Pueblo of Jemez Housing Authority (POJHA)

Dear Applicant,

Thank you for your interest in applying with our organization for your housing needs. Please complete the attached Homeowner Assistance Fund Program (HAF) application and include all supporting documents. A **complete** application with all supporting documents will ease your application review process. To help complete your application, we have provided a checklist below.

Application Checklist

(Application is considered COMPLETE, with all necessary supporting documents.)

- ❑ **Income Verification** - For **ALL** household members age 18 yrs. & over. *(Check Stubs-1 month period, 2024 Tax Return, Unemployment, Social Security/Disability/Retirement Benefits)* **OR**
- ❑ **Unemployed Affidavit Form** must be completed by unemployed household member(s); **OR**
- ❑ **Self-Employment Affidavit Form** must be completed by self-employed household member(s)
- ❑ **Certificate of Indian Blood** *(Copy of CIB for Applicant)*
- ❑ **Social Security Card** *(Copy of Social Security card for applicant)*
- ❑ **Authorization for Release of Information Form** signed by **ALL** household members age 18 yrs. & over
- ❑ **Complete** & **signed** application, attachment forms, and attachment of Supporting Documents

If Applicable: ❑ **Mortgage Statement(s)** ❑ **Utility/Internet Statement(s)**
❑ **Homeownership Documentation(s) for Rehabilitation Applicants**

Complete application and supporting documents can be returned to the POJHA office, or emailed to: applications@pojha.org

If you have any questions or need additional assistance in completing your application, please contact the POJHA office at (575) 834-0305.

Thank you,

Pueblo of Jemez Housing Authority

PUEBLO OF JEMEZ HOUSING AUTHORITY
P.O. Box 670 ● 4773 Highway 4
Jemez Pueblo, NM 87024
Phone: (575) 834-0305
E-Mail: POJHA@pojha.org Website: www.pojha.org

POJHA Homeowners Assistance Fund Program (HAF)

KEEPING FAMILIES IN THEIR HOMES

The Homeowner Assistance Fund (HAF) was established under section 3206 of the American Rescue Plan Act of 2021 to mitigate financial hardships associated with the coronavirus/COVID-19 pandemic by providing funding to eligible entities, including Tribally Designated Housing Entities (TDHEs) for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities, or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020, including financial hardship that began before January 21, 2020, but continued after that date.

The Pueblo of Jemez Housing Authority (POJHA) is the Tribally Designated Housing Entity (TDHE) and is the grantee of an allocation of $401,321.68 to administer the Homeowner Assistance Fund for the Pueblo of Jemez Indian Reservation and its enrolled tribal members.

Grantees use the funds to provide assistance to eligible households through qualified mortgage related expenses. The HAF program requires that 60 percent of awarded funds must be used to support homeowners with incomes below 100% of the U.S. Median Income Table. The mortgage related expenses include mortgage payment assistance, financial assistance to allow homeowners to reinstate a mortgage, or pay other housing-related costs related to forbearance, delinquency, or default, mortgage principal reduction, utilities and home energy costs, utilities and home energy costs arrears, and repairs to prevent homeowner displacement.

The use and distribution of these funds are limited to eligible households as outlined in POJHA's Homeowner Assistance Fund Policy ("HAF Policy"), as adopted by the POJHA Board of Commissioners under Resolution No. 2024-01 dated February 21, 2024, which limits eligibility to enrolled members of the Pueblo of Jemez living in a homeowner unit within the POJHA Indian Area (i.e., within the Pueblo of Jemez boundaries) OR outside the POJHA Indian Area (i.e., within the State of New Mexico boundaries), among other eligibility factors as described within the HAF Policy.

Please make certain all appropriate fields of this application are filled out completely and all supporting documents are submitted with your application submission. If there are any questions pertaining to this application or the POJHA Homeowner Assistance Fund Program, please visit our website at www.pojha.org, email us at Applications@pojha.org, or call us at (575) 834-0305.

