



Prairie Band Potawatomi Housing Department
Office of National Programs
Season Dominguez, National Programs Specialist

2022 DOWN PAYMENT GUIDELINES

PROGRAM DESCRIPTION:

This program provides up to \$10,000 for eligible, tribal members towards homeownership. This award is to be used as a down payment for the purchase of a single-family home in standard or better condition or toward the build of a new single-family home.

Households may only receive one grant per three (3) year period. The Down Payment awards are based on a first come, first served basis, approval is received only when all program information is received, and awards distributed until funds are depleted for this program.

ELIGIBLE ACTIVITIES:

- Single family housing
- Manufactured Homes (MUST be on a placed on a permanent foundation)

INELIGIBLE ACTIVITIES:

- rental properties
- commercial properties
- mobile homes
- travel trailers
- tiny homes
- rent to own
- lease purchase
- vacant land
- homes less than standard
- homes previously purchased and closed

ELIGIBILITY REQUIREMENTS:

- The applicant must be an adult, enrolled PBPB Tribal member.
- The applicant must not have any past due debts owed to PBPB or the PBPBHD

PROGRAM REQUIREMENTS:

- The Applicant(s) must obtain own financing.
- The Applicant(s) household annual gross income must be adequate to support a mortgage payment, taxes, insurance, and maintenance.
- Applicant(s) will be required to participate in a homebuyer education program prior to commitment of the award or loan. (Must obtain a Certificate of Completion.)
- Applicant(s) will be required to submit a copy of their Closing Statement upon final close of the home.
- **FUNDING RECEIVED FROM THE DOWN PAYMENT PROGRAM PAST, PRESENT, OR FUTURE-** Failure to provide a Closing Statement will prevent the applicant from receiving any future housing services. Your award will be the \$10,000 down payment you received from this program is subject to a refund and will be recorded as a "DEBT" owed to PBPBHD. The eligibility date to reapply for ANY Housing Service, does not begin until this document is received by the program's specialist.
- The sources to obtain Debt information includes but is not limited to the following Tribal entities:
 - PBPB
 - PBPB Housing Department
 - Planning & Environmental Protection
 - Prairie Band Propane
- The home to be purchased must be used as the Applicant's primary residence.
- The home to be purchased must be located within the United States.

ADDRESS: 8273 156TH LANE MAYETTA, KS 66509 PHONE: (785)966-2756

- The home to be purchased must be located on land zoned for residential purposes and must meet all Tribal, State, and local construction and placement specifications applicable for the area in which it will be located.
- The home to be purchased must be in standard or better condition and meet inspection requirements of the Applicant's lender.

PRIORITY ASSIGNMENT:

This program does not recognize HOUSING EMERGENCIES of any kind, NO EXCEPTIONS. For the purposes of all NAHASDA Housing, preferences shall be as follows:

- Applicant or Co-Applicant is an enrolled Prairie Band Potawatomi Nation Tribal member 18 years or older.
- Applicant family whose head of household is an enrolled member of any federally recognized tribe.
- Applicant non-Indian family determined to be eligible to receive assistance.

APPLICATION PROCESS:

Excluding all federal and Tribal holidays, the general timeframe to allow for processing a complete application is 1-2 weeks. You will receive an Acceptance Letter explaining the information needed to obtain an Approval. **ALL loan and purchase contracts must have the Tribal member's name. NO EXCEPTIONS.**

ACCEPTANCE PROCESS:

- **PBPNHD Award Agreement**- this must be received, original.
- **Homebuyers Education Certificate**- If you have participated in this program before, you may submit your previous Homebuyers Certificate of Completion.
- **\$1,000 Down Payment to Escrow**- to be applied to your down payment and cannot be reimbursed back for ANY reason. Your total down payment will be, \$11,000.
- **Fully signed and executed Purchase Commitment**-Must have the Tribal Member's name on ALL contracts.
- **Wiring Instructions**- Title Company who is closing your loan.
- **W-9**-Title Company who is closing your loan.

APPROVAL PROCESS:

For your application to be approved, all documents listed in the Acceptance Process must be received. In addition, this department also needs 1-2 weeks to process a Wire for Closing, *AFTER ALL* correspondence is received.

PAYMENT PROCESS:

Excluding all federal and Tribal holidays, the general timeframe to allow for processing a Wire Transfer is 1-2 weeks. Wire Transfers are prepared for transfer one (1) day prior to closing and, are available to your Title Company, the morning of your Closing date.

