



RED CLIFF CHIPPEWA HOUSING AUTHORITY

37645 New Housing Road Bayfield, WI 54814
 (715) 779-3744 (715) 779-5044 Fax

DOWN PAYMENT ASSISTANCE PROGRAM

Please submit the following with your application:

- Proof of land ownership or Tribal lease, if applicable
- Tribal ID
- Proof of income for all household members
- Copy of credit score printout
- Homebuyers Education Course Certificate
- Pre-qualified mortgage loan letter from lender
- Letter of approval from I.H.S. for Water-Sewer Services, if applicable

Applicant Information:

| | |
|-------------------|----------------|
| Name: | Date: |
| Physical Address: | Phone: |
| Mailing Address: | Tribes: |
| Email Address: | Tribal ID #: |
| | Date of Birth: |

Co-Applicant Information:

| | |
|-------------------|----------------|
| Name: | Date: |
| Physical Address: | Phone: |
| Mailing Address: | Tribes: |
| Email Address: | Tribal ID #: |
| | Date of Birth: |

Household Composition:

| Name: | Relationship to applicant: | Ethnicity/Tribe: | Gender: | Date of Birth: | Social Security #: |
|-------|----------------------------|------------------|---------|----------------|--------------------|
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| Are any of the listed household members veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever received down payment assistance from RCCHA? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Income Information: Please list all income for every member of the household over the age of 18.

| Name: | Source of Income: | Annual Amount: |
|-------|-------------------|----------------|
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| | | |
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| | | |

Total Annual Earned Income: \$ _____

| | | |
|------------------------------------|----|--------|
| Supplemental Security Income (SSI) | \$ | /Month |
| Social Security | \$ | /Month |
| AFCD/TANF | \$ | /Month |
| Unemployment | \$ | /Month |
| Child Support | \$ | /Month |
| Other | \$ | /Month |

Total Annual Unearned Income: \$ _____

Monthly Household Expenses:

| | | |
|--|----|--------|
| | \$ | /Month |
| | \$ | /Month |
| | \$ | /Month |
| | \$ | /Month |

Total Monthly Expenses: \$ _____

Home Information: Address, location and information of house to be purchased or constructed.

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|---|--|
| Physical Address: | Purchase Price: \$ |
| Number of Bedrooms: Number of bathrooms: | Appraised Value: (if known) \$ |
| Is electricity available: yes no | Is water/sewer available: yes no |

Lender Information:

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|--|
| Do you have a Pre-Approval Letter from a mortgage lender? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mortgage Lender Name: |
| Address: |
| Phone Number: |
| Contact Person: |

Land Information:

| | |
|---|---|
| Do you or will you own the land on which you wish to construct/purchase this home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the current status of the land? <input type="checkbox"/> Tribal Trust Land <input type="checkbox"/> Alloted Land <input type="checkbox"/> Fee Simple Land <input type="checkbox"/> Other (please describe) | |
| Are you eligible to acquire tribal land, lease, proof of ownership within service area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you eligible for I.H.S./Tribal Water & Sewer Department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any debt owed to Red Cliff Tribe, RCCHA, Water & Sewer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant Certification

I certify that all of the information given on this application is true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance. I further understand that misrepresentation of facts constitutes fraud and could render me ineligible to receive assistance.

Applicants signature: _____ Date: _____

Co-Applicants signature: _____ Date: _____