



**Walker River Paiute Tribe**  
**HOMEOWNER ASSISTANCE PROGRAM (HAP)**  
**GENERAL INFORMATION**

**Program Eligibility Criteria:**

- Eligible enrolled Tribal members 18 years or older may receive up to 18 months of assistance through the Homeowner Assistance Program (HAP). Applicants for HAP assistance must be obligated to pay qualified expenses related to mortgages and other allowable housing expenses on primary residential dwelling and meet the three criteria below:
  - Homeowner household experienced a financial hardship after January 21, 2020
  - One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and
  - Homeowner households with income equal to or less than 150% of the median area income: or Homeowner households with income equal to or less than 100% of the median income for the United States, whichever is greater.
- The HAP program can provide Homeowner and utility assistance to eligible members under the following conditions:
  - Any mortgages in arrears needs to be applied for and funded, prior to being eligible for future mortgages and/or utility assistance.
  - All vendors (Mortgage agencies, Lien holders and/or utility companies) must agree to accept payment from the Tribe and complete the necessary documentation. The Tribe will work directly with mortgage agencies, lien holders and utility service providers once a member has been determined to be eligible for HAP assistance.
- Applicant must be an enrolled member of the Walker River Paiute Tribe. Each member must submit proof of enrollment with the application.
- Proof of income for **all** household members at the time of application is required. Proof of income includes:
  - current tax returns for all household members; or
  - Proof of income for at least the 30 days prior from date of application for **all household members**.
- Complete applications with **all** required supporting documentation will be processed in the order listed below:
  - a. Homeowner households with income equal to or less than 100% of the median area income: or Homeowner households with income equal to or less than 100% of the median income for the United States, whichever is greater.

- b. Socially disadvantaged individuals with income equal to or less than 150% of the median area income: or
  - c. Homeowners who have Federal Housing Administration (FHA), Department of Veterans Affairs (VA), or U.S. Department of Agriculture (USDA) mortgages and homeowners who have mortgages made with the proceeds of mortgage revenue bonds or other mortgage programs that target low- and moderate-income borrowers with income equal to or less than 150% of the median area income
    - All other complete applications that have required supporting documentation.
    - Applications will be accepted beginning October 1, 2021, through September 10, 2026 or until all funds are allocated.
- Members wishing to apply for assistance through the HAP program will be required to accurately complete all sections of the application and provide the required supporting documents before applications can be processed. In order to provide homeowner or utility assistance as quickly as possible it is **imperative** the member be prepared to submit a complete application.
    - Applications and supporting documents should be submitted through the email for immediate processing.
    - Applications may be submitted by U.S. Mail but will be processed after all applications submitted through email have been processed which could result in a delay in receiving assistance.
    - Assistance is available to members who do not have internet access or are unable to mail in the application by calling 775.773.2306 ext. 2316. Applications will not be processed until all required supporting documentation is received.
    - **APPLICATION MAY ONLY BE SUBMITTED THROUGH EMAIL OR U.S. MAIL.**
  - Only one application per household will be accepted, regardless of the number of WRPT members in each household. Please **do not** submit multiple applications, duplicate applications will not be reviewed as it will delay the review and approval of all applications.
  - All sections of the application must be completed and required supporting documentation must be attached for an application to be reviewed. Incomplete applications will not be reviewed until all required information is received.
  - The Tribe will use official enrollment information including enrollment number, member name and address on file with the Enrollment Office for verification of enrollment.
    - Members who have a name or address change must contact the Enrollment Office to formally request a name or address change to their enrollment record.
  - **Email is the fastest and preferred method of communication [wrpthap@wrpt.org](mailto:wrpthap@wrpt.org) . Please be sure to list an email address and current telephone number on the application.**

## APPLICATION INSTRUCTIONS

Individuals needing assistance or who do not have access to the internet may apply via U.S. Mail by calling the HAP assistance line during regular business hours.

Mail application to:

Walker River Paiute Tribe  
ATTN: WRPT HAP  
P.O. Box 220  
Schurz, NV 89427

Telephone:

775.773.2306 ext. 2316

Please complete all sections of the application and attach required supporting documentation. An incomplete application will not be processed - written notification will be sent to the applicant indicating missing information on the application.

