



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

Housing Assistance Program

Policy, Procedures and Application



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

Purpose:

Nisqually Indian Tribal Housing (NITH) administers two programs designed to assist prospective homebuyers and current homeowners who are actively enrolled Nisqually Tribal Members (18 years or older) with a one-time, \$30,000 total lifetime benefit. The Housing Assistance Program (HAP) offers financial assistance for expenses related to home purchase, down payments, closing costs, and loan refinancing. The Nisqually Emergency Assistance Program (NEAP) offers financial assistance for expenses related to rehabilitation, home improvements, and emergency repairs.

Guidelines:

- HAP is specifically designed to address homeownership needs. The maximum amount of assistance for each Tribal Member is a once-per-lifetime thirty-thousand dollars (\$30,000). This assistance program is administered on a first come, first serve basis, to qualified Nisqually Tribal Members that fall into one of the following categories:
 - **CURRENT HOMEOWNERS:** For Tribal Members already owning their homes, this program is designed to assist them with refinancing their existing home loans, making repairs, remodeling, or home improvements.
 - **PROSPECTIVE HOMEBUYERS:** For Tribal Members pursuing home ownership, this program is designed to assist them with down payments, closing costs, interest rate buydowns, and the principle during purchase. The program funds cannot be used as a principal payment unless it is used to reduce interest or allow for lower monthly payments. The net effect is to lower the monthly payments for tribal members.
- HAP is available to current eligible Nisqually Tribal Members residing in the United States. Application review and policy enforcement shall be conducted by NITH. Eligibility exceptions may be made upon review and acceptance by the NITH Director, the Housing Board, and/or Tribal Council.
- HAP participants using the program for ***home purchases or refinancing*** must comply with the following:
 - Applicants must meet the credit requirements of their selected mortgage lender. Applicants will be pre-screened by prospective lenders to determine credit worthiness.
 - Applicants must be able to obtain a mortgage loan with an eligible lender.
 - The lending institution must be willing to participate in HAP and understand its requirements. The borrower will need to sign a Release of Information (ROI) form (attached below) allowing NITH to share information with the lending institution or other necessary organizations.
 - The lending institution must, as a part of its mortgage loan, require purchase of the property insurance, and must escrow the insurance payments and property taxes (when applicable). Homeowner's insurance is required and if home is in a flood plain, flood insurance is also.
 - IRS Form W-9 is required to wire funds to any lender, closing agent or individual seller.



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

- The property must be a single-family property. A single-family property is a single structure containing one to four family dwelling units, which can include condominiums and townhouses. NITH will allow the purchase of manufactured and modular homes that were constructed after 1976.
- Lead-based paint prevention requirements apply to housing acquired under this program, NITH will require the seller to certify that there is no lead-based paint in the home.
- HAP participants using the program for **rehabilitation, remodel or home improvement** must comply with the following:
 - Applicant must show proof of home ownership
 - Homeowner Request Form (attached) must be filled out and approved prior to any work being completed or payments issued
 - Applicant must obtain 3 quotes for activities exceeding \$10,000.00
 - Applicant must obtain W-9 from any vendor or contractor being utilized
- NITH will assist applicants by providing the following:
 - Guidance in successfully working through the process of making an application to a bank/lender for a mortgage loan
 - Facilitating and encouraging participation in Homebuyer's Courses designed to assist new homebuyers in understanding and fulfilling the responsibilities of homeownership
 - If a homebuyer is found to be in default of any portion of the mortgage, NITH may provide or refer the homebuyer to financial counseling to resolve the problem, and may:
 - Arrange a meeting with the homebuyer to discuss the default;
 - Work with the homebuyer to develop a specific plan of action to correct the default;
 - Monitor the homebuyer's plan of action until the default is corrected.
- Funding for the Housing Assistance Program is derived from Nisqually Indian Tribe's supplemental funds.
 - NITH receives funding at the beginning of each fiscal year.
 - If funding for the given year has been expended, NITH will seek approval for additional funds from the Tribe's Budget Committee.
 - If additional funding is unable to be secured, the applicant will be denied and must re-apply for the following year.
 - Funding is not guaranteed from year-to-year.
 - Funds will **NEVER** be disbursed directly to Tribal Member for reimbursements or other uses. Funds must be distributed directly to vendors, contractors or lenders.

