



Delaware Nation Housing

904 W. Petree Road
Anadarko, OK 73005
405 / 480-2220
Fax: 405 / 480-2225

Checklist for Down Payment and Closing

(Check item when complete and documentation is provided)

- _____ Application for Delaware Nation Housing Down Payment and Closing Cost Program
- _____ Authorization to Release Information
- _____ Social Security Card(s) of applicant and Co-Applicant
- _____ Certificate of Degree of Indian Blood or Tribal Membership Card
- _____ Income Verification
- _____ Employment Verification
- _____ Signed and dated current Income Tax Return and W2's
- _____ Family Size Verification
- _____ Appraisal of house to be purchased
- _____ Age of house: What year was house built: _____.
- _____ Legal description
- _____ Environmental Review Record (ERR) Flowchart for E.R.P (24 CFR Part 58);
Categorically Excluded/ Not Subject to 24 CFR Part 58.5
Finding of Categorical Exclusion/ Not Subject to 24 CFR Part 58.5
Categorical Exclusion (not subject to 58.5) 24CFR 58.35
Environmental Review Record Compliance with 24 CFR 58.6
Map ([http:// map1.mcs.fema.gov](http://map1.mcs.fema.gov))
Finding of Exemption
- _____ Certificate of Completion for homebuyer education class.
- _____ Settlement Statement (readable copy)
- _____ Disclosure of Information on Lead -Based and /or Lead-Based Paint Hazards.
Protect Your Family from Lead in Your Home pamphlet
- _____ Lead- Based Paint (L-BP) visual inspection ()/testing ()/abatement ()
- _____ Copy of the L-BP inspection or abatement procedures, as appropriate
- _____ Repayment Agreement signed and dated.
- _____ Copy of Second Mortgage and evidence it has been filed at County Clerk's office
- _____ Pictures (included in appraisal)



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Dear Applicant:

The following is an overview of the Down Payment and Closing Cost Assistance Program. Please read it carefully before filling out the application.

Eligibility for Program Assistance:

1. Not own their present residence at the time of the mortgage application.
2. Applicants with an existing home are not eligible unless the home is determined to be substandard housing.
3. Applicants seeking to purchase a home from a direct relative must be initially approved for consideration by the Grant Review Committee.
4. Reside nationwide as of 6/12/08
5. Qualify as a family.
6. Complete a homebuyer education class (total of 4 hours; 2 hours class time plus 2 face to face)
7. Have an annual family income which does not exceed the maximum income limit for that family size. (See attached Income Limits)
8. Be 18 years of age or older.
9. Provide all requested information: CDIB card, social Security card, employment verification, and income verification for each working family member
10. Sign all required forms including the consent for disclosure of information.
11. Be able and willing to meet all credit check and financial obligations for loan assistance from an approved certified financial institution.

Maximum Grant Funds:

- A. The maximum grant for families with incomes 80% or below the median income as defined by NAHASDA shall be up to no more than \$6,000.

Grant Repayment:

- A. If a grant amount is determined and accepted by the applicant, the applicant shall sign a promissory note and a second mortgage at closing of the home purchase. This mortgage indicates the grant amount may be forgivable and not subject to repayment. However, in the event the home is foreclosed on or sold within five (5) years from the date of grant assistance, the applicant shall be responsible for a partial repayment, as determined by a non-interest prorated schedule.

Please keep this page for future reference. If you have any questions call our office at (405) 480-2220.



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Delaware Nation Housing Department **Down Payment and Closing Cost Application**

Applicants Name: _____

Social Security Number: _____

Co-Applicant's Name: _____

Social Security Number: _____

Family Size

I verify that my family consist of _____ adults and _____ children. This is consistent with information found on my signed and dated most current tax return documentation.

Applicant's Tribal Affiliation: _____ Enrollment Number: _____

Co-Applicant's Tribal Affiliation: _____ Enrollment Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

Are you a first-time homebuyer? Yes: _____ No: _____

Prospective address of home purchase: _____

City: _____ State: _____ Zip Code: _____

Legal Description: _____

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Applicant's Gross Yearly Income: \$ _____

Co-Applicant's Gross Yearly Income: \$ _____

Other Gross Yearly Income (18 years & over): \$ _____

Total Gross Yearly Income: \$ _____

I understand the information provided to me and will abide with the requirements listed by The Delaware Nation Housing.

Applicant Signature

Date

Co-Applicant's Signature

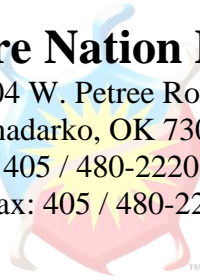
Date

By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

Signature of Applicant: _____ Date: _____

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DOWNPAYMENT GRANT REPAYMENT

It is understood by the borrowers the forgivable loan from the Delaware Nation Housing Department shall become due and payable in the event of any of the following:

1. The original borrower must occupy the property. In the event the borrower does not occupy the subject property the forgivable loan is due and payable to the Delaware Nation Housing Department.
2. If the property is sold within five years of the date of closing, the forgivable loan shall be repaid by prorating the original amount by sixty months and only forgiving the number of months in which the original borrower owned the home.
3. If the property is loss due to foreclosure on the first mortgage, the forgivable loan will be due in its entirety.

