



WINNEBAGO TRIBE DOWN PAYMENT ASSISTANCE PROGRAM
APPLICATION

NAME:	PHONE #	EMAIL:
Date of Application Submitted: _____		
DESCRIPTION OF PROPERTY TO BE PURCHASED		
Property Purchase Price: _____		
Owner/Builder: _____ Contact Person: _____		
Property Address: _____ _____		
<p>Down Payment Assistance (DPA) is available only for enrolled Winnebago Tribe of Nebraska members building or purchasing homes on the Winnebago Reservation. Approvals are limited to DPA funding availability. All applicants must meet with the HoChunk Community Development Corporation's DPA Coordinator to initiate the application process which may include eligibility screening, credit check, credit coaching and credit repair, as well as referrals to mortgage lenders and builders.</p> <p>For those building on the Winnebago Reservation, only the new construction of owner-occupied, single-family homes or new construction townhomes will be eligible. See construction requirements in HCCDC Housing Program Guidelines. All homebuyers must honor and abide by subdivision covenants where applicable. Up to \$65,000 is potentially available for qualified applicants building a new home. The DPA cap amount may be reduced for certain new home development initiatives.</p> <p>For those purchasing a previously occupied home on the Winnebago Reservation, homes must meet housing, health, and safety standards. Buyers must honor and abide by any subdivision covenants where applicable. Up to \$5000 or 20 percent of the purchase price (whichever is less) is potentially available for qualified applicants purchasing an existing home.</p> <p>The amount awarded to a qualified homebuyer, in the form of a forgivable loan, is based upon available funds and guidelines associated with each source of those funds.</p>		
AMOUNT OF DOWN PAYMENT ASSISTANCE YOU ARE APPLYING FOR: _____		

For assistance with completing this form, please call 402-878-2192

APPLICANT INFORMATION

APPLICANT			CO-APPLICANT		
Last Name	First Name	Mid Initial	Last Name	First Name	Mid Initial
SSN#	D.O.B.	Married?	SSN#	D.O.B.	Married?
Current Mailing Address:	Circle one: Do you – Rent Own Other (explain)		Current Mailing Address:	Circle one: Do you – Rent Own Other (explain)	
Tribal Enrollment #			Tribal Enrollment #		
Employer Name/Address/Phone		Yrs. On Job	Employer Name/Address/Phone		Yrs on Job
Job Title:			Job Title:		
Total Monthly Income:			Total Monthly Income:		

Household Members (other than Applicant and Co-applicant) who will live in the home			
NAME	RELATIONSHIP TO APPLICANT	AGE	SS#

NEBRASKA AFFORDABLE HOUSING PROGRAM (NAHP) INFORMATION

Eligible DPA applicants may receive a portion of their down payment assistance from the NAHP. This program is specifically for households with incomes at or below 100% of the Area Median Income, as follows:

# in HH	1	2	3	4	5
Income Limit	\$43,875	\$50,125	\$56,375	\$62,625	\$67,687

Supplemental household and eligibility information will be required for DPA assistance provided through the NAHP down payment program. The HCCDC DPA Coordinator will assist the applicant with that process.

LENDER INFORMATION

Are you working with a bank/lender or financial institution? YES NO

Name of Lender: _____ Contact: _____

Address: _____

Phone: _____

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Do you currently have interest in other real property? ____ YES ____ NO

If yes, please explain: _____

PROGRAM CONDITIONS

All homebuyers shall sign a Promissory Note equal to the amount of the DPA award. A subordinated lien in the form of a Deed of Trust will be placed upon the property at the time of signing the promissory note in an amount equal to the loan. This lien shall be in favor of Ho-Chunk Community Development Corporation (HCCDC) and with take a subordinate position to all existing liens.

Property purchased will be subject to Deed Restrictions as required in HCCDC Housing Program Guidelines. The funds provided by the Winnebago Tribe through the Winnebago Down Payment Assistance program shall have a five year deed restriction.

All applicants must secure and maintain casualty insurance to cover loss to the dwelling for an insured value of not less than 80% of the replacement cost. The applicant is required to list HCCDC as a loss-payee on the policy for the duration of the Deed Restriction period.

Property owners may be subject to an annual review of their application in order to verify continuing eligibility and occupancy of the unity by the property owner.

APPLICANT ATTEST: *I/we have or will read the information on lead-based poisoning located at the following website: www.epa.gov/lead/pubs/leadinfo.htm*

_____	_____	_____	_____
APPLICANT SIGNATURE	Date	CO-APPLICANT SIGNATURE	Date

FOR HCCDC TO COMPLETE:

APPROVED – Amount: \$ _____

NOT APPROVED

DATE OF APPROVAL/DENIAL: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

In the process of being considered a qualified applicant for assistance from the Ho-Chunk Community Development Corporation (HCCDC), I (we), the undersigned, hereby authorize HCCDC and/or their designated representatives to investigate by character, general reputation, mode of living, credit status, financial responsibility, rental history, employment, and written statements made by me, and authorize HCCDC to secure a consumer credit report and/or a rental history report for the applicant(s) signing below. I further authorize HCCDC to secure any court records or other information they may need to complete the application process in order to determine our eligibility for assistance.

The original of this authorization is on file with HCCDC and will stay in effect for one (1) year and one (1) month from the date signed below. I (we) understand that I (we) have a right to review my (our) application and correct any information that I (we) can prove incorrect, inaccurate, or outdated.

_____	_____	_____
Applicant's Printed Name	Social Sec. #	D.O.B
_____	_____	
Applicant's Signature	Date	
_____	_____	_____
Co-Applicant's Printed Name	Social Sec. #	D.O.B
_____	_____	
Co- Applicant's Signature	Date	