibility requirements upon entry into the Integrated Self-Sufficiency Solutions Program will remain eligible for down payment and closing cost financial assistance for a period of five (5) years from the date of eligibility, as long as they continuously and actively participate in self-sufficiency counseling. Clients' income can increase during this five (5) year period without a reduction in the amount of eligible financial assistance, as established upon initial program eligibility, as long as the household composition is unchanged.
2. Should household composition (the addition or reduction of a household member) change after being deemed eligible for the program, the client must notify program staff. At this point, eligibility will be re-verified.
3. Should a household need self-sufficiency counseling beyond five (5) years, household income will be re-examined for eligibility. At that time, household income may exceed 80% of the National Median Household Income but cannot be greater than 100% of the National Median Household Income, as determined by the NAHASDA/IHBG. The amount of monetary assistance the household is eligible for will be based on the updated income

verification and availability of program funds. Households with income between 80.01% and 100% of the National Median Household Income may be eligible for a prorated amount of financial assistance.

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### **C. Participation**

Active continuous participation in self-sufficiency counseling is required. A client may be removed from self-sufficiency counseling for inactivity, which includes any one of the following:

1. Missing three scheduled appointments without notice of cancellation.
2. Failing to respond to counselor's attempts to make contact. The first attempts to contact will be made by phone and US Postal Service and the final attempt to contact will be by certified mail through the US Postal Service.
3. Failing to actively participate, which is defined as attending meetings on a regular basis and making progress toward established goals.

### **D. Removal**

A client who is removed from self-sufficiency counseling and later requests reentry into the Integrated Self-Sufficiency Solutions Program must re-certify to ensure they meet NAHASDA eligibility guidelines. Previous time spent in self-sufficiency counseling will not apply to the six (6) month minimum participation requirement to receive financial assistance.

### **E. Referrals**

Self-sufficiency counselors will make referrals to Cherokee Nation's Human Services, Education, Career Services and Health Services, as needed, for emergency services, domestic issues, education/career training or health needs to prepare clients for self-sufficiency through sustainable homeownership.

### **F. Completion**

A client has completed self-sufficiency counseling when they have actively participated in self-sufficiency counseling a minimum of six (6) months and have become mortgage ready, meaning their income and credit history are both sufficient to qualify for a non-predatory mortgage loan and they have completed twelve hours of Homebuyers Education classes conducted by Cherokee Nation. The client will receive financial assistance for down payment and closing costs upon completion, contingent on available funding.

## **G. Responsibilities**

1. Client Responsibilities
  - a. be open and honest with the counselor
  - b. contact the counselor if he/she is unable to keep a scheduled appointment
  - c. be prepared for appointments
  - d. take control of his/her cash management and credit
2. Self-Sufficiency Counselor Responsibilities
  - a. be professional and honest
  - b. contact the client if he/she is unable to keep a scheduled appointment
  - c. keep client information confidential

## **IV. SELECTION**

### **A. Geographic Distribution of Financial Assistance**

Geographic distribution of funds, based on Native American population, will be implemented to the extent possible in accordance with section 102(c)(2)(A) of NAHASDA through the solicitation of eligible applications from all geographic areas within Cherokee Nation's jurisdictional boundaries.

### **B. Application Prioritization**

Applications will be processed on a first come first serve basis. Financial assistance may be limited at times and in those instances when there are more eligible and mortgage ready applicants than funding, the following client prioritization will be implemented in the order listed below:

1. Cherokee Nation citizens who have participated in self-sufficiency counseling longer than twelve (12) months.
2. Cherokee Nation citizens with household income below 60% of the National Median Household Income.
3. Cherokee Nation citizens with household income between 60.01% and 70% of the National Median Household Income.
4. Cherokee Nation citizens with household income between 70.01% and 80% of the National Median Household Income.
5. Any other Cherokee Nation citizen.
6. Citizens/members of other federally recognized tribes with household income below 60% of the National Median Household Income.

7. Citizens/members of other federally recognized tribes with household income between 60.01% and 70% of the National Median Household Income.
  8. Citizens/members of other federally recognized tribes with household income between 70.01% and 80% of the National Median Household Income.
- 

### **C. Housing Subsidy Equalization**

MAP fund recipients are not eligible for services provided by the Housing Authority of Cherokee Nation's Rehabilitation Department. Exceptions will only be made for recipients requiring home rehabilitation due to a member of their household becoming handicapped or disabled after their home purchase.

