



## **PASCUA YAQUI TRIBE HOUSING DEPARTMENT HOMEOWNERSHIP APPLICATION PACKET**

Dear Tribal Member,

The Homeownership Assistance Program was created to assist tribal enrolled members of the Pascua Yaqui Tribe with Down Payment Assistance. The amount for the Down Payment Assistance may be up to \$5000.00 and you must qualify based on household income. The program is geared to help those that are purchasing a new or existing home. The program is not available for refinancing on an existing mortgage. The funds provided are available to be applied towards closing costs.

**IMPORTANT: The completed application must be received 30 days before the close of escrow date.** If the submission of the application is returned less than the 30-day period, it is not guaranteed the funding will be processed by the closing date.

The applicant/co-applicant will be required to sign the "HOMEOWNERSHIP ASSISTANCE PROGRAM REPAYMENT AGREEMENT" (security document) prior to receiving program funds. All completed applications will be processed along with all supporting documentation on a first come, first served basis and the program will be available contingent upon the availability of program funds.

The following listed documents will be required for the applicant/co-applicant:

1. Identification – photo issued ID by a federal, tribal, and/or state agency
2. Social Security Cards
3. Birth Certificates
4. Marriage Certificate (if applicable)
5. Award Letter(s) such as SSI, VA, Pension, etc.
6. Employment Verification Letter (on company letterhead) to include rate of hourly/salary pay, weekly hours worked, number of weeks worked annually, and employer contact information to include phone number, address, and email.
7. Conditional loan approval letter (prequal)
8. Loan Estimate
9. Real Estate Purchase Contract and/or Addendums
10. Inspection Report
11. Title Commitment (provided by the title company)
12. Appraisal Report
13. Settlement Statement (preliminary & final)
14. Proof of completion (certificate) of Homeownership Course and Financial Literacy Course. The following courses may be completed through the following website:  
<https://creditsmart.freddiemac.com>.

It is the responsibility of all applicants to notify the Pascua Yaqui Tribe Housing Department of any changes that may occur during the transaction; such as address, phone number, purchase contract, lender/financial institution, Realtor, and title company. Please hand deliver or email the completed application along with all supporting documentation to [arriaga@pascuayaqui-nsn.gov](mailto:arriaga@pascuayaqui-nsn.gov). If you have any questions, please contact Rosemary Arriaga @ (520) 879-5991.



**PASCUA YAQUI TRIBE  
HOUSING DEPARTMENT  
HOMEOWNERSHIP  
APPLICATION PACKET**

**APPLICANT INFORMATION**

APPLICANT NAME	SOCIAL SECURITY #	DATE OF BIRTH	ENROLLMENT NUMBER
MAILING ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER	EMAIL ADDRESS

**CO-APPLICANT INFORMATION**

CO-APPLICANT NAME	SOCIAL SECURITY #	DATE OF BIRTH	ENROLLMENT NUMBER
MAILING ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER	EMAIL ADDRESS

**HOUSEHOLD COMPOSITION:**

List ALL persons who currently reside in the home

Legal Name	Relation to Applicant	Age	Sex M/F	Date of Birth	Social Security #
<u>1.</u>					
<u>2.</u>					
<u>3.</u>					
<u>4.</u>					
<u>5.</u>					
<u>6.</u>					
<u>7.</u>					
<u>8.</u>					



# **PASCUA YAQUI TRIBE HOUSING DEPARTMENT HOMEOWNERSHIP APPLICATION PACKET**

## **APPLICANTS EMPLOYMENT INFORMATION:**

EMPLOYER NAME	ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
TAKE HOME PAY	SALARY/HOURLY RATE	Bonuses, Tips, Commissions	OTHER INCOME (Indicate Source and amount)
\$ _____ <u>Circle One:</u> Weekly / Bi-Weekly / Monthly	\$ _____ <u>Please Complete:</u> Hours worked per week _____	\$ _____ <u>Frequency:</u> Weekly / Bi-Weekly / Monthly	\$ _____ <u>Source:</u> _____

## **CO - APPLICANTS EMPLOYMENT INFORMATION:**

EMPLOYER NAME	ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
TAKE HOME PAY	SALARY/HOURLY RATE	Bonuses, Tips, Commissions, Dividends/Interest Earnings	OTHER INCOME (Indicate Source and amount)
\$ _____ <u>Circle One:</u> Weekly / Bi-Weekly / Monthly	\$ _____ <u>Please Complete:</u> Hours worked per week _____	\$ _____ <u>Frequency:</u> Weekly / Bi-Weekly / Monthly	\$ _____ <u>Source:</u> _____

## **BENEFITS INFORMATION:**

*The following information is required for anyone in your household receiving any benefits and/or public assistance (AFDC, SSI, VA, Pension, Child Support, etc.)*

Name of Recipient	Claim/Case Number	Source
Name of Recipient	Claim/Case Number	Source





