

Quechan Housing Authority

1860 W Sapphire Lane
Winterhaven, CA 92283
Phone: (760) 572-0243
Fax: (760) 572-0245

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR APPLICATION:

- State ID or Driver's License for all adult household members
- Tribal ID cards for everyone in your household
- Verification of Source and amount of income, such as: paystubs, W2's or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer
- Copies of bills, invoices, or receipts for requested services
- Proof of conveyance document transferring possession of dwelling or a mortgage (Must be Homeowner's primary residence).
- Any supporting documentation demonstrating financial hardship due to the COVID-19 pandemic in relation to the services requested

THE HOMEOWNER ASSISTANCE FUND PROGRAM IS ELIGIBLE TO APPLICANTS WHOSE COMBINED HOUSEHOLD GROSS INCOME IS EQUAL TO OR BELOW 150 PERCENT OF THE AREA MEDIAN INCOME. PLEASE SEE BACKSIDE FOR THE IMPERIAL COUNTY AND YUMA COUNTY MEDIAN INCOME LEVELS.

**ALL DOCUMENTS ARE REQUIRED IN ORDER TO DETERMINE ELIGIBILITY.
ORIGINAL COMPLETED APPLICATIONS MUST BE SUBMITTED IN PERSON
OR MAILED TO THE QHA OFFICE.**

HUD FY 2021 IMPERIAL COUNTY INCOME LIMITS SUMMARY

Persons in Family

FY 2021 Income Limit Category	1	2	3	4	5	6	7	8
Equal To or Less Than 150% AMI	79,900	83,650	94,100	104,550	112,950	121,300	129,650	138,050

HUD FY 2021 YUMA COUNTY INCOME LIMITS SUMMARY

Persons in Family

FY 2021 Income Limit Category	1	2	3	4	5	6	7	8
Equal To or Less Than 150% AMI	79,900	79,900	79,900	81,000	87,500	94,000	100,450	106,950



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HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION

Name: _____

Homeowner Only:

Race: American Indian/Alaskan Indian Black/African American Asian Native Hawaiian
 White Pacific Islander _____
 Ethnicity: Hispanic Non-Hispanic Other _____

Address: _____

City: _____ State: _____ Zip Code: _____ Tribal ID # _____

Phone No.: _____ E-Mail Address: _____

List all household members:

Name	D.O.B.	Tribal Affiliation	M/F	Social Security No.	Income ¹	
					Monthly	Annual

¹Income eligibility may be determined on either an annual (past 12 months) or current monthly basis (current monthly income times 12).

Current Monthly Gross Household Income: \$ _____

Total Gross Household Income for the past 12 months: \$ _____

Please provide a written attestation to household income and, to the extent available, attach supporting documentation (such as paystubs or other monthly wage statements; depository institution statements demonstrating regular income; copies of past tax filings (state and/or federal); other proof of 12-month income and related documentation such as W-2s and IRS Form 1099s; or written attestation from employer regarding income earnings).

1. A household must be deemed eligible to receive homeowner assistance. An eligible household must meet each of the following criteria:

- a. The Homeowner must have experienced financial hardship after January 21, 2020. "Financial hardship" means a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities, or home energy services, or a displacement for a homeowner. Examples of financial hardship include job loss, reduction in income, increased costs due to healthcare or the need to care for a family member, or increases in living expenses.

Did the Homeowner experience financial hardship after January 21, 2020?

Yes No

If "Yes," please explain (and attach supportive documentation such as employment termination letter or healthcare bill or affidavit): _____

- b. Income eligible (eligibility determination based on documentation provided in support of this Application).

2. The Qualified Expenses for which the household wishes to obtain homeowner assistance related to the Homeowner's primary residence (attach supportive documentation) are:

Mortgage payment assistance:

Amount: \$ _____, from _____ (date) to _____ (date)

Financial assistance to allow the Homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default²

Amount: \$ _____

²"Housing-related costs related to a period of forbearance, delinquency, or default" includes payment of fees, penalties, and costs associated with such periods.

- Mortgage principal reduction³
Amount: \$ _____
- Principal reduction on mortgage down payment assistance loans provided by non-profit or governmental entities to Homeowner
Amount: \$ _____
- Facilitation of mortgage interest rate reductions⁴
Amount: \$ _____
- Payment assistance for delinquent property taxes to prevent Homeowner tax foreclosure
Amount: \$ _____
- Payment assistance for:
 - Homeowner’s utilities, including electric, gas, home energy (including firewood and home heating oil), water, and wastewater
Amount: \$ _____, from _____ (date) to _____ (date)
 - Homeowner’s internet services, including broadband internet access service
Amount: \$ _____, from _____ (date) to _____ (date)
 - Homeowner’s homeowner insurance, flood insurance, and/or mortgage insurance
Amount: \$ _____
 - Homeowner’s association fees or liens, condominium association fees, or common charges
Amount: \$ _____
- Cost of assistance to prevent Homeowner displacement
 - Home repairs to maintain the habitability of the Homeowner’s primary residence
Amount: \$ _____
 - Addition of habitual space to alleviate overcrowding
Amount: \$ _____
 - Assistance to enable the household to receive clear title to the primary residence
Amount: \$ _____

3. Has the household received any other federally funded assistance duplicative of any Qualified Expenses for which the Homeowner is seeking financial assistance?

Yes No

If “Yes,” please explain: _____

³“Mortgage principal reduction” includes reductions in a second mortgage provided by a non-profit or governmental entity.

⁴“Mortgage interest rate reduction” includes a reduction in loan interest rate through refinancing or loan modifications. JAHA may pay on behalf of the Homeowner fees and costs for such mortgage interest rate reduction.

Date: _____

Initials: _____

By signing this Application, I attest that the information provided is complete and true to my knowledge. I understand that any false information will void my Application.

Additional attestations are attached to this Application.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Does the household have a household income that is not more than 150 percent of the area median income?

Yes

No

Does the household have a household income that is not more than 100 percent of the area median income?

Yes

No

The household is eligible ineligible

INTAKE OFFICER

DATE

APPROVED: _____

EXECUTIVE DIRECTOR

DATE