Thank You
Pueblo of Jemez Housing Authority

Applicant Information

Last Name	*First Name*	*M.I.*	
Physical Street Address	*City*	*State (i.e. NM)*	*Zip Code*
Mailing Address (i.e. P.O. Box)	*City*	*State (i.e. NM)*	*Zip Code*
	Pueblo of Jemez		
Phone Number	*E-Mail Address*	*Federally Recognized Tribe*	**Tribal ID No.*
**Social Security #*	**Date of Birth*	*Primary Phone #*	*Years at this address*

**Required*

Type of Assistance Requested

☐ Mortgage Payment ☐ Utility/Internet/Broadband Assistance ☐ Home Repairs

☐ Financial Assistance related to forbearance, delinquency, default, or property taxes

Eligibility – General

1. Do you, the applicant, currently reside in, a homeownership housing unit and have proof of homeownership Such as mortgage, deed, or legal documentation? Yes ☐ No ☐

2. Is your household income at or below the 150% Area Median Income level as determined by the U.S. Department of Housing and Urban Development's (HUD)?

Select Answer: Yes ☐ No ☐

FY 2024 HAF Income Limits Summary for Albuquerque, NM MSA								
	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Greater of 100% AMI or 100% U.S. Median Income	$97,800	$97,800	$97,800	$97,800	$97,800	$100,250	$107,150	$114,050
Greater of 150% AMI or 100% of U.S. Median Income	$97,800	$103,700	$116,650	$129,600	$140,000	$150,350	$160,750	$171,100

3. **Where is your home located?** ☐ Pueblo of Jemez ☐ Within the State of New Mexico

Mortgage Documentation Provided
☐ Title
☐ Deed
☐ Mortgage Statement

Income Documentation Provided (*Please select all that apply*)
☐ One-month paystubs
☐ Pension Statement
☐ Unemployment Statement
☐ Social Security Statement
☐ 2024 Signed Tax Returns
☐ 2024 IRS Form W-2
☐ Written attestation by employer, case worker, or other professional[1]

[1] Written attestation is defined as a letter written, or typed, and signed by an employer, case worker or other professional with knowledge of a household's circumstances confirming the household member's income per week, bi-weekly, monthly, or yearly.

Eligibility – Financial Hardship

4. Do you or any individual in your household qualify for unemployment benefits?

Select Answer: Yes ☐ No ☐

Supporting Document(s) Included (Check all that apply)
☐ Copy of submitted Unemployment packet
☐ Copy of current Unemployment benefits

5. Have one or more individuals in your household experienced any of the following financial hardships due directly, or indirectly, to the COVID-19 pandemic? (Check all that apply)

☐ A reduction in household income
☐ Loss of Employment, Temporary Layoff, or Furlough
☐ Reduction in hours or pay
☐ Unable to work or experiencing financial hardship due to no childcare or school
☐ Increase in living expenses associated with COVID-19
☐ Loss of self-employment or business income
☐ Other pertinent circumstances leading to financial hardship: (*please explain below)*

Supporting Document(s) Included (Check all that apply)
☐ Copies of pay stubs showing a decrease in hours or pay
☐ Letter showing loss of employment, layoff, or furlough
☐ Written attestation by applicant[2]

Duplicate of Benefits

6. A Duplicate of Benefits occurs when a household receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Have you or any member of the household received or anticipate on receiving mortgage, utility, or home repair assistance from any other source(s)?

☐ No ☐ Yes, indicate below the amount allocated from any and all funding sources:

Assistance Provider	*Contact information/Email Address*	*Amount Received*
Assistance Provider	*Contact information/Email Address*	*Amount Received*
Assistance Provider	*Contact information/Email Address*	*Amount Received*
Assistance Provider	*Contact information/Email Address*	*Amount Received*

[2] Written attestation is defined as a letter written, or typed, and signed, or verified, by the household member certifying financial hardship due to the COVID-19 pandemic. A template letter can be found under Attachment 3 (Attestation of Economic Hardship).