If the borrower remains in the property for the full five years, the loan amount is totally forgiven and will not encumber the title after this date.

By signing below the borrowers understand the terms of this grant.

_____	_____	_____	_____
Borrower	Date	Co-Borrower	Date

Notary Public: State of Oklahoma)
County of _____)

The forgoing instrument was acknowledged before me on the _____ day _____ of
 _____ year, by _____.

Notary Public: _____

Commission Expires: _____

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HOUSING ASSISTANCE APPLICATION

Instructions: Applicant please only complete highlighted areas.

RE: Verification of Employment (please return completed form to above address)

Applicant Name: _____ **SSN:** _____ **DOB:** _____

The individual named above is an applicant/tenant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to Delaware Nation Housing.

Applicant / Tenant Signature: _____ **Date:** _____

(or see signed Authorization for the Release of Information)

EMPLOYMENT INFORMATION: This section is to be completed by the employer.

Place of Employment: _____

Date Hired: _____ Occupation/Position: _____

CURRENT

Pay Rate: \$ _____ Per: Hour / Day / Week / Month (*Circle one*) Effective Date: _____

PREVIOUS

Pay Rate: \$ _____ Per: Hour / Day / Week / Month (*Circle one*) Effective Date: _____

ENTER THE AVERAGE NUMBER OF HOURS WORKED DURING THE PAST TWELVE (12) MONTHS:

Average Per DAY: _____ Per WEEK: _____ **OVERTIME** Per DAY: _____ Per WEEK: _____

OVERTIME RATE: \$ _____ Per: Hour / Day / Week / Month (*Circle One*)

ESTIMATED OTHER: Tips: \$ _____ Meals: \$ _____ Other: \$ _____

Is this employee participating in a job-training or vocational rehabilitation program? ___ Yes ___ No

Comments: _____

Date: _____ Title: _____ Phone: _____

Signature: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office Use Only: ___ Initial ___ Annual ___ Interim *Occupancy Specialist: _____

Comments: _____

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Authorization to Release Information

Applicant: _____

Co-Applicant: _____

I/We have applied for a mortgage loan. I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all the information is true and complete. I/We made no misrepresentation in the loan application or other documents, nor did I/we omit any pertinent information. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provision of title 18, United States Code, Section 1014.

I/We hereby give my/our consent for information contained in the loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program, to be verified or re-verified. This verification or re-verification may be made by: The Delaware Nation Housing, its agent successors and/or assigns either directly or through a credit reporting agency. Such information includes, but is not limited to, employment history, and copies of income tax returns and/or W/2 forms.

A photographic or carbon copy of the signature(s) of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

This is notice to you as required by the Right Financial Privacy Act of 1978 that the Veterans Administration or Department of Housing and Urban Development, whichever is appropriate has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to (VA or HUD) without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent, except as required or permitted by law.

Borrower Signature

Date

Borrower Social Security Number

Co-Borrower Signature

Date

Co-Borrower Social Security Number

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Promissory Note

Down Payment Amount from DNHD:

\$ _____

Address: _____

For value received I/We do hereby promise to pay the order of Delaware Nation Housing the principle sum of _____ dollars, (\$ _____) in the event of failure to perform any of the covenants and agreements set forth in the second mortgage securing this note, at the option of the legal holder hereto, said principal sum with interest due and accrued thereon shall become at once due and payable without notice and may be collected immediately. Payment of this note may be made at any time subject to the condition set forth in the second mortgage which is attached hereto and incorporated .by reference.

If the borrower remains in the property for the full five years, the grant amount is totally forgiven and will not encumber the title after this date.

By signing below the borrowers understand the terms of this grant.

Borrower Signature

Date

Borrower's Social Security Number

Co-Borrower Signature

Date

Co-Borrower's Social Security Number

Notary Public: State of Oklahoma)

County of _____)

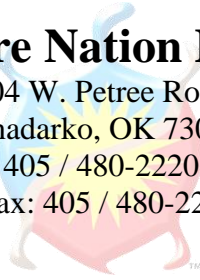
The forgoing instrument was acknowledged before me on the _____ day _____ of _____ year, by _____.

Notary Public: _____

Commission Expires: _____

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DOWN PAYMENT ASSISTANCE APPLICATION

NAHASDA Public Disclosures

Please indicate below if you are currently an employee of the Delaware Nation Housing, or have a relative or business associate, who is one of the following: 1) an employee of the Delaware Nation Housing or 2) a Delaware Nation Executive Committee member. Applicants who fall in this category will be publically disclosed at the Delaware Nation Housing office and have notification sent to the Office of Housing and Urban Development (HUD) in Oklahoma City.

Applicant's Name: _____

_____ **No**, I am not an employee of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee nor do I have relatives or business associates who are employees of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee.

_____ **Yes**, I am an employee of the Delaware Nation Housing or a member of the Delaware Nation Housing Executive Committee.

Title: _____

_____ **Yes**, I have a relative or business associate who is an employee of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee.

Name of Relative/ Business Associate	Relation to Applicant	Relative/ Business Associate Title