



## Osage Nation Housing Department

PO Box 147

Hominy, Oklahoma 74035

Phone: (918) 287-5310

Fax: (918) 287-5568

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Dear Down Payment Applicant:

Down Payment Assistance is currently available to qualified applicants. Please fill out the application "**completely**" so that an accurate determination to your needs can be made. Answer all questions on the application. The following supporting documentation is required:

- 1. Application Form**
- 2. CDIB Card(s) for all family members**
- 3. Photo Identification for all adults in household**
- 4. Social Security cards for all family members**
- 5. Proof of Residence (Recent utility bill in the name of applicant)**
- 6. Verification of income-All household members  
2007 Filed Tax Return, Affidavits,  
Award Letters from Government Agencies K-1**
- 7. Official Letter from financing institution verifying loan approval.**
- 8. Physician Statements verifying handicap/disabilities**

If you have any questions contact the Housing Department (918) 287-5310, toll free 1-800-490-8771. Our office hours are from 8:00 am – 4:30 pm, Monday thru Friday.

Sincerely,

Linda Arnold  
Intake Specialist / Data Entry

## OSAGE TRIBAL HOUSING DEPARTMENT DOWN PAYMENT ASSISTANCE PROGRAM

In order to be considered for assistance, you must submit the following items:

- A **completed** Down Payment Assistance Program application;
- Certification of a handicap or disability from two different sources (if applicable);
- Certificate of degree of Indian blood (CDIB)
- Photo identification and social security cards for everyone in the household
- Verification by the lender as to the applicant's qualification for the loan, the terms of the loan, and the purchase price and closing costs associated with the loan; and
- Proof of income in the form of an income tax return. If you do not have this form, you must obtain a signed and notarized statement indicating the reason why you did not file a tax return. Wage stubs or W-2 statements, as proof of income cannot be accepted.

In order to receive program assistance, you must:

- Meet the NAHASDA definition of low to moderate income (please consult the Housing Department);
- Live in the Osage County;
- Select a home that is free from defects and meets the definition of a standard home;
- Head of household must be at least 18 years of age; and
- Submit a **completed** application (including all supporting documentation) to the Osage Tribal Housing Department Po. Box 147 Hominy OK, 74035

When allocating program resources, priority consideration will be given to the following categories:

- CDIB card holders (Osage Preference)
- The Elderly (persons age 62 and over);
- The Near Elderly (persons age 55 and over);
- The Handicapped;
- Persons with very low household incomes;
- Persons with moderate incomes;
- Families with minor children; and
- Veterans

Program resources will be distributed until moneys reserved for the program are exhausted.

If you have any questions about the Down Payment Assistance Program, please call Jason McBride, Osage Tribal Housing Department Loan/Collection Specialist, at (918)-287-5310. If you are elderly, homebound, or otherwise need assistance in completing the necessary forms, please contact the Housing Department and we will arrange for a home visit.

**OSAGE TRIBAL HOUSING DEPARTMENT  
DOWN PAYMENT ASSISTANCE PROGRAM  
POLICY AND PROCEDURES**

Through the Down Payment Assistance Program, the Osage Nation can: 1) enable low to moderate income families to purchase a home valued above what their income would otherwise accommodate; 2) assist families to repair any credit problems or personal finance issues that prevent them from receiving financing through a lending institution; 3) help families maintain their homes after purchase; and 4) increase the housing stock of the Osage Nation community which will be available for future generations.

This Policy is for the Down Payment Assistance Program only. All applicants shall adhere to the following guidelines:

**A. Eligibility Criteria**

1. The applicant must meet NAHASDA income guidelines and must document **ALL** household members' incomes by providing signed copies of income tax returns (or, each household member must include a signed and notarized statement listing the reasons why they did not file tax returns).
2. Eligible applicants must be CDIB cardholders.
3. The head of household must be 18 years of age or older.
4. The applicant must be a first-time homebuyer and not have owned real estate within the last three years. Several exceptions to the first time homebuyer rule will be considered on a case by case basis and include: 1) an applicant that already owns, as their principal residence, a dwelling unit not in compliance with applicable building codes and which cannot be brought into compliance with such codes for less than the cost of constructing or purchasing a code-compliant structure, 2) an applicant who is recently divorced or legally separated, where the previously-owned home was held jointly and the applicant relinquishes all ownership rights to said home.
5. The applicant must be willing to participate in the pre-homeownership counseling program.
6. The applicant must qualify for a first mortgage loan administered by a local lender in the amount of the total purchase price for a qualifying home, within three months of the application approval date.
7. The applicant or any member of the household must not owe any funds to any Housing Authority or Tribal Housing Department in connection with previous participation in a federally assisted housing program.
8. Prior to occupancy, the subject home must be free from defects and meet the definition of a standard home.