Ineligible Applicants:

NITH Staff will not approve ineligible applications. Reasons for ineligibility include:

- Providing false information on the application
- Failing to complete required forms or to supply requested information



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

- Committing fraud in connection with any NITH program or failing to disclose previously committed fraud in connection with any NITH program.
- Having an outstanding debt owed the Nisqually Indian Tribe.

Resale Restrictions:

- Documents for the HAP shall include a First Right of Refusal granted to NITH (attached).
- Tribal members utilizing HAP to purchase a new home will be removed from any rental waitlist upon purchase of their home.
 - In the event of a sale or default, they will continue to be ineligible for a period of 3 years. At that time, they may re-apply for the rental waitlists.

DISTRIBUTION OF FUNDS:

- Funds are distributed on a first come first serve basis per request form received date
- No reimbursements will be issued to the applicant under any circumstances ever.
- Wire process is the ONLY made to the escrow company or the person of a personal sale. IRS Form W-9 for wire recipient is required.
- For rehab, funds will only be paid directly to contractors and vendors.

APPEAL PROCESS

- Individuals or families who have applied for the HAP and who, for any reason, have been determined to be ineligible will be notified by NITH in writing. The notification shall state the reason for ineligibility. All information related to the rejection of the applicant shall be documented and placed in the applicant's file.
- An applicant who has been determined ineligible for HAP may request a reevaluation of the determination within 30 days of the written notification of ineligibility by the Director and Housing Board. The applicant may resubmit eligibility documentation at the time of the reevaluation. A written notification of selection or denial will be provided based on the information provided by the applicant. Other recourse for appealing a NITH decision may also be available and will be described in each letter of denial sent to the applicant.

Eligible Activities

- PROSPECTIVE HOMEBUYERS:
 - Down payment
 - Closing costs
 - Interest rates buy-downs
 - Outright purchase from individual seller
 - Purchase with rehabilitation
- CURRENT HOMEOWNERS:



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

- Refinance
- Rehabilitation, remodel, home improvement costs

Procedures

Applicants must fill out and complete a Housing Assistance Program application (included with these Policies and Procedures) which will provide necessary documentation required by NITH staff to determine eligibility. The application must be completed prior to approving a request. NITH staff will not approve requests from ineligible and unqualified applicants. It will be the applicant's responsibility to ensure that the below listed items are completed and turned in:

- Proof of Tribal Enrollment for applicant
- Proof of Identification (State or Tribal ID, Driver's License)
- Proof of Homeownership
- Proof of Homeowners Insurance
- Obtaining 3 quotes for jobs over \$10,000.00
- W-9 from any vendor you are utilizing
- Signing of the Release of Information



2205 Lashi St. S.E.
 Olympia, WA 98513
 Phone: (360) 493-0081
 Fax: (360) 493-8167
 housing@nisqually-nsn.gov

HOUSING ASSISTANCE PROGRAM APPLICATION

Applicant Information (COMPLETE FOR ALL APPLICANT TYPES):

First Name:	Middle Name:	Last Name:
Address:	City:	Zip Code:
Phone #:	Work #:	Cell #:
Date of Birth:	Social Security #:	Enrollment #:
Email Address:		

Household Information (COMPLETE FOR ALL APPLICANT TYPES):

List everyone who lives in the home on a permanent basis.

Name (First, Middle, Last)	Relationship to Applicant	Date of Birth	Social Security Number	Tribe/ Enrollment #
1)				
2)				
3)				
4)				
5)				
6)				
7)				

Income Information (REQUIRED FOR PROSPECTIVE HOMEBUYERS):

List all permanent family members that receive income.