## **V. HOUSING STRUCTURES**

Financial assistance will be provided to help clients with the purchase of the following housing structures:

### **A. Maximum purchase price \$150,000**

### **B. Standard Requirements**

1. A functioning heating system
2. A functioning plumbing system that:
  - a. uses a properly installed system of piping
  - b. includes a kitchen sink and a partitioned bathroom with lavatory, toilet and bathtub or shower
  - c. uses water supply, plumbing and sewage disposal systems that conform to minimum county or state codes
3. A functioning electrical system using wiring and equipment properly installed to safely supply electrical energy for adequate lighting and operation of appliances
4. Be at least 540 square feet in size
5. Pass a structural inspection performed by a Housing Authority of Cherokee Nation Inspector or a State Certified Inspector prior to closing

### **C. Single Wide Manufactured Homes**

1. Be at least 16 feet wide
2. Be installed or erected on home site in compliance with the manufacturer's requirements for anchoring, support, stability and maintenance

3. Have installed tie downs, skirting and concrete block pier no greater than 8 feet off center
4. Client must own the land on which the home is to be placed
5. Manufacturer's Certificate of Origin or valid title
6. ~~Twelve (12) month or longer warranty if purchased new~~
7. Post-installation inspection performed 90 days following distribution of financial assistance to ensure utilities are in working order and installation of tie downs and skirting is complete

**D. Multi Wide Manufactured Homes**

1. Be installed or erected on home site in compliance with the manufacturer's requirements for anchoring, support, stability and maintenance
2. Have installed tie downs, skirting and concrete block pier no greater than 8 feet off center
3. Manufacturer's Certificate of Origin or valid title
4. Client must own the land on which the home is to be placed
5. Twelve (12) month or longer warranty if purchased new
6. Post-installation inspection will be performed 90 days following distribution of financial assistance ensure utilities are in working order and installation of tie downs and skirting is complete

**E. Existing Traditional Built Homes (includes modular homes and pole barn homes)**

1. Meet HUD standards
2. Meet local, state and federal building codes or funds to bring home up to code must be set aside in an escrow account
3. Homes requiring rehabilitation are eligible structures as long as funds to complete rehabilitation are included in the mortgage loan
4. Single family dwelling
5. Pass a lead paint inspection conducted by Cherokee Nation Environmental Programs if home was built prior to 1978

**F. Site Requirements**

1. All utilities must be located on home site before Cherokee Nation will disburse financial assistance or buyer must provide evidence utilities are available and prove funds are available to pay costs associated with bringing utilities to the site
2. Home must be situated on no more than 5 acres of land
3. Property the home is situated on must pass an Environmental Review conducted by Cherokee Nation Environmental Programs

4. Home must meet HUD's definition of a modest design, 24 CFR §884.110. See Exhibit H for HUD's definition of a modest design.

## **VI. SELF-HELP CONTRIBUTIONS**

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Cherokee Nation Legislative Act 39-04 requires self-help contributions from recipients of Cherokee Nation services as a mechanism to contribute to the Cherokee community. Program financial recipients are required to provide no less than 30 hours of self-help contributions. See Exhibit E for eligible self-help contributions.

## **VII. MORTGAGE FINANCING**

If financing is necessary for the participant to purchase a home, the lending institution must agree to provide a Closing Disclosure to Cherokee Nation at least five (5) working days prior to the loan closing. Co-signers or guarantors are permissible, although the household income must support the mortgage payment and all other household debt. The purchase price of the home must not exceed \$150,000 and be no greater than the appraised value of the home.

Mortgage financing must be non-predatory as described in Exhibit C Non-Predatory Guidelines of these policies for specific information on conditions described below. The mortgage loan must have:

- A. Term no greater than 30 years; this does not apply to USDA Rural Development Loans**
- B. Fixed interest rate for the life of the loan OR an adjustable interest rate that lender agrees to reset according to specified guidelines**
- C. No balloon payments**
- D. Acceptable interest rate**
- E. Reasonable closing costs and fees**
- F. Acceptable debt to income ratio**

## **VIII. DISTRIBUTION OF FINANCIAL ASSISTANCE**

The closing company selected by the client must agree to allow Cherokee Nation to provide financial assistance through an ACH deposit or wire into the closing company's bank account. If the closing company refuses this method of payment, the client must select a different closing company who will accept an ACH deposit or wire transfer.