## **B. Priorities**

1. Priority consideration will be given to Osage CDIB cardholders. If available resources exceed the number of eligible Osage cardholders, resources will be allocated first to eligible Native Americans and secondly to other eligible applicants.
2. Priority consideration will be given to applicants that are elderly and/or physically impaired/handicapped persons. Disabilities must be verified by two sources, which may include determinations from a medical professional and/or the Social Security or Veterans Affairs Administration.
3. Priority consideration will be given to low income families.

## **C. Limitations**

1. Funding under this program is available only to eligible applicants residing within the Osage Tribe's service area.
2. A completed application for the Down Payment Assistance Program must be submitted.
3. The dwelling obtained through Down Payment Assistance must be the primary residence of the applicant.
4. The applicant must cooperate fully in the pre-homeownership counseling program established for the Down Payment Assistance Program.
5. The applicant must occupy the home purchased through the program within 30 days of the closing date and must make this home their principal residence for no less than five years.
6. Once the applicant has been assisted thru this program, the applicant will **not** qualify for the Emergency Rehabilitation Program for a term of 2 years, and the Rehabilitation Program for a term of 5 years.
7. The applicant must qualify for a mortgage loan through a financial institution. The Housing Department cannot provide down payment assistance for transactions involving land contracts or any lease-to-purchase scenarios.
8. The mortgage secured must have reasonable terms, including a 30-year term at a fixed, reasonable interest rate.
9. The subject home must receive a certified appraisal.
10. The total value of the land associated with the home must not exceed more than 30% of the total appraised value of the property.
11. The applicant homeowner may be responsible for other settlement and finance costs, including the cost of a certified appraisal, associated with the transaction.

12. The home purchased must be either a single-family dwelling, a town house, a condominium unit or a manufactured/mobile home on a permanent foundation. Rental properties and cooperative units will not be eligible, nor will mobile homes that are not placed on a permanent foundation and/or on property not owned by the applicant.
13. Prior to occupancy, the subject home must be free from defects and meet the definition of a standard home.

#### **D. Implementation**

1. The applicant must sign a counseling agreement that will require the applicant and any co-borrower to attend a series of one-on-one counseling sessions prior to the purchase of the home.
2. The applicant must participate in a pre-homeownership counseling program to be conducted by the Housing Counselor, or his or her designee. In the pre-purchase sessions, the Housing Counselor and the applicant(s) will identify homeownership-oriented goals. The Housing Counselor will then prescribe an action plan to meet those goals and will monitor the applicant's progress toward attaining the identified goals. Once the goals are reached, the Housing Counselor will award a pre-homeownership education certificate to the applicant.
4. The applicant must qualify for a first mortgage loan administered by a local lender in the amount of the total purchase price for a qualifying home, within three months of the application approval date. If the applicant fails to secure a mortgage loan within the three-month time frame, the Loan/Collection Specialist will notify the applicant in writing that the application approval has been withdrawn until such time as the applicant's eligibility status changes.
5. The applicant must identify the chosen home to the Housing Department. The Housing Department will then dispatch a Housing Inspector to assess conformance with NAHASDA standards and to determine the cost of repairs necessary to bring the home into such conformance.
6. The lender will provide standard mortgage loan forms and conditions, will set closing dates and times, and will ensure that all appropriate paperwork is complete prior to closing. **It is the responsibility of the applicant to notify the Housing Department of the closing date at least ten business days prior to that date.**
7. Once a lender issues a loan commitment to the applicant, the down payment grant will be sent directly to the lender through certified mail. The check will be made payable to the company handling the real estate closing. No moneys will be granted directly or sub-loaned to the applicant.
8. The amount of the assistance provided cannot exceed 15 percent of the purchase price and closing costs, not to exceed a maximum amount of \$ 5,000.00.

9. If, at any time either during the application process or after purchase of the home, it is determined that the applicant provided false, incomplete or inaccurate information regarding any eligibility factor, an investigation to determine fraud will be conducted. If it is determined that fraud has been committed, the applicant will be subject to penalties under applicable federal, state, or Tribal laws. In addition, approval of their application for down payment assistance will be withdrawn. If the assistance has already been rendered, the applicant(s) will be required to repay the entire down payment amount.

#### **E. Appeals**

1. An applicant may appeal a denial of service or an unsatisfactory amount of grant assistance by way of the grievance policy governing all programs administered by the Osage Tribal Housing Department. A copy of the grievance petition and attendant policies and procedures may be obtained from the Housing Department office at the Osage Industrial Park located 3 miles North of Hominy, OK.

#### **F. Definitions**

1. Elderly shall mean 62 years of age or older. Near elderly shall mean 55 years old.
2. Year shall mean 365 calendar days from the date the initial application was accepted by the Program.