Application Page 1:

- Please review eligibility criteria, the tribal member (applicant) must be obligated to pay qualified expenses related to mortgages and other allowable housing expenses on primary dwelling and meet all of the following criteria:
  - Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship.
  - Demonstrates a risk of experiencing homelessness or housing instability; and
  - Eligible assistance expenses must be incurred March 16, 2020 – September 10, 2026; and
  - Has a household income at or below 150% of the area median or 100% of the United States Median -whichever is less.
    - Monthly and/or Yearly Gross Income Limit by Household Size in the county you are residing in or United States Median. Please access income information using the following link: [Homeowner Assistance Fund Income Limits \(HAF\) | HUD USER](#)

List all household members and include enrollment number and provide proof of enrollment and list each household member's income.

If requested, additional documentation must be received within 5 days of request.

Provide proof of income for all household members in the household, current tax returns and/or monthly income at time of application for all household members.

All applications must be signed.

Please direct all application questions to: [wrpthap@wrpt.org](mailto:wrpthap@wrpt.org)

Review carefully and sign.

**Please use the check list below to assist you with gathering the required supporting documents to submit as part of your application:**

- HOUSEHOLD IDENTIFICATION:
  - Government issued ID, Birth Certificate, Voter Registration, Tribal documents, Health Benefit ID
  
- PROOF OF FINANCIAL CRISIS DUE, DIRECTLY OR INDIRECTLY TO COVID-19 OUTBREAK:
  - Unemployment Benefit award letter,
  - Proof of reduction in household income,
  - Proof of significant costs or experienced other financial hardship,
  - A written and signed attestation from your employer is acceptable
  - If documentation is not obtainable a written and signed attestation detailing the hardship is acceptable.
  
- INCOME EARNED AND UNEARNED (must provide proof of all income that apply, for all household members):
  - Current pay stubs for at least the last 30 days (if available)
  - Current 1040 Tax Statement or W-2's
  - Award letter from Unemployment
  - Social Security award letter
  - Proof of other income (e.g., Child Support, Spousal Support, Self-Employment, etc.)
  - Bank Statements demonstrating regular income
  - Self-Employment Records
  - Written and Signed Attestation from an Employer
  - Pensions, Retirement
  - Annuities
  
- HOMEOWNER VERIFICATIONS:
  - Current mortgage or lien Agreement signed by the applicant that identifies where the applicant resides and establishes the Homeowner payment amount
  - Evidence of paying Utilities for the residential unit
  - In the absence of a signed mortgage, evidence of the amount of a Homeowner payment may include bank statements, check stubs, or other documentation that reasonably establishes a pattern of payments being made.
  
- UTILITY VERIFICATIONS:
  - Bill
  - Termination Notice
  - Invoice or evidence of payment due to the provider of the utility or home energy service
  
- OTHER EXPENSES (AS APPROPRIATE):
  - Homeowner Association fees
  - Reasonable accrued late fees
  - Insurance bill

**WALKER RIVER PAIUTE TRIBE**  
**EMERGENCY HOMEOWNER ASSISTANCE PROGRAM**  
**APPLICATION**

**WRPT Applicant Information**

Date: \_\_\_\_\_

Tribal Member First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applications for Homeowner assistance may be submitted by only one eligible Tribal member of a household

**Household and Financial Information**

List all household members, if you need additional space, please attach/upload an additional sheet.

**Marital Status:** Single (S) or Married (M)

**Race (only required for primary applicant):** Non-Hispanic White (W), Hispanic or Latino - of any race (H), Black or African American (AA), Asian (A), Two or more races (2), Native Americans and Alaska Natives (NM), Native Hawaiians and Other Pacific Islanders (NH), or Other (please indicate)

Name (Last, First)	Relationship	Marital Status	Race	Sex M/F	DOB	Social Security Number	Roll #
1.	Self						
2.							
3.							
4.							
5.							
6.							

**GROSS MONTHLY INCOME** (before taxes, for at least the last **30 days from date of application and/ or current tax return**) is required for all household members. **Proof of income is required.** If you received unemployment, provide documentation of unemployment benefits.

Name of household member receiving the income	Type of Income (employment, child support, TANF, Social Security, Unemployment, etc.)	Date received or how often received (monthly, weekly, biweekly, bimonthly etc.)	Gross Monthly Amount
1.			
2.			
3.			
4.			
5.			

**If you experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak – explain in detail these circumstances:**

**EMPLOYMENT HISTORY** (If you need additional space, please attach/upload an additional sheet.)

Household Member Working	Employer Name	Start Date	End Date (if any)
1.			
2.			
3.			
4.			
5.			