Cherokee Nation will provide the initial down payment and closing costs assistance of up to \$20,000, contingent upon available funding, on the day of closing for eligible participants. The exact amount of assistance provided will be determined by household income at the time of program eligibility, as indicated in the table below.

Clients active in self-sufficiency counseling for more than five (5) years will recertify income to determine eligible financial assistance. Households with income between 80.01% and 100% of the National Median Income may receive a prorated amount of financial assistance.

<b>MAP Tiered Funding</b>	
<b>Income Level</b>	<b>MAP Assistance</b>
60% or less of National Median Household Income	\$20,000
60.01% to 70% of National Median Household Income	\$15,000
70.01% to 80% of National Median Household Income	\$10,000

To calculate the assistance amount for households with income between 80.01% and 100% National Median Income, deduct 1% from the \$10,000 base for each 1% the household income exceeds 80% of the National Median Income. For example, if household income is 85% of National Median Income:  $\$10,000 - (\$10,000 * .05) = \$9,500$ .

**IX. SECONDARY MORTGAGES**

Clients must sign a mortgage note in the amount of financial assistance received. This mortgage is forgivable and placed in secondary position to the primary mortgage. The secondary mortgage will be for a term determined by the amount of financial assistance received. This mortgage will be released without payment after the recipient lives in the home for the term of the second mortgage.

<b>Amount of Assistance</b>	<b>Mortgage Term</b>
\$0 - \$10,000	5 years
\$10,001 - \$20,000	10 years

Should the client not live in the home, as their primary residence, for the full term of the second mortgage the second mortgage will be enforced and repayment expected at a prorated amount based on time the client resided in the home. Prorated repayment will be made for any of the following conditions:

- A. Home is not used as the recipient's primary residence for the term of the second mortgage.**
  - B. Recipient sells the home before having owned it for the term of the second mortgage.**
  - C. Recipient loses home in foreclosure before having owned it for the term of the second mortgage.**
- 
- D. First mortgage is refinanced in a manner that includes unfavorable terms, equity cash out, debt consolidation or unacceptable debt to income ratio.**

#### **X. MANAGEMENT AND MAINTENANCE**

Clients are expected to maintain the house and all systems, which includes maintaining the sewage system, enforce warranties, pay taxes due and maintain insurance, as well as any other homeowner responsibilities on the open market.

##### **A. Maintenance and Repair**

Client agrees to keep the home in good repair, maintain the lawn and keep the surrounding area free of debris.

##### **B. Conduct**

Client agrees to conduct himself/herself and cause any other person(s) on the premises, with the participant's consent, to conduct themselves in a manner which will not disturb the peaceful enjoyment of the neighbor(s) and their accommodations and which will be conducive to maintaining the neighborhood in a decent, safe and sanitary condition.

##### **C. Criminal Activity**

Client agrees not to participate in or allow guest(s) to participate in criminal activity, including drug-related criminal activity, on the premises. Drug-related criminal activity includes the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance as defined in Section 102 of the Controlled Substances Act (21 U.S.C. Sec. 802).

#### **XI. APPEAL PROCESS**

A grievance procedure is established to assure applicants and homebuyers are afforded an opportunity for a hearing if the applicant or homebuyer disputes any Cherokee Nation action or failure to act involving an application, contract or decision and that adversely affects the applicant's or homebuyer's rights, duties, welfare or status.

All appeals must be submitted in writing to Cherokee Nation Commerce Services within forty-five (45) days of written notification of action and should contain information specific to the reasons for denial. The Commerce Services Executive Director will issue a written response to the appellant. This decision will be final.

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## **XII. MEDIATION/ARBITRATION**

In the event disputes regarding program eligibility arise, neither party shall pursue any legal action against the other until the following requirements have been met.

