



STOCKBRIDGE-MUNSEE COMMUNITY HOMEOWNER ASSISTANCE FUND PLAN

Assistance available for mortgage, utilities, homeowner's insurance and property tax payments for Stockbridge-Munsee Community Tribal Member Homeowners who have been economically impacted by COVID-19 pandemic.

Assistance availability is based on funding provided by the Homeowner Assistance Fund (HAF) established by the Treasury Department.

Qualifying Criteria:

- Suffered impacts due to COVID-19 pandemic
- Must be an enrolled Stockbridge-Munsee Community Tribal member
- Must be 18 years or older
- Must be homeowner and provide proof of ownership/mortgage of residence
- Household income can not exceed 100% of the residing county median income
- One applicant per household

**If you meet the qualifications, submit applications to:

Rose Strege - 715-793-4862
rose.strege@mohican-nsn.gov

OR

Rolanda Bierman - 715-793-4860
rolanda.bierman@mohican-nsn.gov

Applications and more information can be found at:

➤ www.mohican.com

Example of 100% Shawano
County median income

Household size	Maximum Income
1 Person.....	\$56,250
2 People.....	\$64,250
3 People.....	\$72,300
4 People.....	\$80,300
5 People.....	\$86,750
6 People.....	\$93,150
7 People.....	\$99,600
8 People.....	\$106,000

Stockbridge-Munsee Community
Attn: Rose Strege OR Rolanda Bierman
P.O. Box 70
Bowler, WI 54416
715-793-4111





Homeowner Assistance Fund (HAF) Application

Purpose: To provide relief to Stockbridge-Munsee Tribal homeowners that have been economically impacted by COVID-19 pandemic to assist with mortgage payments, utilities, homeowner’s insurance and property taxes. In accordance with the Homeowners Assistance Fund Plan regarding the Homeowner Assistance Fund (HAF), applicants must meet the following conditions to be eligible:

Qualifying Criteria:

- Suffered impacts due to COVID-19 pandemic related issue(s)
- Must be an enrolled Stockbridge-Munsee Tribal Member
- Must be 18 years and older
- Must provide proof of ownership/mortgage of residence
- One applicant per household
- Household income not to exceed 100% of the residing county median income

Example of 100% Shawano County median income	
<u>Household Size</u>	<u>Maximum Income</u>
1 Person.....	\$56,250
2 People.....	\$64,250
3 People.....	\$72,300
4 People.....	\$80,300
5 People.....	\$86,750
6 People.....	\$93,150
7 People.....	\$99,600
8 People.....	\$106,000

Required verifications:

- Copy of Tribal ID/Valid Identification
- Current Utility bill (dated within the last 30 days)
- Proof of all adult household income for the last 30 days (TANF/W2, pay stubs, unemployment, SSI, SSDI, Disability payment, workman’s compensation, child support, alimony, veteran’s benefits, self-employment, taxes, etc.)
- Mortgage Agreement or Mortgage Verification form must be completed by Mortgage Lender
- Vendor, W-9, ACH forms (To be completed by each business receiving payment)

All required verifications MUST be submitted with a fully and clearly completed application. Incomplete applications will not be considered – no exceptions.

Applicant First and Last Name:		DOB:	
Address:		City:	State:
Zip:	County:	Social Security #:	
Phone Number:	Enrolled Member of Stockbridge-Munsee: <input type="checkbox"/> YES <input type="checkbox"/> NO		Enrollment No.
Email:		Annual Income:	

If Applicable:

Co-Applicant First and Last Name:		DOB:	
Address:		City:	State:
Zip:	County:	Social Security #:	
Phone Number:	Enrolled Member of Stockbridge-Munsee: <input type="checkbox"/> YES <input type="checkbox"/> NO		Enrollment No.
Email:		Annual Income:	

List all household members that live with you.
(Additional members can be added to the back of the form)

Name	Relationship	Enrollment Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Type of Assistance Requesting:

- _____ Mortgage Assistance
- _____ Payment assistance for utilities
- _____ Payment assistance for homeowner's insurance
- _____ Payment assistance for property taxes

I attest/swear that I /my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship after January 21, 2020 due to COVID-19 pandemic in the following way(s).

[Please check all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Homeless/Displacement | <input type="checkbox"/> Family death/illness due to COVID |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Increased Childcare needs |
| <input type="checkbox"/> Laid off/Furlough/Job Loss | <input type="checkbox"/> Transportation cost |
| <input type="checkbox"/> Quarantined/Isolation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Company Closed/Less hours | _____ |

By signing this form either manually or electronically I agree that all the statements and attestations are true and accurate.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

****Important Information****

**** Applications will be processed in the order they are received. Economic Support will not be responsible if a payment is made after a due date or if any late fees are incurred during the processing of applications ****