



# SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195 Wellpinit, WA 99040  
(509) 818-1460 Fax (509) 258-7188

## Down Payment/Closing Cost Assistance Program

The information in this application collected is to identify eligible families or individuals to participate in the Housing Program, and will be used to determining priority for funding. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

Applicant: \_\_\_\_\_  
(First) (MI) (Last)

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

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Message: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Tribe \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Spouse: \_\_\_\_\_  
(First) (MI) (Last)

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Message: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Tribe \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Do you have unpaid debts owing to the Spokane Indian Housing Authority? \_\_\_\_ Yes \_\_\_\_ No

If so, how much and what is the debt from? \_\_\_\_\_

*Note: The disclosure of your Social Security numbers are requested in order to keep your record straight, because other people may have the same name and birthdate. The number will also be used, if necessary, to verify income and to avoid duplication of housing assistance.*

**FAMILY INFORMATION:** List all other persons living in household on a permanent basis. Start with the oldest and provide Social Security numbers.

Name	Relation to Head	Date of Birth	Sex	SSN#	Enrollment #
1.	Head	/ /		- -	
2.		/ /		- -	
3.		/ /		- -	
4.		/ /		- -	
5.		/ /		- -	
6.		/ /		- -	
7.		/ /		- -	
8.		/ /		- -	
9.		/ /		- -	
10.		/ /		- -	

**INCOME INFORMATION:** List all permanent family members at least 18 years old who have income.

Earned income: This includes, but not limited to, wages, salary, commissions, or profits (see staff for definition of income earned from self-employment). You must provide a signed copy of income tax returns, W-2's, or other verification for all sources.

Family Member #	Employer Name / Source of Income	Rate of Pay (WK/MO/YR)
1.		
2.		
3.		

Total annual earned income: \$ \_\_\_\_\_

Unearned income: This includes, but not limited to, rental properties, child support and alimony, retirement, disability, unemployment, interest, tax refunds, general assistance, and public assistance. Provide check stubs, statements, or other verification for all sources.

Family Member #	Source of Income	Amount
1.		
2.		
3.		

Total annual unearned income: \$ \_\_\_\_\_

TOTAL ANNUAL HOUSEHOLD INCOME (earned & unearned): \$ \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

1. Have you qualified for a mortgage with a mortgage company or financial institution? \_\_\_\_ Yes  
\_\_\_\_ No. If you have qualified for a mortgage with an institution:

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

2. Amount Qualified for: \$ \_\_\_\_\_

If you decide to sell the home within the first ten years or fail to maintain the dwelling as your primary place of residence the applicant must repay the amount of down payment assistance as stated in the policy. Does the institution know you are applying for this grant, and do they allow for this type of down payment/closing cost assistance that will be granted to you over the next ten years, if you do not sell the home before the ten years is ended? \_\_\_\_ Yes \_\_\_\_ No

The Spokane Indian Housing must be listed as a Secondary Lean Holder on the Property or Title.

**HOUSING INFORMATION:**

1. What are your plans for a new home:

\_\_\_\_ Purchase an existing home

\_\_\_\_ Purchase a manufactured/modular home

\_\_\_\_ Construct a new home

2. Who are you purchasing the new home from:

Person/Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

3. What is the total cost of the new home: \$ \_\_\_\_\_

4. What are the estimated down payment and closing costs: \$ \_\_\_\_\_

I, the undersigned applicant, certify the foregoing information to be true, complete and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_