Household Data (include applicant)							
	Last Name	First Name	Age	Relationship to Applicant	Current Monthly Income		2024 Annual Income
1.				*Self*	$		$
2.					$		$
3.					$		$
4.					$	**O**	$
5.					$	**R**	$
6.					$		$
7.					$		$
8.					$		$

Income Verification

Provide information on either the total annual income of your household for calendar year 2024 **or** your total monthly household income.

1. Annual Income of household: **$** _____

Note: Applicant must attach and submit wage statements, interest statements, unemployment compensation statements, or a copy of IRS Form 1040 for calendar year 2024 income for all household members.

2. Monthly Income of household: **$** _____

Note: Applicant must attach and submit sufficient documentation to support monthly income at the time of application for all household members.

3. Are one or more individuals within the household unemployed as of the date of this application or have any such individuals been unemployed for the 90-day period immediately preceding the date of this application?

Yes ☐ No ☐

Financial Assistance Requested

Please list which Homeowners Assistance the household wishes to obtain. Any assistance types listed below require the submission of supporting documentation such as a mortgage statement, utility bill, foreclosure/default notices or other documentation approved by the POJHA.

	Assistance Type[3]	Past Due Payments?	Current / Future Payments?	Total Payment Amount	Lender/Utility Company	Account #
1.		☐	☐	$		
2.		☐	☐	$		
3.		☐	☐	$		
4.		☐	☐	$		
5.		☐	☐	$		
6.		☐	☐	$		
7.		☐	☐	$		

Home Repairs: *Please list the repairs needed in your home below*

[3] Payments for mortgage payments not to exceed $3,600, utility assistance not to exceed $600 and repairs not to exceed $4,880.40.

Additional Requirements & Information

1. Applicants must sign a release of information form allowing the Pueblo of Jemez Housing Authority to verify any and all information required to participate in the Homeowner Assistance Fund Program.
2. Completed applications will be processed within ten (10) business days and a notice of acceptance or denial will be conveyed to the applicant. The approval notice will include benefit amount and vendor information. If the application is denied, you will receive notification stating the reason for denial and information regarding the appeals process.
3. Pursuant to 18 U.S.C. § 1001, it states in part, "Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or both."

Applicant Acknowledgements and Attestation

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 150 percent of the Area Median Income for the household.

By my signature below, **I hereby certify and attest** that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify the Pueblo of Jemez Housing Authority of any changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if the Pueblo of Jemez Housing Authority and/or the Pueblo of Jemez determines it is appropriate to do so.

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

Based on household size, the total household income is less than, or equal to, the **100%** HUD median income limit:

Yes ☐ No ☐

Based on household size, the total household income is less than, or equal to, the **150%** area median income limit:

Yes ☐ No ☐

I certify all documentation has been received and thoroughly reviewed for accuracy and completeness, and based on my findings of the submitted application and backup documentation, I find the household to be:

Eligible ☐ Ineligible ☐

POJHA INTAKE OFFICIAL _____ DATE _____

APPROVED: _____

POJHA EXECUTIVE DIRECTOR _____ DATE _____

PUEBLO OF JEMEZ HOUSING AUTHORITY

HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

RELEASE AND CONSENT

I/We, the undersigned, acknowledge that as part of the application process for assistance from the Homeowners Assistance Fund Program ("HAF") provided by the Pueblo of Jemez Housing Authority ("POJHA"), I/We are required to provide background information for POJHA's confidential use, to determine my/our eligibility, and to provide aid.