1. Has anyone in the household received any of the following types of assistance (as of March 2020)? **If yes, please provide organization name, type of assistance and dates of assistance.**

a. Mortgage Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

b. Utility assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

c. Other Housing Assistance (e.g. late fees, insurance premiums, ) : Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Does the household reside in low-income housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state the type of assistance received and amounts: \_\_\_\_\_

\_\_\_\_\_

**Assistance Requested:**

Does the household have an eviction notice or a past due notice for mortgage or utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy with the application. Must be able to provide proof of past due mortgage and/or utilities and any forward mortgage and/or utilities being requested (e.g. mortgage agreement, current utility bill, eviction notice, etc.)

**Mortgage In Arrears:** Yes \_\_\_\_\_ No \_\_\_\_\_

Month(s) Requested	Total Amount Requested	Mortgage company or lien holder	Mortgage company/lien holder address	Mortgage company/lien holder Phone Number or Email

**Future Mortgage:** Yes \_\_\_\_\_ No \_\_\_\_\_

Month(s) Requested -3 month maximum per application period	Total Amount Requested	Mortgage company or lien holder	Mortgage company/lien holder address	Mortgage company/lien holder Phone Number or Email

**Utility Arrears Assistance:** Yes \_\_\_\_\_ No \_\_\_\_\_

Month(s) Requested	Total Amount Requested	Company Name	Company Address	Company phone number or email

**Future Utility Assistance:** Yes \_\_\_\_\_ No \_\_\_\_\_

Month(s) Requested	Total Amount Requested	Company Name	Company Address	Company phone number or email

Does the household have other allowed expenses related to housing (e.g., relocation expenses, Homeowner fees, security deposits, reasonable accrued late fees and internet service)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy with the application. Must be able to provide proof of other allowed expenses related to housing (e.g. relocation expenses, Homeowner fees, reasonable accrued late fees and internet service)?

**Homeowners Insurance, flood insurance, and/or mortgage insurance:** Yes \_\_\_\_\_ No \_\_\_\_\_

Month(s) Requested	Total Amount Requested	Company or Agency Name	Company or Agency Address	Company or Agency Phone Number or Email



**Homeowner Association fees or liens, condominium association fees, :** Yes \_\_\_\_\_ No \_\_\_\_\_

Month(s) Requested	Total Amount Requested	Company or Agency Name	Company or Agency Address	Company or Agency Phone Number or Email

**Past due property taxes :** Yes \_\_\_\_\_ No \_\_\_\_\_

Month(s) Requested	Total Amount Requested	Company or Agency Name	Company or Agency Address	Company or Agency Phone Number or Email

**Are you requesting any of the following assistance?**

- Home repair Yes No
- Home addition to increase habitable space due to overcrowding Yes No
- Repayment of down payment assistance loan provided by non-profit/government entities Yes No
- Assistance in obtaining clear title (lien release) Yes No
- Financial assistance to reinstate a mortgage or pay housing related costs during a time of forbearance, delinquency, or default. Yes No
- Counseling or educational services provided by a HUD approved housing counseling agency Yes No

**All Adult Household Members Must Read and Sign (Application and Release of Information)**

**By signing this application, I attest that the information on this application and the documentation I provide now and in the future to support this application is correct and true to the best of my knowledge.**

**I (we) hereby authorize the staff of the Walker River Paiute Tribe (WRPT) Administration to obtain and exchange information with the following agencies/programs for the purpose of verifying information reported on this application.**

- WRPT Administration Departments
- Social Security Administration Programs
- Unemployment Department
- Department of Health & Human Services
- WRPT Tribal Courts / Child Support Services
- Utility Company(ies)
- Domestic Violence Programs
- Other State, Federal and other Tribal Offices not listed herein
- Employer
- Mortgage company/ Lien holder
- Housing Assistance Agencies

I hereby authorize the WRPT Administration staff and its agents access to any of my records to verify information I provided in my WRPT Emergency Assistance Program (HAP). I also consent to any required investigation by the WRPT to confirm information I provided from any State, Federal or Tribal offices or other agencies so that the WRPT can determine if I am eligible for assistance available through the HAP Program. I understand that the HAP is a benefit assistance program and not an entitlement. I understand such assistance may be considered income for other entitlement program. I understand it is my responsibility to determine any impact program assistance funds I receive may have on public assistance I currently or in the future may receive. If I receive assistance because of withholding information or by knowingly providing false or fraudulent information, I agree to repay the assistance and I understand may be found guilty of fraud and subject to Tribal and/or Federal criminal prosecution. If my application is denied, I understand I may submit a written request for review within ten (10) days of the date of denial. I understand that no person may be denied assistance based on race, color, sex, age, religion, national origin, or political belief. I agree to all terms of this release and disclaimer and I am allowing the WRPT Administration access to my personal information to process my application. By signing this application, I understand that if I am approved, I will be notified at a later date.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**