- A. Party has pursued all remedies under this agreement to no avail.**
- B. Mediation is requested within ten (10) days after the last remedial action took place under this agreement.**

Mediation shall be conducted by an official of Cherokee Nation Commerce Services. In the event the mediation is unsuccessful, the claim shall be decided by binding arbitration in accordance with Cherokee Nation law, and the request for arbitration must be submitted within fifteen (15) days of the conclusion of the mediation. The decision of the arbitrator shall be final and binding and without any remedy thereafter to the court system.

## **XIII. NOTICES**

Notices hereunder shall be in writing and be deemed delivered upon receipt if hand-delivered or delivered by express delivery service, or three (3) days following the deposit thereof in the mail, certified, return receipt requested, to the address shown below.

Cherokee Nation Commerce Services  
P.O. Box 948  
Tahlequah, OK 74465

## **XIV. EXHIBITS**

- A. Application**
- B. Forgivable Mortgage Agreement**
- C. Non-Predatory Guidelines**
- D. Section 8 Definition of Income**
- E. Self-Help Contributions**
- F. Mobile Home Inspection Checklist**
- G. Definition of Modest Design**



## Program Description

The MORTGAGE ASSISTANCE PROGRAM provides qualified Native Americans with down payment and closing cost assistance to purchase or construct a home. Please contact MAP before making any home purchase arrangements. Eligibility criteria is listed below:

- Household income must not exceed 80% of the National Median Income as established by HUD
- Head of household or spouse must be a member of a federally recognized tribe; preference is given to Cherokee Nation citizens
- Head of household and spouse must be first-time homebuyers. A first time homebuyer is an individual who has never had any ownership interest in a home. Exceptions will be made for victims of documented domestic violence and individuals who have only owned a mobile residence.
- Must purchase a home within Cherokee Nation jurisdictional boundaries
- Mortgage loans must meet Cherokee Nation’s non-predatory criteria
- A soft second mortgage will be placed on the home; if the home is not used as a primary residence a prorated payback will be required
- Home must pass a Cherokee Nation environmental review and structural inspection
- Home must be situated on no more than 5 acres
- Applicant must attend Cherokee Nation Homebuyers Education classes provided at no cost to the applicant

The following documents must be submitted:

- |  |  |
|--|--|
| <input type="checkbox"/> MAP Application   | <input type="checkbox"/> Employment Form for all employed household members  |
| <input type="checkbox"/> Income Assistance   | <input type="checkbox"/> Copy of Social Security cards for applicant and co-applicant                                      |
| <input type="checkbox"/> Child Support Affidavit                                     | <input type="checkbox"/> Copy of Driver’s License for all household members 18 & over                                      |
| <input type="checkbox"/> Divorce Decree with custodial responsibility                | <input type="checkbox"/> Copy of Tribal Citizenship card for applicant and co-applicant                                    |
| <input type="checkbox"/> Asset Information   | <input type="checkbox"/> Copy of Credit Reports (instructions for obtaining the report are included with this application) |
| <input type="checkbox"/> Declaration of Section 214 Status for all household members |  |
| <input type="checkbox"/> Income Declaration for all household members over 18        |  |

### NAHASDA Median Income Guidelines effective May 18, 2017

Family Size	1	2	3	4	5	6	7	8
80%	\$38,080	\$43,520	\$48,960	\$54,400	\$58,752	\$63,104	\$67,456	\$71,808

\*Monetary assistance is contingent upon available funding

## Application Processing and Office Locations

### Mail Application to:

**Cherokee Nation  
MAP  
P.O. Box 828  
Tahlequah, OK 74465**

For Information Please Call:  
918-453-5536

### Office Locations:

Cherokee Nation  
Tsa La Gi Annex  
17675 S. Muskogee Avenue  
Tahlequah, OK 74464  
(918) 453-5536

Housing Authority of Cherokee Nation  
23205 S. Hwy 66  
Claremore, OK 74018  
(918) 342-6803

Housing Authority of Cherokee Nation  
2260 W. Cherokee  
Sallisaw, OK 74955  
(918) 774-0770 ext. 1 or 2

Housing Authority of Cherokee Nation  
109 13<sup>th</sup> St.  
Jay, OK 74346  
(918) 453-5536