I/We hereby authorize the release of any and all records or other information, in whatever format, that the person or entity as in his, her or its possession, for the sole purpose as described above, to the below entity:

The Pueblo of Jemez Housing Authority
PO Box 670
Jemez Pueblo, NM 87024
Phone: (575) 834-0305
E-Mail: Applications@pojha.org

I/We understand I/We have right to review any and all records obtained by the POJHA and correct any information found to be incorrect. A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. I/We, the undersigned, acknowledge that if any adult member of the household fails to sign this release and consent, it may constitute grounds for denial of eligibility or termination from the POJHA Homeowners Assistance Fund Program.

Additional disclosure of the information will not be made without the specific consent of the undersigned, except to a federal law enforcement agency upon such agency's notification to POJHA of a violation or possible violation of civil or criminal law by the undersigned.

Name of Applicant	Signature	Date
Name of Adult Household Member	Signature	Date
Name of Adult Household Member	Signature	Date
Name of Adult Household Member	Signature	Date
Name of Adult Household Member	Signature	Date
Name of Adult Household Member	Signature	Date
Name of Adult Household Member	Signature	Date
Name of Adult Household Member	Signature	Date

PUEBLO OF JEMEZ HOUSING AUTHORITY

HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

ATTACHMENT #1

Attestation of Homeownership

Absent any rental or lease-purchase agreement, and in order for financial assistance to be provided under the Pueblo of Jemez Housing Authority's (POJHA) Homeowner Assistance Fund Program, this Attestation of Homeownership must be completed, signed, and dated by the applicant.

I, _____, the Applicant, do hereby attest that my primary residence is
PRINT NAME
located at, _____, and is considered a homeownership

housing unit. I further attest that I am paying $_____ on a _____ basis to the

following Lender:

Lender Name: _____Account Number:_____

Mailing Address: _____Contact Information: _____

City: _____ State: _____ Zip Code: _____

I agree to notify the POJHA of any significant changes to my residency status that would impact my eligibility for the POJHA Homeowner Assistance Fund Program.

By signing below, this form can be provided to the named Lender listed above to obtain any further information regarding my mortgage loan along with the POJHA Release and Consent form.

By signing below, **I certify and attest** that the preceding facts are true and correct to the best of my knowledge and belief. **I further certify and attest** that I am listed as the primary mortgage holder to the above listed homeownership unit and that I understand that providing misleading or false information may result in denial or require repayment of benefits received from the POJHA's Homeowners Assistance Fund Program.

_____ _____

Applicant Signature Date

PUEBLO OF JEMEZ HOUSING AUTHORITY

HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

ATTACHMENT #2

Attestation of Unemployment

Absent any documentation supporting unemployment, and in order for financial assistance to be provided under the Pueblo of Jemez Housing Authority's (POJHA) Homeowner Assistance Fund Program, this Attestation of Unemployment must be completed, signed, and dated by the applicant.

I, _____, the Applicant, do hereby attest that the following household members have qualified for unemployment benefits due directly, or indirectly, to the COVID-19 pandemic:

NAME OF HOUSEHOLD MEMBER(S)
1.
2.
3.
4.
5.
6.
7.
8.

I agree to notify the POJHA of any changes to unemployment status for any household members listed above that would impact my eligibility for the POJHA Homeowner Assistance Fund Program.

By signing below, **I certify and attest** that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received from the POJHA's Homeowner Assistance Fund Program.

_____ _____

Applicant Signature Date

PUEBLO OF JEMEZ HOUSING AUTHORITY

HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

ATTACHMENT #3

Attestation of Economic Hardship

Absent any documentation supporting economic hardship for any household member, and in order for financial assistance to be provided under the Pueblo of Jemez Housing Authority's (POJHA) Homeowner Assistance Fund Program, this Attestation of Economic Hardship must be completed, signed, and dated by the applicant.

I, _____, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship, due directly, or indirectly, to the COVID-19 pandemic.

I agree to notify the POJHA of any significant changes to my household income or financial status that would impact my eligibility for the POJHA Homeowner Assistance Fund Program.

By signing below, **I certify and attest** that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received from the POJHA's Homeowner Assistance Fund Program.

_____ _____

Applicant Signature Date