Payments for all National Programs are distributed directly from the PBPN Finance Department.

CLOSING STATEMENTS: A Closing Statement must be forwarded to this program. Failure to provide a Closing Statement will prevent the applicant from receiving any future housing services. Your award will be the \$10,000 down payment you received from this program is subject to a refund and will be recorded as a "DEBT" owed to PBPNHD. The eligibility date to reapply for ANY Housing Service, does not begin until this document is received by the program's specialist.

PROGRAM TERMS AND CONDITIONS:

- Applications will not be processed until all application requirements are received.
- The income limit for households applying for low-income assistance is 80% of the area median income adjusted for household size. The U.S. Department of Housing and Urban Development User Guidelines are used to determine the median household income. Households applying for assistance not within



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“low-income” guidelines will be considered “over-income” and will be subject to the same median income limit to verify household income and assistance amount.

- Applicants who meet the eligibility requirements may receive one Down Payment award per household and may not be combined with any other grant or award.
- Approved Applicants will not be eligible to apply for assistance again for three (3) years from the date of closing of their recently purchased home. Awards include:
 - Renovation & Repair Grant from PBPN (1st year is considered your working year)
 - Down Payment Grant from PBPN
 - Rental Assistance Grant from PBPN (National Programs)
 - BIA HIP Grant (Category B or C, depending on the year received) of more than \$5,000.
- The Down Payment awards are based on a first come, first served basis.
- Official Sales Contracts and/or Purchase Agreements will only be accepted from Financers or Leasing Agents. Copies will not be accepted from the Applicant or Co-Applicant.
- The Tribal Member must be listed on ALL Sales Contracts for the purchase of the home.
- Any new contractor, vendor, or recipient is required to provide a W9 form according to the Internal Revenue Code 6109. Failure to furnish this information, payments will not be released and are subject to up to a 30% backup withholding or penalty.
- Purchase commitments must be made within 90 days from the date of receipt of your application.
- This Award is a gift. No fees or other fees will be added for gift funds. Underwriter's Letter available upon request.
- This Award is a Grant. There is no recorded agreement filed against the property by PBPN or PBPND.
- If the recipient of this award sells the home within three (3) years from the completion date, the recipient will be required to reimburse the PBPN a prorated amount contingent upon the date the home is sold. The prorated amount will be determined by PBPN at their discretion.
- The 2022 Down Payment Guidelines supersede all previous Down Payment Guidelines.

APPLICATION CHECKLIST:

You will need the following documents to complete this application. If you are missing any documents with this application, the application will be returned to the applicant and the application will not be processed until received complete.

APPLICANTS:

- State Issued driver's license or identification card for applying including.
For each Adult member in the household.
- Tribal identification (CDIB) or military identification for **ALL individuals** applying.
For each person in the household.
- Social Security cards for **ALL individuals** applying.
For each person in the household.
- Authorization for the Release of Information
For each person in the household.

INCOME:

- Social Security income.
For each person in the household that this applies to.
- State disability award.
For each person in the household that this applies to.
- Unemployment award.
For each person in the household that this applies to.
- Per capita payment verification.
For each person in the household that this applies to.
- one (1) month of current and consecutive pay stubs.
For each person in the household that this applies to.
- Copies of W2's or tax returns for 2020.
For each person in the household that this applies to.
- Zero Income Affidavit if applicable.
For each person in the household that this applies to.

1. Tribal Member/Applicant:

Full Name: (First, Middle, Last)			
Address:			
City:		State:	Zip:
County:		Phone number	
Date of Birth:	Age:	Tribal Affiliation:	
Email address:			

2. Native or Non- Native Spouse/Co-Applicant: [] Not applicable

<i>PRINT</i> Full Name: (First, Middle, Last)			
Address:			
City:		State:	Zip:
Phone/Cell number		Message number	
Date of Birth:	Age:	Tribal Affiliation:	
Email address:			

3. Household composition. List ALL persons residing in the home:

Name	Date of birth	Tribal enrollment number	Monthly Gross Earnings	Other income
Self	Self	Self		

4. Alternate Contact Information:

First Name	Last Name	Phone number:
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6. **Earned Income:**
List all earned income. Anyone in the household currently working, receiving money to care for another person or is self-employed.

