



Comanche Nation Housing Authority

“Service with Pride”

1918 E Gore Blvd, Lawton, OK
 Telephone 580.357.4956 Fax 580.280.4714

APPLICATION FOR THE DOWN PAYMENT AND CLOSING COST GRANT

The purpose of the Down Payment & Closing Cost Grant is to provide a mechanism for those eligible enrolled Comanche Nation Tribal families to secure a loan from a reputable mortgage company for securing an approved property as their primary residence.

To qualify for this program, your household income may not exceed the current HUD annual income limits.

APPLICANT INFORMATION:

Name:	
Purchasing Address:	City/State/Zip:
Current Address:	City/State/Zip:
Home Phone#:	Work/Cell Phone#:
Email Address:	

CO-APPLICANT INFORMATION:

Name:	
Address:	City/State/Zip:
Home Phone#:	Work/Cell Phone#:
Email Address:	

DISCLOSURES:

Are you related to or do you have business ties to any CNHA staff, members of their immediate families, CNHA Board members, members of their immediate families, Comanche Business Committee members, members of their immediate families, and such individual’s business associates?

Yes No

If Yes, Name _____ Relationship _____

HOUSEHOLD COMPOSITION: List all persons who will be living in the household.

NAME: (LAST, FIRST,MI)	RELATIONSHIP TO HEAD	ETHNICITY/TRIBE	GENDER	BIRTH DATE	SOCIAL SECURITY #
	Self				
	Spouse				

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INCOME VERIFICATION:

Please list all income for every member of the household over the age 18.

HOUSEHOLD MEMBER WITH INCOME:	SOURCE OF INCOME: (EMPLOYER, SOCIAL SECURITY, SSI, VETERANS BENEFITS, UNEMPLOYMENT, CHILD SUPPORT, OTHER)	ANNUAL AMOUNT:

NOTE: Please submit verification with your application if the following applies to your situation:

- You have any Child Care expenses.
- You or your spouse is over the age of 62 and are Certified Disabled, and /or handicapped and have medical expenses.

REQUIRED DOCUMENTATION: The following must accompany this application:

	Attached?
Driver's License for applicant and co-applicant if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan Estimate from the lender.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract from the realtor.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Authorization for Release of Information/ Privacy Act signed by everyone living at the residence that is eighteen (18) years of age or older. <i>(Form attached.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Pre-Approval Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Verification proof of income for all household members eighteen (18) years and older that reside in the home. Acceptable forms of proof include: <ul style="list-style-type: none"> • Last two pay stubs • Retirement benefits letter for current year • Social Security award letter for current year • Unemployment documents if unemployed • VA benefits statement for current year • Social Security statements <p>NOTE: Adult household members who have <u>no</u> income must complete the attached Zero Income Certification form and include it with the application. <i>(Form attached.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGE OF HOME:

Was the house you are purchasing built prior to 1978? Yes No

If yes, you will also be required to submit a copy of the "Disclosure of Information on Lead Base Paint and/or Lead Base Paint Hazards" document to the CNHA.

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DISCLOSURE STATEMENT AND SIGNATURES:

I understand that the CNHA will place a temporary lien on my property that will be automatically removed five (5) years after the date of closing. If I sell the property within the first five (5) years of ownership I will be required to repay the grant money to the CNHA at a prorated amount.

The above information is correct to the best of my knowledge. I understand that any false statement or information provided in this application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison. The signatures below are acknowledgement that this law was discussed with the applicant by a Housing Management Specialist.

Applicant Signature

Date

Co-Applicant Signature (If Applicable)

Date

Housing Management Specialist Signature

Date

APPLICATION NOTES:

- It is the responsibility of the applicant to **notify the Housing Authority of any changes** to the information submitted.
- If additional copies are required, all application **forms can also be downloaded** from the CNHA website at the following address: www.comanchehousing.com/services/housing-programs

Office Use Only

CNHA Representative: _____

Date: _____ Time: _____

Comments: _____



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AUTHORIZATION FOR THE RELEASE OF INFORMATION FORM

RE: Request for Information

The individual(s) listed below are applicant(s)/tenant(s) for housing assistance which is subsidized through the U.S. Department of Housing and Urban Development (HUD). Federal regulations require that in order for the household to be eligible, we must verify the household’s income, expenses, medical 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.**

Consent: I consent to allow the Comanche Nation Housing Authority (CNHA) to request and obtain information for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs.

This consent form expires 15 months after signed.

Signatures:

Head of Household (HOH)	_____	_____
	SSN of HOH	Date
<hr/>		
Spouse	_____	_____
		Date
<hr/>		
Other Family Member over age 18	_____	_____
		Date
<hr/>		
Other Family Member over age 18	_____	_____
		Date

Privacy Act Notice. Authority: The Comanche Nation Housing Authority is authorized to collect information by the Native American Housing and Self Determination Act of 1996 (NAHASDA). You are required to provide all of the information requested, including social security numbers of all household members age six years or older. Purpose: Your income and other information are being collected to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. The information will not be otherwise disclosed or released except as permitted or required by law. Penalty: Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.