**PASCUA YAQUI TRIBE  
HOUSING DEPARTMENT  
HOMEOWNERSHIP  
APPLICATION PACKET**

**FINANCIAL OBLIGATIONS:**

*The following are regarding your housing, creditors, and asset obligations*

<b>CREDITORS</b>	<b>Monthly Payment:</b>	<b>Balance Owed on Account:</b>	<b><u>Account Current:</u> <u>Yes or No</u></b>
Monthly Housing Payment:			
Vehicle(s) payment(s) total:			
Loan payments (furniture, appliances, etc.)			
Credit Cards (company name):			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Student Loan Payment:			
Medical Bill Payment:			
Alimony, Child Support payments:			

**REQUESTING ASSISTANCE FOR:**

<b>DOWN PAYMENT:</b>	<b>CLOSING COSTS:</b>
\$	\$
<b>HOME INSPECTION FEE:</b>	<b>ENVIRONMENTAL ASSESSMENT FEE:</b>
\$	\$

**SUBJECT PROPERTY TO PURCHASE:**

<b>Property Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Purchase Price</b>	<b>Contract Signed</b>	<b>Appraised</b>		<b>Home Warranty</b>
\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO



**PASCUA YAQUI TRIBE  
HOUSING DEPARTMENT  
HOMEOWNERSHIP  
APPLICATION PACKET**

**MORTGAGE LENDER INFORMATION:**

NAME OF BANK/LENDER	LOAN OFFICER/PROCESSOR		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

**TITLE COMPANY INFORMATION:**

NAME OF TITLE AGENCY	ESCROW OFFICER		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

**REALTOR INFORMATION:**

NAME OF REAL ESTATE AGENT	NAME OF REAL ESTATE COMPANY		
ADDRESS	CITY	STATE	ZIP CODE
REAL ESTATE AGENT PHONE NUMBER	EMAIL ADDRESS		



**PASCUA YAQUI TRIBE  
HOUSING DEPARTMENT  
HOMEOWNERSHIP  
APPLICATION PACKET**

**HOME INSPECTION COMPANY INFORMATION:**

NAME OF COMPANY	NAME OF INSPECTOR		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

**APPRAISAL COMPANY INFORMATION:**

NAME OF COMPANY	NAME OF APPRAISER		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		



**PASCUA YAQUI TRIBE  
HOUSING DEPARTMENT  
HOMEOWNERSHIP  
APPLICATION PACKET**

I/We understand this is not a contract and does not bind either party. The above information is true to the best of my/our knowledge. I/We give my/our consent to any inquiries being made for the purpose of verifying the above information made herein for the sole purpose of determining eligibility. I/We understand if any information has been falsified intentionally constitutes grounds for rejection of this application. My/Our signatures below constitute the consent and acknowledgement of the above statements.

Applicant Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Print Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## CONFLICT OF INTEREST DISCLOSURE

In accordance with the Conflict-of-Interest Policy, an applicant that wishes to participate in any program that is funded by the IHBG grant must identify (if applicable) any person that participates in the decision-making process or who gains inside information regarding the IHBG assisted activities. Such individuals would be Tribal Board Members, Council Members, members of their immediate families, and Housing Staff.

In reference to the above statement, are you related to anyone employed by the Housing Department, Housing Maintenance Department and/or to anyone a Tribal Board Member(s), Council Member(s)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please identify:

Name of person you are related to	Relationship
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I certify to the best of my knowledge the above listed person(s) is to be true and correct to the best of my ability. I acknowledge the fact of my relations to the above-listed person(s) may pose a conflict of interest and may hinder the processing of my application.

Furthermore, the Housing Department advises you, the applicant, co-applicant, if you receive assistance from a Housing program, there will be a Public Notice posted before assistance is rendered.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date





## FRAUD STATEMENT

**The Federal Fraud law states:**

"Whoever, in any matter within the jurisdiction of any department or agency of the United States, Knowingly and willfully falsifies, conceals, or covers up by trick, scheme or device a material fact, or makes any false writing documents, knowing that same to contain any false, factious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years or both."

This document establishes and certifies that I/We \_\_\_\_\_, \_\_\_\_\_, undersigned tribal member(s) am aware and fully understand the consequences as outlines above, of committing an act of fraud.

I therefore by my/our signature below agree that in the event of being suspected of committing fraud, maybe investigated, and if found guilty for overpayment, or wrongfully processed for payment, because of fraud, will abide by the recommendation(s) set forth by the Pascua Yaqui Tribe.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

STATE OF ARIZONA

)

ss:

County of \_\_\_\_\_

)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



## CONSENT OF RELEASE

I (We)

APPLICANT: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_

I/We hereby give my/our consent to the Pascua Yaqui Tribe's Housing Development's personnel, may request, obtain, and release information pertaining to my/our financial statement, credit history, employment, and/or any information that may be pertinent in determining program eligibility. The information may be released to but not limited to representatives of Financial Institutes, Title Agency, Community Resource agency and/or any Representative directly involved with the processing of the Pre/Post Foreclosure Loan Program.

