

Sault Tribe Housing Authority

Down Payment Assistance Program

General Information about the Program:

The program is available to qualifying* low-income tribal members who wish to purchase their first home in the Sault Tribe's seven (7) county service areas. The program provides financial assistance to first-time homebuyers to help with down payment and closing costs if they meet all of the program requirements. Members who wish to qualify to receive assistance under this program must meet the basic eligibility requirements outlined in the information package and on the application.

*(*Please note that in order to receive funds, you must fulfill all program requirements. These will be discussed in detail if you meet the basic eligibility requirements.)*

Basic Eligibility Requirements:

◆ Sault Tribe Membership

Assistance is only available to enrolled Sault Tribe members.

◆ Age

The applicant must be at least 18 years of age.

◆ Income Limitations

The minimum household income must be at least \$15,000 annually. The maximum household income (per family size) is based on 80% of the current national median income.

Number of Family Members	Annual gross Income
1	\$42,280
2	\$48,320
3	\$54,360
4	\$60,400
5	\$65,232
6	\$70,064
7	\$74,896
8	\$79,728

To calculate the adjusted income limit for families with more than eight members, add 8% of the four-person base to the eight-person income limit for each additional person. For example, the nine-person limit equals \$80,137 ($75,926 + [52,640 * .08]$). All income limits are rounded to the nearest \$50 to reduce administrative burden. Reference HUD Notice PDR-05-02.

◆ First-Time Homebuyer

The applicant must qualify as a first-time homebuyer. This is anyone in the household not owning a home within the last three years. Several exceptions to the first-time homebuyer rule apply, and include:

- * An applicant, who may have owned a home within the last three years, but qualifies as a single parent, a single parent is an applicant who is unmarried or legally separated from his or her spouse, and has one or more minor children for whom he or she has sole or joint custody.
- * An applicant who owns a home as a principal residence but the home does not meet building or standard codes and the cost to repair would exceed the price of purchasing or building a new home.

- * An applicant who has owned a manufactured home within three years but the home is not permanently affixed to a foundation in accordance with applicable construction codes.
- * An applicant, who has not owned a home within the above period, but has entered a lease for a Mutual Help Homeownership Unit.
- * An applicant who has previously received assistance under this program with his/her spouse but has subsequently divorced and the applicant did not receive the home in the divorce.
- * An applicant who has owned a home within the three-year period but has subsequently divorced and the applicant did not receive the home in the divorce.

◆ **First Mortgage Loan**

The applicant must be able to obtain a mortgage loan with a lender.

◆ **Ineligibility**

Applicants are considered ineligible for not meeting the basic requirements or for any of the following:

- Providing false information
- Failing to complete required forms or to supply requested information
- Having past due unpaid debts to the STHA, the Sault Tribe, or any of its entities
- Are over-income
- Are over-income before the time of certification **

*** (Once an applicant qualifies for the program, they must remain income eligible until funds are reserved for them. This will be discussed at the initial interview.)*

◆ **Application Process**

Applications are received and dated. Applications are processed immediately; if incomplete or information is missing, a letter will be sent informing what is needed. Otherwise, a letter of approval or denial will be sent out.

Selection is based on date of application, ability to secure a mortgage & points. Having at least \$500.00 in a savings increases your points.

All approved applicants must complete Homebuyer Education classes.

Applicants must report any and all changes immediately; income, family composition, address, etc... in writing

Successful participants will have to sign a Note stating that a five (5) year lien is placed on the home. The grant does depreciate by 20% every year. At the end of the fifth (5th) year the lien is discharged.

Sault Tribe Housing Authority
154 Parkside Drive
Kincheloe, MI 49788
(906) 495-1450 Fax (906) 495-1456
[**dpiippo@saulttribe.net**](mailto:dpiippo@saulttribe.net)

DOWN PAYMENT ASSISTANCE PROGRAM

The Down Payment Assistance Program is available to qualifying* low-income tribal members who wish to purchase their first home. The program provides financial assistance to first-time homebuyers to help with down payment and closing costs if they meet all of the program requirements. Members who wish to qualify to receive assistance under this program must meet the initial basic eligibility requirements outlined in the Down Payment Assistance Program Information Package and in the application.

Funding for this program is limited. Applications will be considered in the order that they are received by the STHA. The STHA staff anticipates a large volume of applications, so it is important to provide all the requested information and submit the application to the STHA located at 154 Parkside, Kincheloe, MI 49788. Please remember that incomplete applications will not be processed.

The application must be complete before it is considered for review. Answer all the questions on the application and attach supporting documentation.

Items that you will need to complete the applications:

- Social Security cards for all family members over the age of six (6)
- Updated Tribal cards for all tribal members
- Birth certificates for all family members
- Earned income information: previous two years income tax returns including W2's, 1040 and two most recent check stubs
- Driver's License for all family members over the age of 18
- If applicable, divorce decrees and custody information, adoptions papers, confirmation of pregnancy by a licensed physician, and any necessary document to support confirmation of situation to meet the eligibility requirements.
- Copy of Credit report you can obtain at annualcreditreport.com or www.creditkarma.com

Your application will be reviewed carefully by the STHA who will furnish a letter of eligibility or ineligibility. If your application is ineligible, you will receive written notification with an explanation. If you pre-qualify for the program, you will be contacted for an interview and counseling session with the Homeownership Specialist to discuss the program in its entirety.

*Please note that in order to receive funds, you must fulfill all program requirements. These will be discussed in detail if you meet the basic eligibility requirements.