Name	Date of birth	Tribal enrollment number	Monthly Gross Earnings	Other income
Self	Self	Self		

7. **Un-Earned Income:**
List all unearned income the household is currently receiving. Please list from any source, such as:
(1) Unemployment Benefits (2) Welfare (3) Insurance Settlements (4) Worker's Compensation (5) Financial Aid (6) Veteran's Benefits (7) Retirement Account (8) Dividends/Interest (9) Social Security/SSI (10) Food Stamps (11) Child Support/Alimony (12) Per Capita (13) Other.

Name	Date of birth	Tribal enrollment number	Source of unearned income (enter # from above)	Paid how often	Amount of each payment
Self	Self	Self			

8. **Debts and Housing Services:**
List all sources of debts owed and any housing services assistance received. Sources include but are not limited to: (1) Prairie Band Potawatomi Nation (PBPB) (2) PBPB Housing Department (3) Planning & Environmental Protection (4) Mayetta Propane. All questions must be answered.

Do you or anyone in your household currently have a debt that you owe to the PBPB or any PBPB Tribal entities?		YES	NO
Which Tribal entity do you owe a debt to?			
How much is owed to each entity?			
Have you or anyone in your household received any type of housing assistance from BIA or PBPB?		YES	NO
What kind of assistance?		When?	
Is anyone in your household currently receiving any kind of Renovation or Repair Assistance from any other Tribal entity?		YES	NO
Name of Tribal entity:		Phone:	
Address:			

City:	State:	Zip:
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9.Housing Information:

All questions regarding your residence must be answered and explained.

Are you currently working with a Real Estate Agent?	YES	NO
Agents name:		
Agents phone number:		
Agents email:		
Have you secured financing, or have you been pre-approved for a mortgage?	YES	NO
Will the home you plan on purchasing, be your primary residence?	YES	NO
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 program guidelines 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.		
PRINTED NAME OF APPLICANT:	DATE:	
SIGNATURE OF APPLICANT		

Zero Income Affidavit

(Separate Zero Income forms must be completed by all adult household members if applicable)

First/Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends form assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employment resources (Avon, Mary Kay, Herbalife, Thrive, etc.);
 - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent, utilities, and other necessities:

The United States expressly disclaims any and all responsibility or liability to the Recipient or third persons for the actions of the Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by the Recipient does not in any way constitute an agency relationship between the United States and the Recipient.

Funds provided by US Treasury for Low Income Families.

Printed Name of Applicant/Tenant

Signature of Applicant/Tenant

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization Requesting Release of Information:

Prairie Band Potawatomi Nation Housing Department
8273 156th Lane
Mayetta, KS 66509
P: (785)966-2756

Applicant Name: _____

Address: _____

City, State, Zip: _____

The purpose in signing this Consent Form:

you are authorizing Prairie Band Potawatomi Nation Housing Department (PBPND) to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and/or criminal history. PBPND and PBPNNP needs this information to verify your eligibility for housing assistance. PBPNNP 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:

PBPNNP will protect the information it obtains with appropriate and reasonable security measures. PBPNNP may disclose information (other than tax information) for certain routine uses, such as other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information and fraud prevention purposes. PBPNNP is required to protect the information it obtains in accordance with any applicable privacy law. PBPNNP employees may be subject to penalties for unauthorized disclosures or improper uses of information that is obtained based on this consent 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. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

Failure to Sign Consent Form:

Your failure to sign the consent form may result in the denial of eligibility for housing assistance.

Consent:

I consent to allow PBPND to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my typed name shall have the same legal validity and enforcement as a manually executed signature to the fullest extent permitted by applicable law.

Signatures:

Applicant/Tribal member

Date

Spouse/Co-head

Date

Other family member over age 18

Date

Other family member over age 18

Date

Other family member over age 18

Date

Sources of Information:

The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Current and Previous Landlords
- Tribal/Public Housing Agencies
- Courts and Post Offices
- Law Enforcement Agencies
- Schools and Colleges
- Medical and Child Care Providers
- Welfare Agencies
- Support and Alimony Providers
- Past and Present Employers
- Banks and other Financial Institutions
- State Unemployment Agencies
- Social Security Administration
- Veterans Administration
- Credit Providers and Credit Bureaus
- Retirement Systems
- Utility Companies

Penalties for Misusing this Consent: HUD, the PBPND and any owner (or any employee of HUD, the PBPND 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 this form is restricted to the purposes cited above. 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 disclosures of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PBPND or the owner responsible for the unauthorized disclosure or improper use.