



SHAWNEE TRIBE HOUSING ASSISTANCE PROGRAMS

PO Box 189, Miami, OK 74355 + (918) 542-2441, ext. 105 or 135 + housing@shawnee-tribe.com

Down Payment Closing Costs Program

Down Payment Closing Costs (DPCC) program is a tribal funded gift program providing financial assistance up to \$7,500 in down payment closing costs funds to relieve a portion of the financial burden to purchase a home. All program assistance will be awarded as funding is available. Complete applications will be processed on a first come, first serve basis.

Applicant Information						
Applicant Full Name: (First, Middle, Last)						
Date of Birth: (MM/DD/YYYY)				Tribal Enrollment Number:		
Full Address: (Street, City, ST, Zip)						
Mailing Address: (Street, City, ST, Zip)						
Phone Number:				Alternate Phone or Email:		
Email Address:				Alternate Phone or Email:		
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other: _____	
Home and Property Information						
Will this be your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of structure?	<input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Modular <input type="checkbox"/> Mobile Home Other: _____					
County where property is located?				Approx. year home was built?		
Family/Household Information						
Please list all other persons living in the household on a permanent basis. Start with the oldest and provide name, date of birth, relationship to applicant, and enrollment information if applicable. If you need more space, please use a blank sheet of paper.						
Household Member Full Name (First, Middle, Last)	Date of Birth MM/DD/YYYY	Relationship to Applicant	Enrolled Shawnee Tribe citizen?			
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Household Income Information

List current monthly income of all household members. Please list exact amounts for each month.

Household Member Full Name (First, Middle, Last)	Source of Income	Gross Monthly Amount

List all non-employment income below.

Supplemental Security Income (SSI)	\$	/month
Social Security	\$	/month
Unemployment	\$	/month
Veteran's Benefits	\$	/month
Other (please specify)	\$	/month

Description of Need

In the space below, please summarize your current situation and need for assistance. If you need additional room, please use a separate sheet of paper.

Authorization for Release of Information

NATURE OF CONSENT:

I authorize and direct the Housing Program of the Shawnee Tribe to gather information or materials needed to complete and verify my application for participation in and/or to maintain my continued assistance under Shawnee Tribe Housing Programs.

INFORMATION COVERED:

I understand that previous or current information regarding my household or myself may be needed. Verification and inquiries that may be requested include, but are not limited, to:

- Identity and marital status
- Medical or childcare allowances
- Employment, income, and assets
- Residence and rental history
- Credit history
- Other sources of income

AUTHORIZATION:

I authorize the Housing Program of the Shawnee Tribe to verify all information provided in this application. I agree that a photocopy of this authorization may be used for the purposes stated above; the original of this authorization is on file with the Shawnee Tribe Housing Program and will stay in effect for one year and one month from the date signed.

Applicant Signature: _____ **Date:** _____

Applicant Certification

I certify that all the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements could result in suspension or termination of eligibility for future housing programs and may result in legal action.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the Tribe or other Federal agency requires it in the performance of their duties.

(Initial the following)

- _____ I understand that this program is on a first come, first serve basis and I am not guaranteed project approval.
- _____ I understand that STHP requires certain documentation and that eligibility will not be determined until all documents are received.
- _____ I understand that all payments will be made directly to a title company or appropriate financial closing institution..
- _____ I do not have any unpaid debts owed to the Shawnee Tribe.
- _____ I understand that I will be placed on a waiting list for the program for which this application is being submitted upon receipt of all requested documentation if current program funds have been expended.
- _____ I understand that the home must comply with any local zoning or building codes.

Required Supporting Document Checklist:

Your application will be considered incomplete and will not be processed until all items/documentation have been received by our office.

- Copy of Shawnee Tribe citizenship card
- Copy of driver's license or photo ID
- Closing disclosure
- Title report, deed, BIA TSR
- Other requested information as determined by the STHP

Applicant Name (please print):	
Signature:	Date:

Return completed application and required supporting documents to the Shawnee Tribe Housing Program at housing@shawnee-tribe.com or mail to **Shawnee Tribe Housing Program, PO Box 189, Miami, OK 74355.**