(This includes, but not limited to, wages, salary, commissions, or profits from self-employment)



2205 Lashi St. S.E.
 Olympia, WA 98513
 Phone: (360) 493-0081
 Fax: (360) 493-8167
 housing@nisqually-nsn.gov

Name	Employer/Source of Income Address & Phone Number	Annual Gross Income
1)		
2)		
3)		
4)		

Unearned Income (REQUIRED FOR PROSPECTIVE HOMEBUYERS):

(This includes, but is not limited to Per-Capita, Child Support, Alimony, retirement, disability, unemployment, General Assistance, Social Security, Public Assistance, rental properties, interest, tax refunds, TANF)

Name	Source's Address & Phone Number	Annual Gross Income
1)		
2)		
3)		
4)		
5)		

Housing Information:

A. Homeowner

Have you ever received any type of housing assistance from the Nisqually Indian Tribal Housing, Nisqually Indian Tribe, BIA, or other tribes? ___ Yes ___ No | If yes, when: _____

Do you own your home ___ Yes ___ No ___ N/A | If yes, date purchased: ____/____/____

Do you own the land your home is on ___ Yes ___ No ___ N/A

Is your home located on the reservation ___ Yes ___ No ___ N/A

Do you have the deed, Title Status Report (TSR), or court order? ___ Yes ___ No ___ N/A | If yes, please attach a copy.

Do you have homeowner's insurance? ___ Yes ___ No ___ N/A | If yes, please attach a copy.



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

Do you have a Homeowner's Association (HOA)? Yes No N/A

B. Buying a home

Property type: Building a home Condominium Manufactured Home Other: _____

Property Address: _____ City _____ State _____ Zip Code _____

Does the property have connection to water and sewer? Yes No N/A

Do you want to apply for a 184 Loan? Yes No N/A

Do you have a lender you are working with? Yes No N/A | If yes, please include lender name and contact: _____

Do you already have a loan approval letter? Yes No N/A

Applicant's Signature _____ **Date:** _____



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

HOMEOWNER REQUEST FORM

Name: _____ Date: ____/____/____

Phone #: (____) _____ Address: _____

Email address: _____ Enrollment # _____

I, _____ certify that I am the Owner of the home located at the address above for which I have requested funding under the Housing Assistance Program. The above address is my primary residence and I do not maintain a separate residence elsewhere. I am requesting assistance with:

Applicant Signature: _____

For Official Use Only: NITH Staff Received _____ Time and Date Stamp _____
--



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

ENROLLMENT VERIFICATION

Today's date ____/____/____

First Name _____ Middle Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number _____ Work ___ Cell ___ Home ___ Message number

Applicants Signature: _____

----- ENROLLMENT STAFF USE ONLY -----

This is to certify that _____ born on _____ is
(Print Name of Enrolled Tribal Member) (Date of Birth)

currently an enrolled member of the _____.
(Print Name of Federally Recognized Tribe)

___He ___She has been assigned with enrollment/roll number _____ for tribal identification purposes.

Printed Name of Enrollment Staff: _____

Signature of Enrollment Staff: _____

Date: _____

Enrollment Seal Stamp:



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

DEBT VERIFICATION

I, _____ give my permission to Nisqually Financial Services to give my financial status of debt to Nisqually Indian Tribal Housing.

Applicant Signature: _____ **Date:** ____/____/____

----- HOUSING STAFF USE ONLY -----

_____ # _____ has been approved for assistance through the Nisqually Indian Tribe's Housing Assistance Program. At this time, to determine the level of assistance available, we are obligated to confirm whether there is a debt owed to Nisqually Indian Tribal.