# OSAGE TRIBAL HOUSING DEPARTMENT

## APPLICATION FOR DOWN PAYMENT ASSISTANCE

### A. APPLICANT INFORMATION

1. NAME: \_\_\_\_\_  
Last First MI
2. CURRENT ADDRESS: \_\_\_\_\_  
Street Address
- \_\_\_\_\_
- City State Zip Code
3. TELEPHONE NUMBER: (     ) \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_
5. TRIBAL AFFILIATION: \_\_\_\_\_ 6. ROLL NUMBER: \_\_\_\_\_

### INFORMATION ABOUT SPOUSE:

7. NAME: \_\_\_\_\_  
Last First MI
8. DATE OF BIRTH: \_\_\_\_\_
9. TRIBAL AFFILIATION: \_\_\_\_\_ 10. ROLL NUMBER: \_\_\_\_\_

### B. FAMILY INFORMATION

11. List all persons living in the household on a permanent basis. Start with the oldest member and provide name, date of birth, Social Security number, relationship to applicant, and tribe/roll number.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship to Applicant</u>	<u>Roll Number</u>

If you need more space, use a blank sheet of paper.

### C. INCOME INFORMATION

12. Earned Income: Starting with the applicant, list all permanent family members, including all who are listed under Parts A and B and receive earned income.

<u>Name</u>	<u>Annual Earned Income</u>	<u>Source of Income</u>

Total annual earned income = \$ \_\_\_\_\_

13. Unearned Income: Starting with the applicant, list all permanent family members, including all who are listed under Parts A and B and receive unearned income, such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc.

<u>Name</u>	<u>Annual Unearned Income</u>	<u>Source of Income</u>

Total annual unearned income = \$ \_\_\_\_\_

14. **Total Combined Annual Household Income (earned + unearned):** \$ \_\_\_\_\_

**D. GENERAL INFORMATION**

15. Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap, or permanent disability?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide the person's name and briefly describe the

disabling condition: \_\_\_\_\_

\_\_\_\_\_

\*\* You must verify this condition through two sources, such as a Social Security or Veterans Affairs determination of disability, and/or a doctor's certification.

16. Is anyone in your family, who is a permanent resident listed under Parts A and B of this application, a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please give names and date of

service/discharge: \_\_\_\_\_

17. To your knowledge, have you received housing assistance from any Department of Housing and Urban Development (HUD) program, administered by the Osage Nation Housing Department in the Housing Improvement Program (HIP), administered by the Bureau of Indian Affairs (BIA)?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, indicate amount, date, recipient's name, and the location of the house for which money was used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you \_\_\_\_\_ own or \_\_\_\_\_ rent your current dwelling?

19. Name of Landlord or Mortgage Holder: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

20. Have you ever held ownership interest in any home? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please provide the titleholder's name and describe the previous homeownership arrangement:

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

21. Additional Information: \_\_\_\_\_

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

E. APPLICANT CERTIFICATIONS

(Read these certifications carefully before you sign and date your application. Sign in ink.)

I certify that all of 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 may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if appropriate): \_\_\_\_\_ Date: \_\_\_\_\_

I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds, the characteristics and living environments of other applicants, and other valid considerations. I understand that I have the right to appeal any adverse decision regarding my request for assistance to the Osage Tribal Housing Committee through the grievance policy and procedure governing housing programs.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if appropriate): \_\_\_\_\_ Date: \_\_\_\_\_

I fully understand that, although the maximum, individual grant amount under this program is \$5,000.00, I am not automatically entitled to that amount and I will not receive that amount if 15 percent of the purchase price and closing costs for my home does not equal \$5,000.00. I also understand that my household is eligible to receive assistance under this program only once throughout the term of our household's composition. I have read and fully understand the policy and guidelines provided with this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if appropriate): \_\_\_\_\_ Date: \_\_\_\_\_

I am willing to participate in a homebuyer education program as provided by the Osage Tribal Housing Department.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if appropriate): \_\_\_\_\_ Date: \_\_\_\_\_

Appendix A

**Pre-Homeownership Counseling Agreement**

This agreement certifies that \_\_\_\_\_ and the Osage Tribal Housing Department pledge cooperation and mutual assistance in the process of attaining housing goals as determined by the applicant with the assistance of the Outreach Coordinator, hereinafter referred to as counselor.

The applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant will provide to the counselor any and all information that is required relating to pre-qualification for a mortgage loan or other housing related goal. The applicant recognizes that it may become necessary to obtain information from outside sources, including but not limited to credit reports, employment and household verifications, and other financial information. The applicant therefore authorizes the counselor to obtain additional information from outside sources when necessary to fulfill the obligations of this agreement. The applicant acknowledges that participation in this counseling program does NOT guarantee loan approval.

The applicant also agrees to participate in a pre-homeownership counseling program as prescribed by the Outreach Coordinator. The program will require the applicant to attend one-on-one and/or group counseling sessions as recommended by the Outreach Coordinator. Failure to complete this program will result in the applicant becoming ineligible to receive assistance under the Down Payment Assistance Program.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interests of the applicant.

\_\_\_\_\_  
Applicant/Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant/Co-borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Outreach Coordinator/Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Director

\_\_\_\_\_  
Date