



# Muckleshoot Housing Authority

38037-158th Ave SE, Auburn, Washington 98092

Phone (253) 833-7616 Fax (253) 735-6473



## Home Repair Program

Dear Tribal Member:

Please complete the attached grant application and submit the following documentation with your application.

- 1. Proof of Ownership:** If the assisted home is located on Trust Land, please include a copy of your Deed, Title Status Report, or BIA approved Lease. This information can be obtained from Trust Services. If the assisted home is located on Fee Land, please include a copy of your Deed or Deed of Trust.
- 2. Payback Agreement:** The attached Payback Agreement must be signed and notarized by each party with ownership/interest in the assisted property.
- 3. Proof of Enrollment:** Provide proof of enrollment with the Muckleshoot Indian Tribe for a minimum of five (5) years. Verification may include a current copy of your Tribal ID card or an Enrollment Verification from the Tribe's Enrollment Office.
- 4. Release of Information:** This release may be used by the Muckleshoot Housing Authority to verify information related to your application and eligibility for program assistance.
- 5. Homeowners Insurance:** Provide proof that the assisted home is covered by a homeowners insurance policy or sign the Homeowners Insurance Acknowledgment included in the application.
- 6. Declaration of Marriage, Domestic Partnership or Cohabitation:** Muckleshoot enrolled couples applying for the use of both applicant's grants must complete the attached form.

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***PLEASE NOTE: We are unable to process your application until ALL documentation is submitted. If you need assistance with this application or have any questions, please call the Housing Authority at 253-833-7616.***

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## Home Repair Grant Application

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### Section 1 – Applicant Information

#### Applicant Name:

\_\_\_\_\_  
Last Maiden if Applicable First

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment No: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Co-Applicant Name:

\_\_\_\_\_  
Last Maiden if Applicable First

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment No: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
County

#### Phone / Email:

(\_\_\_\_) \_\_\_\_\_  
Area Code Contact Number

(\_\_\_\_) \_\_\_\_\_  
Area Code Alt. Contact Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Alternate Email Address

## Section 2 – Housing Information

Please select the situation that best describes your current housing status:

I currently own my home and have a Lease or Deed

Type of ownership (please attach a copy):  Lease  Deed

Allotment or Trust Land Area: \_\_\_\_\_

\_\_\_\_\_

I currently make monthly mortgage payments for my home

Lender Name: \_\_\_\_\_

Other Adults Listed on Mortgage: \_\_\_\_\_

(Please Note: All parties listed on the mortgage must sign the **Residency Payback Agreement** consenting to the payback requirements of this assistance)

Other: \_\_\_\_\_

Provide a brief description of the repairs/renovation you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the above information is provided to the Tribe in order to determine my qualifications for Program Services under NN.01.08 (a) & (b) of the Tribal Housing Assistance Ordinance. In the event that sufficient funds are not available, I may be asked to provide additional information related to my household in order to determine my priority for funding in accordance with the Tribal Housing Assistance Ordinance. I further understand that every effort has been taken to insure that this program provides nontaxable benefits under the general welfare doctrine of tax law, and if a personal tax liability is determined to be owed by me as a result of the benefits, then it will be my responsibility for its payment. Also, I understand that giving false or misleading information may be grounds for rejection of my request and may bar me from receiving any future benefits from the program.

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## Residency/Pay Back Agreement

I/we, \_\_\_\_\_ certify and acknowledge that I/we have been granted \$\_\_\_\_\_ in assistance from the Tribe for the purpose of obtaining and maintaining affordable housing for me/us and my/our family. These funds were to assist with the following homeownership activities:

- Down Payment Assistance for Purchase or Refinance
- Mortgage Principle Buy Down Assistance
- Home Repair or Improvement Assistance

The property is/will be located at \_\_\_\_\_. It is my/our understanding that before I/we can receive these funds, I/we must agree to certain conditions governing the use of these funds and the ownership of the property receiving the assistance.