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**Commerce**

STAMP

## Mortgage Assistance Program

APPLICANT INFORMATION			
Full Legal Name		Date	Community
Mailing Address		For Office Use Only: RECEIVED BY:  FORWARD TO:	
City and State	Zip Code		
Main Contact Number/Home/Cell Phone:	Work Phone:	E-mail for all contact purposes:	
Closest Relative Not Living in Your Household:		Home / Cell Phone	Work Phone
Address		City / State	Zip Code

HOUSEHOLD COMPOSITION						
FULL NAME(S) – All Household Members including yourself: Last, First, Middle	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
1						
2						
3						
4						
5						
6						
7						
8						

Are there family members temporarily absent?    YES    NO    If yes, whom: \_\_\_\_\_ Relation: \_\_\_\_\_

Where are they residing? \_\_\_\_\_ When are they expected to return? \_\_\_\_\_

TOTAL HOUSEHOLD INCOME							
HOUSEHOLD MEMBER	EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

Do you currently own your home?     YES     NO

If NO, do you:     Rent     Live with Family/Friend    **Rent Payment:** \_\_\_\_\_





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## Income Assistance Affidavit

This form must be completed and signed by all household members 18 year of age or older even if no benefits are received.

- I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services, provided by a Native American tribe.
- I certify that my household receives income assistance as indicated below:

<b>INCOME ASSISTANCE</b>		
TYPE OF BENEFIT	AMOUNT	LIST PERSON(S) RECEIVING BENEFIT AS INDICATED
SSA	\$	
SSI	\$	
VA – VETERANS	\$	
TANF	\$	
CHILD SUPPORT	\$	
AID TO DISABLED	\$	
AID TO ELDERLY	\$	
GENERAL ASSISTANCE	\$	
TRIBAL WORK EXPERIENCE	\$	
UNEMPLOYMENT BENEFIT	\$	
OTHER:	\$	
EXPLAIN OTHER TYPE OF BENEFIT:		
DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST AMOUNT: \$

**I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.**

<b>HOUSEHOLD SIGNATURE ATTESTATION</b>		
<b>YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY</b>		
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
IF YOU DRAW BENEFITS FROM A DIFFERENT SOCIAL SECURITY NUMBER, LIST THE NUMBER:		
V.A. CLAIM NUMBER(S):		

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.**



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## Asset Information

If you do not have any accounts, assets, own or have any interest in real property, please check the Not Applicable box and sign below:  **Not Applicable**

DESCRIPTION OF ASSETS		
CHECK	TYPE	BALANCE \$
	CHECKING	
	CHECKING	
	SAVINGS	
	SAVINGS	
	CERTIFICATE OF DEPOSIT (CD)	
	IRAs	
	MUTUAL FUNDS	
	STOCKS / BONDS	
	MONEY MARKETS	
	ANNUITIES	
	OTHER TYPE:	
<b>REAL PROPERTY (LAND, HOUSE, ETC.)</b>	DO YOU OWN OR CO-OWN (TRUST, JOINT) ANY REAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHERE IS THE PROPERTY LOCATED?	STATUS: (Taxable, Trust, Restricted)	
<b>REAL PROPERTY DISPOSED</b>	HAVE YOU OWNED OR DISPOSED OF ANY REAL PROPERTY IN THE PAST 3 YEARS BY SALE, GIFT, OR TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, HOW WAS THE PROPERTY DISPOSED OF? PLEASE CHECK ONE OF THE BOXES BELOW.		
<input type="checkbox"/> SALE <input type="checkbox"/> ASSIGNMENT/TRANSFER/GIFT <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> OTHER		
_____ Signature, Head of Household	_____ Date	_____ Spouse Signature
		_____ Date

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.





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**Commerce**

## Employment Form

**Not Applicable**

**Self-Employed** (include 3 yr taxes)

Complete the top half of this form by listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Cherokee Nation MAP will contact your employer for employment verification.

### IDENTIFICATION INFORMATION

NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
<b>I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:</b>	
_____	_____
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>

\*\*\*\*\*

## This section to be completed by Employer

### EMPLOYER INFORMATION

PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :		\$
YEAR TO DATE TOTAL INCOME:		\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:		AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$	
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>		
NOTES:		
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:		
TITLE / POSITION:	DATE OF HIRE:	
_____		_____
<b>SIGNATURE OF AUTHORIZED PERSONNEL</b>		<b>DATE</b>
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	FAX NUMBER

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



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## Employment Form

**Not Applicable**

**Self-Employed** (include 3 yr taxes)

Complete the top half of this form by listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Cherokee Nation MAP will contact your employer for employment verification.