If you have any questions, or need help completing your application, you can contact Dana Piippo at (906) 495-1450.



Down Payment Assistance Program Basic Eligibility Requirements Application

***Please note that in order to receive funds you must fulfill all of the program requirements. These will be discussed at the mandatory initial interview.*

** If you need assistance completing the application, please contact Dana Piippo Homeownership Specialist at (906) 495-1450.*

Received by: _____

Date: ___/___/___

Time: _____

I. Applicant/Co-Applicant Information

Please print clearly.

Applicant's Name	
Current Address	
City, State, Zip	
Home Phone	Work Phone:
E-mail Address	

Co-Applicant's Name	
Current Address	
City, State, Zip	
Home Phone	Work Phone:
E-mail Address	

II. Family Composition

Household composition: List the Head of the Household and all other members who reside in the home.

Member Name	Relationship	D.O.B d/m/yr	Sex f/m	Social Security No.	Sault Tribe Member? Yes or No
	Head of Household				

III. Employment Information

Applicant	Co-Applicant
Name & Address of Employer	Name & Address of Employer
Years on this job	Years on this job
Position/Title	Position/Title
<i>If currently employed in more than 1 position, complete the following.</i>	
Name & Address of Employer	Name & Address of Employer
Years on the job	Years on the job
Position/Title	Position/Title

IV. Monthly Income

Start with the applicant then list all permanent family members at least 18 years of age who are listed in the Family Composition section and have income. Provide a signed copy of 1040 (income tax return), W-2 forms, and wage stubs.

Gross Monthly Income	Applicant	Co-Applicant	Total
Wages	\$	\$	\$
Child Support			
Unemployment			
Social Security			
F.I.P Grant			
Retirement			
Disability			
Alimony			
Other ...			
TOTAL	\$	\$	\$

*** Once an applicant qualifies for the program, they must remain income eligible until funds are reserved for them. This will be discussed at the mandatory initial interview.*

V. Combined Housing Expense Information

Combined Monthly Housing Expenses	Present	Proposed
Rent/Month	\$	\$
First Mortgage (P & I) Per Month		
Other Financing (P & I) Per Month		
Liability Insurance/Year		
Taxes/Year		
Mortgage Insurance/Year		
Other		
Total	\$	\$

VI. Declarations

Please answer YES or NO to the following questions:	Applicant	Co-Applicant
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Are you an enrolled Sault Tribe Member? Please provide updated membership.		
Are there any outstanding judgements against you?		
Have you entered a Mutual Help Homeownership or Lease To Purchase Agreement?		
Do you or have you owned a home within the last three years that does not meet construction codes? Explain below...		
Have you owned a home, but recently divorced and did not received the home in the divorce? If yes, provide Quit Claim		
Do you or your spouse have unpaid debt to the STHA, the Sault Tribe, or any of its entities?		
Do you qualify for a mortgage with a local lender?		

Please answer YES or NO to the following questions: (continued)	Applicant	Co-Applicant
Have you had property foreclosed upon or had to give up title or deed in the last 7 years?		
Are you a party to a lawsuit?		
Have you declared bankruptcy within the past 7 years?		
Have you directly been obligated on any loan, which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement?		
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?		
Are you obligated to pay alimony, child support, or separate maintenance?		
Are you a co-maker or endorser on a loan?		
Do you intend to occupy the property as your primary residence?		
Have you had an ownership interest in a property in the last three years? 1) What type of property did you own – principal residence (PR), second home (SH), or investment property (IP)? 2) How did you hold title to the home – solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?		
Do you have any current legal proceeding pending?		
Have you ever committed fraud in any Federally Subsidized-housing program?		

Extra Space to explain above answers.
Be specific.

ACKNOWLEDGEMENT AND AGREEMENT

Certification: I understand that the information given on this application will be held in confidence and used for the sole purpose of determining my eligibility for the Down Payment Assistance Program. The above mentioned is true and complete to the best of my knowledge, and I understand that my selection for this program may be contingent upon the Housing Authority formally verifying this information. I understand that any falsification, misrepresentation, or concealment of information by me can result in expulsion from the program and prosecution under the law. I have no objections to inquiries made for the purpose of verifying the statements made herein.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I further understand that I must remain income eligible until funds are reserved for us/me. I must also complete all program requirements before funds are released. Even though I/we may qualify after submitting an application this does not guarantee funds are available to me/us.

Applicant's signature: _____ **Date:** _____

Co-Applicant's signature: _____ **Date:** _____

AUTHORIZATION Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Sault Ste. Marie Tribe of Chippewa Indians Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Employment, Income, and Assets Residences and Rental Activity Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Social Security Administration	Credit providers and Credit Bureaus	Utility Companies
Law Enforcement Agencies	United States Department of Agriculture (USDA)	

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Personal Information

Name Last:		Middle:
First:		Maiden:
Social Security Number:	Birth Date:	
Driver's License Number:	State Issued:	
Address:		
City, State, Zip:		
E-Mail:		
Phone Number:		

Client Signature _____ Date _____

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 U.S. as to any matter within its jurisdiction.

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CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Personal Information	
Name Last:	Middle:
First:	Maiden:
Social Security Number:	Birth Date:
Driver's License Number:	State Issued:
Address:	
City, State, Zip:	
E-Mail:	
Phone Number:	

Client Signature _____ Date _____

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 U.S. as to any matter within its jurisdiction.