- **RESALE RESTRICTION:** I/we acknowledge that if the property benefiting from this financial assistance is sold during the first five (5) years from receipt of these funds, the amount advanced to me/us must be repaid to the Muckleshoot Indian Tribe by me/us according to the following prorated schedule:

|                    |             |                                  |
|--------------------|-------------|----------------------------------|
| <b>FIRST Year</b>  | <b>100%</b> | <b>of the funds must be paid</b> |
| <b>SECOND Year</b> | <b>80%</b>  | <b>of the funds must be paid</b> |
| <b>THIRD Year</b>  | <b>60%</b>  | <b>of the funds must be paid</b> |
| <b>FOURTH Year</b> | <b>40%</b>  | <b>of the funds must be paid</b> |
| <b>FIFTH Year</b>  | <b>20%</b>  | <b>of the funds must be paid</b> |

**This requirement is void if the property is sold for a loss. After the fifth year proceeding disbursement, no funds need to be repaid.**

- **REFINANCE RESTRICTION:** A refinance of the mortgage for the purpose of obtaining a lower interest rate and monthly payment is allowable. However, I/we understand that the Tribe will not subordinate its 2nd Deed of Trust position or Lien in order to allow me/us to obtain an Equity Loan, unless the Tribe in its sole discretion determine that it will be used to make health and safety home improvements. I/we understand that the purpose is to insure I/we live in a safe, decent, and affordable dwelling.

**REFINANCE RESTRICTION (continued)**

I/we understand and agree to the conditions associated with the receipt of funds under the Tribal Housing Assistance Ordinance. The Tribe reserves the right to record this document and place a Lien on the assisted property to secure this Residency/Payback Agreement.

\_\_\_\_\_  
Applicant/Homebuyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Homebuyer

\_\_\_\_\_  
Date

Notary Public

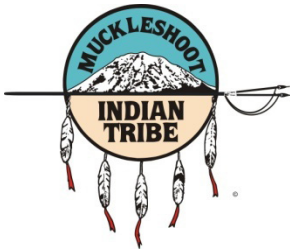
State Of Washington                    )  
                                                          )  
County of \_\_\_\_\_                    )        SS.

On this day \_\_\_\_\_ and \_\_\_\_\_ personally appeared before me and executed the Muckleshoot Indian Tribe Residency/Pay Back Agreement of the Tribal Housing Program and acknowledge that they signed the same as their free and voluntary act indeed, for the use and purpose herein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 2018

\_\_\_\_\_  
Signature of Notary Public Title

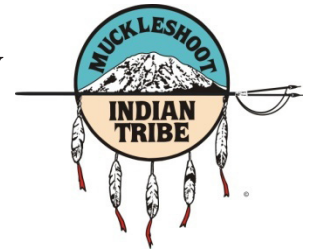
\_\_\_\_\_  
Appointment Expiration



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## Release of Information Authorization

### Consent

I authorize and direct any Federal, State, or local agency organization, business, or individual to release to the Muckleshoot Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Indian Housing Program(s), 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 Muckleshoot Housing Authority in administering and enforcing program rules and policies.

### Information Covered

I understand that, depending on program policies and requirements, 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 Child Care Allowances | Employment, Income and Assets |
| Credit                      | Current Residence/Rental History | Criminal Background Check     |

**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/Current Landlords          | ✓ Past/Present Employers   | ✓ Veterans Administration                  |
| ✓ Retirement Systems                  | ✓ Utility Companies        | ✓ Courts and Post Offices                  |
| ✓ Tribal Tax Fund                     | ✓ Welfare Agencies         | ✓ State Unemployment Agencies              |
| ✓ Credit providers and Credit Bureaus | ✓ Schools and Colleges     | ✓ Banks and other Financial Institutions   |
| ✓ Social Security Administration      | ✓ Health Institutions      | ✓ Medical and Child Care Providers         |
| ✓ Law Enforcement Agencies            | ✓ Tribe/State ICW Agencies | ✓ Tribal Enrollment and Realty Departments |

### Computer Matching Notice and Consent

I understand and agree that the Muckleshoot Housing Authority may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information.

### Conditions

By signing below, understand the intent of this form and agree that a photocopy of this authorization may be used for the purpose stated above.

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Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date



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## Homeowners Insurance Acknowledgment

Homeowners insurance is a type of property insurance that covers a private residence. It is an insurance policy that combines various personal insurance protections which can include losses occurring to one's home, its contents, loss of use, or loss of other personal possessions of the homeowner, as well as liability insurance for accidents that may happen at the home or at the hand of the homeowner.

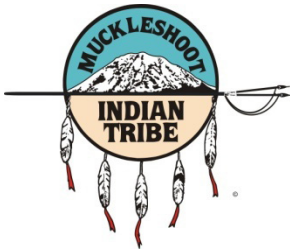
The cost of homeowners insurance is often based on the replacement cost and additional riders that are attached to the policy. Special insurance policies can be purchased to provide additional coverage based on the needs of the homeowner. Home insurance policies are typically term contracts. To ensure continued coverage, the homeowner is responsible for payment of the premium based on the payment schedule.