NITH Staff Signature: _____ **Date:** ____/____/____

----- FINANCIAL SERVICES USE ONLY -----

_____ Yes, the above-mentioned person does have a debt with Nisqually Indian Tribe in the amount of
\$ _____

_____ No, the above-mentioned person has no debt owed to Nisqually Tribe

Financial Services Staff Signature: _____ **Date:** ____/____/____



2205 Lashi St. S.E.
 Olympia, WA 98513
 Phone: (360) 493-0081
 Fax: (360) 493-8167
 housing@nisqually-nsn.gov

RELEASE OF INFORMATION

AUTHORIZATION TO DISCLOSE NISQUALLY INDIAN TRIBAL HOUSING (NITH) RECORDS OF:			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
OTHER LAST NAMES (if any)		TRIBAL ENROLLED	TRIBAL ENROLLMENT NUMBER
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE	
DISCLOSE TO:			
LAST NAME	FIRST NAME	MIDDLE NAME	TITLE
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)			
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
REASON FOR DISCLOSURE (not required)			
AUTHORIZATION:			
<p>SOURCES: I authorize the Nisqually Indian Tribal Housing (NITH) and the department(s) program(s) listed below, to disclose, release and/or obtain confidential information verbally or by computer data transfer, mail, fax, or hand delivery from the following department(s)/Program(s). Please mark the box(s) that apply to you:</p>			
<input type="checkbox"/> Any Dept. of Nisqually	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Training & Professional Development	
<input type="checkbox"/> Administration	<input type="checkbox"/> Health & Wellness Center	<input type="checkbox"/> Tribal Attorney	
<input type="checkbox"/> Building	<input type="checkbox"/> Human resources	<input type="checkbox"/> Tribal Council	
<input type="checkbox"/> Community Services	<input type="checkbox"/> ICW/NCFS	<input type="checkbox"/> Victims of Crime	
<input type="checkbox"/> Court	<input type="checkbox"/> Planning	<input type="checkbox"/> Vocational Rehab	
<input type="checkbox"/> Elder's	<input type="checkbox"/> Probation	<input type="checkbox"/> Wellness Center	
<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Social Services	<input type="checkbox"/> Work Force Development	
<input type="checkbox"/> Enrollment	<input type="checkbox"/> SORNA	<input type="checkbox"/> Other _____	
PLEASE NOTE: If confidential records include any of the following information, you must also complete the below section to allow disclosure of these records.			
SPECIAL RECORDS: I give my permission to disclose the following information held in NITH records (check all that apply):			
AUTHORIZED BY (SIGNATURE)		DATE SIGNED	TELEPHONE NUMBER
PRINT NAME		WITNESS/NOTARY (SIGN AND PRINT NAME IF APPLICABLE)	
If I am not the person who is the subject of the records, I am authorized to sign because I am the: (attach proof of authority)			
<input type="checkbox"/> Parent of a Minor	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Personal representative	<input type="checkbox"/> Other _____



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

FIRST RIGHT OF REFUSAL

To: NIQSUALLY INDIAN TRIBAL HOUSING

RE: Property municipally known as _____ and described as _____.

IN CONSIDERATION OF the sum of \$_____ being paid for this First Right of Refusal, paid by Nisqually Indian Tribal Housing (NITH), to the undersigned "Owner" of the property, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Owner hereby agrees as follows:

1. If, on or before the Termination Date of First Right of Refusal (10 years from date of payment), the Owner receives an offer (a "Third Party Offer") from a third party to purchase the Property from the Owner, which the Owner is prepared to accept, the Owner shall deliver a true copy of the Third Party Offer to NITH.
2. NITH shall have thirty (30) days in which to deliver written notice to Owner to Exercise Right of First Refusal following receipt of the Offer (the Matching Period") to match the Third-Party Offer, in which case NITH shall deliver to the Owner before expiry of the Matching Period, an Offer which shall be on the same terms and conditions as the Third-Party Offer.
3. Upon receipt of the Matching Offer within the Matching Period, the Owner shall forthwith accept the same and deliver a copy of such acceptance to NITH.
4. In the event that NITH does not submit a Matching Offer within the Matching Period, then NITH shall be deemed to have waived its right under this Agreement and the Owner shall be free to accept the Third Party Offer and sell the Property to the party submitting the Third Party Offer; provided however that such sale take place with the same terms and conditions contained in, and within the time provided in, the Third Party Offer, failing which this Agreement shall remain in full force and effect and the Owner shall be required to comply with the same in connection with any subsequent Third Party Offers it receives.
5. This Agreement shall inure to the benefit of NITH, its executors, administrators, and other legal representatives as appointed by the Nisqually Indian Tribe and shall be binding upon the Owner and his or her heirs, executors, legal representatives, successors, and assigns.

DATED: _____

Printed Name of Owner

Signature of Owner



2205 Lashi St. S.E.
Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

Witness:

In _____, on the _____ day of _____, 20____, before me, a Notary Public in and for the state of Washington, personally appeared _____, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC

My Commission Expires: _____

Residing in: _____