



Let's Save (Zhaabwiiigedaa) Individual Development Account 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:

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

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. Declarations

Please answer YES or NO to the following questions:	Applicant	Co-Applicant
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 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?		
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 is 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:
Drivers License Number:	State Issued:
Address:	
City, State, Zip:	

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.

Credit History Agreement

Sault Tribe Housing Authority
154 Parkside
Kincheloe, MI 49788
906.495.1450
Fax: 906.495.1456

Please Print Clearly

Last Name	Middle Name
First Name	Maiden or other Last Name
Social Security Number	Date of Birth
Drivers License Number	State Issued
Address	Phone Number
City, State, Zip Code	
Current Employer	Phone Number
Address, City, State, Zip for Employer	
Do you own or rent your home?	

I agree to run a credit report for the purpose of applying for Housing. I understand that I will have to run my own Credit report through...

WWW.Annualcreditreport.com

This is a free report online... Please Attach..

Applicant/Client Signature _____

Date _____