The Muckleshoot Housing Authority recognizes that it is a personal decision of the homeowner to carry and maintain homeowners insurance for their place of residence. **Homeowners are fully responsible for the costs associated with any damage or destruction that occurs at their place of residence.** It is highly encouraged that each homeowner protects themselves and their investment by obtaining a policy. Housing staff is available to assist with obtaining quotes for coverage.

**BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE BEEN ADVISED OF THE IMPORTANCE OF OBTAINING HOMEOWNERS INSURANCE AND THAT THE HOMEOWNER IS RESPONSIBLE IN THE EVENT OF ANY FIRE OR OTHER CASUALTY.**

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|                        |            |      |
|------------------------|------------|------|
| Applicant              | Print Name | Date |
| Co-Applicant Signature | Print Name | Date |



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## Tribal Housing Assistance Ordinance

### NN.01.08 Programs & Services

The Tribal Housing Assistance Ordinance (THAO) was enacted to provide assistance to eligible Tribal Members to secure safe and affordable housing that meets the physical, social, and cultural needs of the individual or household. The program services authorized through this Ordinance provide for home repair and improvements, home ownership assistance, emergency health and safety assistance and to provide for the construction of new homes that are decent, safe and sanitary.

Programs and services offered in section NN.01.08 of the THAO include:

- Safe Housing Repair and Renovation
- Down Payment Assistance
- Mortgage Reduction
- Modular Home Purchase
- Self Help
- Home Improvement

The maximum grant for program services cannot exceed \$90,000 per eligible head of household applicant. \$20,000 of the total grant per eligible head of household, must be retained for qualified activities under Safe Housing Repair and Renovation.

### Eligibility:

**Muckleshoot Tribal Enrollment:** Applicant must be a Muckleshoot Tribal member at least eighteen (18) years of age and enrolled in the Muckleshoot Indian Tribe for a minimum of five (5) years or be enrolled in the Muckleshoot Indian Tribe and have resided within the Muckleshoot Reservation their entire life.

**Proof of Ownership:** Applicants must provide proof of ownership for the assisted property and utilize the home as their primary residence.

**Proof of Insurance:** Applicants must provide proof that the assisted property is covered by an insurance policy or sign a Homeowners Insurance Acknowledgment.

**Release of Information:** Applicants must sign a Release of Information to allow the Muckleshoot Housing Authority to obtain and verify information relative to eligibility for assistance.

**Residency/Payback Agreement:** Applicants, including any additional parties with ownership of the assisted property, must sign a Residency/Payback Agreement agreeing to payback terms and refinance restrictions during a five (5) year payback period.



Applicants must utilize the assisted property as their primary residence. Safe Housing Repairs and Renovations must be cost effective and make the home safe and in compliance with the version of the Uniform Building Code in effect at the time the repairs are requested. If the applicant's home complies with the Uniform Building Codes in effect at the time and meets the Muckleshoot Indian Tribe's "Safe Housing" standards, the applicant may use their assistance to make cost effective home improvements to the home.

Payment for all assistance will be made directly to the vendor, contractor, or other supplier of materials, goods, supplies and services. In no event is the program able to make payments or reimbursements directly to the eligible applicant.

In the event that sufficient funds are not available, an applicant may be asked to provide additional information related to their household in order to determine their priority for funding in accordance with the established priorities in the THAO.



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## Muckleshoot Housing Assistance Program Declaration of Marriage, Domestic Partnership or Cohabitation

### SECTION 1: SPOUSE

I, \_\_\_\_\_, certify that \_\_\_\_\_  
Print Name Print Spouse's Name

and I were legally married on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Month Day Year

### SECTION 2: DOMESTIC PARTNER OR COHABITANT

I, \_\_\_\_\_, certify that \_\_\_\_\_  
Print Name Print Partner or Cohabitant Name

and I established a relationship beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and we meet the following criteria:  
Month day year

- We share a close personal relationship and are each other's sole domestic partner.
- We are not legally married to anyone else.
- We currently share the same regular and permanent residence and intend to do so indefinitely.
- We share a mutual obligation of support and responsibility for each other's welfare.

### SECTION 3: ACKNOWLEDGMENT

By signing this form, we declare that the information we have provided is true, complete, and correct.

\_\_\_\_\_  
Signature Date Signature Date

\_\_\_\_\_  
Address City, State and Zip Code