If the person to whom this request is presented is a brokerage firm, bank, savings, and loan or any other financial institute or an officer of the same, we authorize the above entity to review and/or copy any documents but not limited to financial records, past loan information, notes co-signed, checking account records, savings deposits records whether or not such documents would be otherwise protected from disclosure by any constitutional, or common law privilege.

I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, losses, and expenses.

This form may be reproduced or photocopied, and a copy shall be as effective a consent as the original, which I/We have signed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

STATE OF ARIZONA )

ss:

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

PASCUA YAQUI TRIBE  
Housing Department  
4720 W. Calle Tetakusim  
Tucson, AZ 85757

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



**BEING PROVIDED FOR YOUR  
INFORMATION ONLY**

---

**HOMEOWNERSHIP ASSISTANCE PROGRAM**  
**REPAYMENT AGREEMENT**

Owner Name: \_\_\_\_\_ XXXXXXXXXXXXXXXX  
Enrollment Number: \_\_\_\_\_ XXXXXXXXXXXXXXXX  
  
Co/Owner Name: \_\_\_\_\_ XXXXXXXXXXXXXXXX  
Enrollment Number: \_\_\_\_\_ XXXXXXXXXXXXXXXX  
(if applicable)  
  
Property Address: \_\_\_\_\_ XXXXXXXXXXXXXXXX  
\_\_\_\_\_ XXXXXXXXXXXXXXXX  
  
Legal Description: \_\_\_\_\_

The Owner and Co/Owner (collectively referred to as "Owner") listed above have received assistance from the Pascua Yaqui Tribe Housing Department's Homeownership Assistance Program in the amount of \$ 0,000.00 for the benefit of a down payment, closing cost/pre-pays, Home Inspections, Property Appraisal and or Environmental Assessment expenses.

In consideration of the Assistance provided herein, Owner hereby agrees to the following:

1. The Pascua Yaqui Tribe Housing Department shall immediately be given notice by Owner of any relinquishment of the Property as the primary residence, abandonment, sale, transfer, or other disposition of the Property that occurs within 5 years after the closing date of the loan (e.g. the "Retention Period").
2. In the event the Property is no longer the primary residence, abandoned, or is the subject of a sale, transfer or other disposition during the 5 year Retention Period, the amount of the Assistance provided to the Owner shall be reduced twenty (20%) percent for each year following the closing date of the loan. The remaining balance shall be repaid to the Pascua Yaqui Tribe Housing Department. In the event the repayment occurs during any portion of a year, the amount will be proportionately reduced on a monthly basis for that year. The entire amount of the Assistance shall be forgiven provided the Owner owns and maintains the Property as the primary residence for 5 consecutive years after the closing date of the loan.

**BEING PROVIDED FOR YOUR  
INFORMATION ONLY**

**BEING PROVIDED FOR YOUR  
INFORMATION ONLY**

3. This instrument is subordinate to the rights and liens, if any, under any valid outstanding mortgage, currently of record or which is executed on the same date as this instrument, and constitutes a superior lien against the Property. Foreclosure of such prior recorded lien or a lien based on a prior recorded mortgage shall extinguish this instrument.
4. The provisions of this instrument are hereby declared covenants running with the land and are fully binding on any successors, heirs, and assigns of Owner who may acquire any right, title, or interest in or to the Property, or any part thereof. Owner, its successors, heirs, and assigns hereby agree and covenant to abide by and fully perform the provisions of this instrument.
5. Owner understands and agrees that all disputes arising under this instrument shall be resolved pursuant to the laws of Tribe in the court system of Tribe. This Contract is to be construed strictly according to Pascua Yaqui Tribal law. Owner, by signature below, consents to the exclusive jurisdiction of the Pascua Yaqui Tribal Court over all disputes arising under this instrument. By entering into this Agreement, Tribe does not waive any rights held by Tribe under the Constitution of the Pascua Yaqui Tribe, including, but not limited to, Article XXIV, Sovereign Immunity.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_.

OWNER:                      Signature: \_\_\_\_\_ XXXXXXXXXXXXX  
   Printed Name: \_\_\_\_\_ XXXXXXXXXXXXX

CO/OWNER:                Signature: \_\_\_\_\_ XXXXXXXXXXXXX  
   Printed Name: \_\_\_\_\_ XXXXXXXXXXXXX

THE STATE OF \_\_\_\_\_ XXXXXXXXX  
COUNTY OF \_\_\_\_\_ XXXXXXXXX

On this \_\_\_\_\_ day of \_\_\_\_\_, 20, before me personally appeared  
\_\_\_\_\_ XXXXXXXXXXXXXXXX, whose identity was proved to me on the basis of satisfactory  
evidence to be the person whose name is subscribed to this instrument, and acknowledged that  
he/she executed the same.

My commission expires: \_\_\_\_\_

XXXXXXXXXX

Notary Public

SEAL

**BEING PROVIDED FOR YOUR  
INFORMATION ONLY**