### IDENTIFICATION INFORMATION

NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
_____ SIGNATURE OF APPLICANT	_____ DATE

\*\*\*\*\*

## This section to be completed by Employer

### EMPLOYER INFORMATION

PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :		\$
YEAR TO DATE TOTAL INCOME:		\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:		AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$	
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>		
NOTES:		
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:		
TITLE / POSITION:	DATE OF HIRE:	
_____ SIGNATURE OF AUTHORIZED PERSONNEL		_____ DATE
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	FAX NUMBER

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



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## Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- I certify I am not presently employed but I have accepted a position with \_\_\_\_\_ which will begin on \_\_\_\_\_. I will be earning \$\_\_\_\_\_ per \_\_\_\_\_ (weekly, monthly, etc.).
- I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date**

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\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**

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**Date**

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## Child Support Affidavit

If you are divorced or separated with children, please complete this form. If this does not apply mark:  **Not Applicable**

Affidavit must be signed by the custodial parent, even if not applicable.

Complete this form if you receive child support for any household member 18 years of age or younger.

- I do hereby swear I am the sole custodial parent of the following children and know of no court custodial matters regarding said child/children, as listed below.
- I certify that my household is not presently receiving any child support.
- I certify that my household receives child support as indicated below:

### CHILD IDENTIFICATION and SUPPORT

INDICATE YES OR NO IF YOU RECEIVE CHILD SUPPORT FROM PARENT LISTED:

NAME OF CHILD	DATE OF BIRTH	AGE	NAME OF NON-CUSTODIAL PARENT	YES / NO

I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED FROM:	(Name)
I HAVE <input type="checkbox"/> , HAVE NOT <input type="checkbox"/> , FILED FOR A DIVORCE OR LEGAL SEPARATION FROM:	(Name)
I AM DIVORCED FROM (Please submit Divorce Decree):	(Name)
PLEASE PROVIDE THE MONTHLY AMOUNT RECEIVED FOR CHILD SUPPORT OR ALIMONY:	\$

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

### HOUSEHOLD SIGNATURE ATTESTATION

**YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY**

SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
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## Declaration of Section 214 Status

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible for the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Cherokee Nation. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

**A box must be completed for each member of the household.** A parent or guardian must sign for family members under 18 years of age. Do not sign the child's name; sign your name as parent or guardian and print your child's name.

I certify under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check below):

<b>DECLARATION</b>	
PLEASE CHECK THE APPROPRIATE BOX	COMPLETE FOR EACH HOUSEHOLD MEMBER
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or;  <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age).  <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or;  <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age).  <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
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## How do I get a copy of my credit reports?

Answer: You are entitled to a free credit report every 12 months from each of the three major consumer reporting companies (Equifax, Experian and TransUnion). You can request a copy from [AnnualCreditReport.com](http://AnnualCreditReport.com).

It is not necessary to purchase or provide your credit score. You only need to submit the free report with your MAP application.

You can request and review your free report through one of the following ways:

- **Online:** Visit [AnnualCreditReport.com](http://AnnualCreditReport.com)
- **Phone:** Call 1-877-322-8228
- **Mail:** Your credit report will be mailed to you within 15 days if it is requested by mail. Complete the attached Credit Report Request Form and a copy of one item in EACH of the categories below in order to assist with identity verification. The item you submit from the "identity" category must contain your Social Security number and the item you submit from the "Address" category must contain your current home mailing address.

### Identity

- Social Security card
- Pay stub with Social Security number
- W2 Form

### Address

- Driver's License
- Rental or lease agreement/house deed
- Pay stub with address
- Utility bill (gas, electric, water, cable, residential telephone bills)

Mail the completed form and the documents described above to:

Annual Credit Report  
Request Service  
P.O. Box 105281  
Atlanta, GA 30348-5281

There are three credit bureaus, Equifax, Experian and TransUnion. Please provide a copy of your report from each credit bureau.

**If you need assistance obtaining your free credit report, please contact our office at 918-453-5536 to schedule an appointment.**





