



Office of National Programs

Down Payment Application

Applicant Information				
Last name:		First name		Maiden name:
Current street address			Mailing address	
City:		State:		ZIP Code:
County:		Primary phone:		Work phone:
Prairie Band Potawatomi Nation Roll # OR Tribal Roll # (enclose a copy of your card)		Date of birth:	Age:	SSN: (enclose a copy of your card)
Marital status:	Single _____	Married _____	Widowed _____	Other _____
Email: (Printer is needed to receive correspondence)				

Co-applicant Information				
Last name:		First name		Maiden name:
Current street address			Mailing address	
City:		State:		ZIP Code:
County:		Primary phone:		Work phone:
Prairie Band Potawatomi Nation Roll # OR Tribal Roll # (enclose a copy of your card)		Date of Birth:	Age:	SSN: (enclose a copy of your card)
Marital status:	Single _____	Married _____	Widowed _____	Other _____
Email: (Printer is needed to receive correspondence)				

Household information				
Name:	DOB:	Age	Relationship:	Prairie Band Potawatomi Nation Roll # OR Tribal Roll #

Household income: (Earned or Unearned) List income from ALL sources for EACH household member listed above including: Wages, Social Security, SSI, TANF, general or public assistance, unemployment or workers' compensation, child support, alimony, pensions, VA benefits, Per Capita, work/training allowances, etc. If you are submitting paycheck stubs, you must submit one (1) full months CURRENT and consecutive stubs.

Name:	Source of income (enclose a copy of your income)	Hourly wage	Hours per week	Annual amount	Weekly, bi-weekly, or monthly?

Agents Information			
Are you currently working with a Real Estate Agent?		YES	NO
Agents last name:		Agents first name	
Agents street address		Agents mailing address	
City:	State:	ZIP Code:	
Agents email:			
Have you secured financing or have been pre-approved for a mortgage?		YES	NO
Will this home be your primary residence?		YES	NO
General Information			
Do you currently have a debt that you owe to the Prairie Band Potawatomi Nation or any of its entities?		YES	NO
To whom?		Amount owed?	
Is anyone in your household currently receiving any kind of Rental Assistance from any other Tribal entity?		YES	NO
Name of Tribal entity		Phone	
Address		City	State Zip
Have you or anyone in your household received any type of housing assistance from BIA or PBPB:		YES	NO
What kind of assistance?		When?	
<p>PENALTY WARNINGS: THIS IS AN INCOME BASED PROGRAM; INFORMATION FOR THIS PROGRAM IS TO IDENTIFY THE AMOUNT RECEIVED FROM THIS PROGRAM. DO NOT MAKE FALSE OR MISLEADING STATEMENTS, MISREPRESENT, CONCEAL, OR WITHHOLD FACTS REGARDING INCOME, RESOURCES, OR HOUSEHOLD SIZE TO RECEIVE BENEFITS YOU ARE NOT ENTITLED TO RECEIVE. IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD KNOWINGLY AND WILLINGLY VIOLATES THE DOWN PAYMENT PROGRAM, IT IS CONSIDERED AN INTENTIONAL PROGRAM VIOLATION (IPV). HOUSEHOLD MEMBERS DETERMINED TO HAVE COMMITTED AN IPV WILL BE INELIGIBLE TO PARTICIPATE IN THIS OR ANY OTHER PROGRAMS WITH THE PRAIRIE BAND POTAWATOMI HOUSING DEPARTMENT (PBPBHD) FOR THE TERM OF THREE (3) YEARS FROM THE DATE OF THE IPV. IN THE EVENT AN IPV HAS BEEN COMMITTED AND FUNDS HAVE BEEN DISPERSED, THOSE FUNDS WILL BE PAID BACK TO THE PBPBHD IN FULL AND WILL BE INELIGIBLE TO PARTICIPATE IN THIS OR ANY OTHER PROGRAMS WITH PBPBHD FOR THE TERM OF THREE (3) YEARS FROM THE DATE FUNDS ARE PAID IN FULL.</p>			
<p>AUTHORIZATION: I authorize the release of any necessary information or forms to the Prairie Band Potawatomi Housing Department National Programs from any housing professionals, individuals, businesses, employers, schools, banking institutions, Federal, State, or Tribal agencies needed to determine and verify my eligibility and continued eligibility. I understand that this information will be used only for the purpose of helping document my eligibility for Down Payment Program benefits. This authorization is valid for twelve (12) months from the date signed or until revoked by me in writing.</p>			
<p>AGREEMENT: This agreement shall be subject to and construed according to the laws of the Prairie Band Potawatomi Nation in accordance with the guidelines of the Department of Housing and Urban Development (HUD). The Nation may seek enforcement of this Agreement and the other terms and conditions of the Program in the Tribal Court of the Prairie Band Potawatomi Nation, or in any other court of competent jurisdiction in which the Nation desires to maintain such action, without such action constituting a waiver of the Nation's sovereign immunity, in all matters pertaining to this Agreement and the Program, and the AWARDEE(S) hereby submits to the jurisdiction of said PBPB Tribal Court.</p>			
<p>CERTIFICATION STATEMENT: I certify that I have read this application and that the information contained herein is true and accurate to the best of my knowledge. I understand that I must comply with programs guidelines rules and provide additional documentation if required, and that falsification of information on this application may be grounds for disqualification and/or claim action and refund of entire award.</p>			
Signature of applicant:		Date:	
Printed name of applicant:		Date:	