



Checklist for Down Payment and Closing

(Check item when complete and documentation is provided)

- _____ Application for Delaware Nation Housing Down Payment and Closing Cost Program
- _____ Authorization to Release Information
- _____ Social Security Card(s) of applicant and Co-Applicant
- _____ Certificate of Degree of Indian Blood or Tribal Membership Card
- _____ Income Verification
- _____ Employment Verification
- _____ Signed and dated Income Tax Return and W2's
- _____ Family Size Verification
- _____ Appraisal of house to be purchased
- _____ Age of house: What year was house built:_____.
- _____ Legal description
- _____ Environmental Review Record (ERR)
- _____ Flowchart for E.R.P (24 CFR Part 58);
- _____ Categorically Excluded/ Not Subject to 24 CFR Part 58.5
- _____ Finding of Categorical Exclusion/ Not Subject to 24 CFR Part 58.5
- _____ Categorical Exclusion (not subject to 58.5) 24 CFR 58.35
- _____ Environmental Review Record Compliance with 24 CFR 58.6
- _____ Map ([http:// map1. mcs.fema.gov](http://map1.mcs.fema.gov))
- _____ Finding of Exemption
- _____ Certificate of Completion for homebuyer education class.
- _____ Settlement Statement (readable copy)
- _____ Disclosure of Information on Lead –Based and /or Lead-Based Paint Hazards.
Protect Your Family from Lead in Your Home pamphlet
- _____ Lead- Based Paint (L-BP) visual inspection ()/testing ()/ abatement ()
- _____ Copy of the L-BP inspection or abatement procedures, as appropriate
- _____ Repayment Agreement signed and dated.
- _____ Copy of Second Mortgage and evidence it has been filed at County Clerk's office
- _____ Pictures (included in appraisal)

*** Delaware Tribal Members Only***

Dear Applicant:

The following is an overview of the Down Payment and Closing Cost Assistance Program. Please read it carefully before filling out the application.

Eligibility for Program Assistance: To be eligible for admission to the Down Payment and closing cost, applicants must:

1. Not own their present residence at the time of the mortgage application.
2. Applicants with an existing home are not eligible unless the home is determined to be substandard housing.
3. Applicants seeking to purchase a home from a direct relative must be initially approved for consideration by the Grant Review Committee.
4. Reside nationwide as of 6/12/08
5. Qualify as a family.
6. Complete a homebuyer education class (total of 4 hours; 2 hours class time plus 2 face to face)
7. Have an annual family income which does not exceed the maximum income limit for that family size. (See attached Income Limits)
8. Be 18 years of age or older.
9. Provide all requested information: CDIB card, SS card, employment verification, and income verification, for each working family member
10. Sign all required forms including the consent for disclosure of information.
11. Be able and willing to meet all credit check and financial obligations for loan assistance from an approved certified financial institution.
12. Must sign a Useful Life Binding Commitment

Maximum Grant Funds:

- A. The maximum grant for families with incomes 80% or below the median income as defined by NAHASDA shall be up to no more than \$3,005.

Grant Repayment:

If a grant amount is determined and accepted by the applicant, the applicant shall sign a promissory note and a second mortgage at closing of the home purchase. This mortgage indicates the grant amount may be forgivable and not subject to repayment. However, in the event the home is foreclosed on or sold within five (5) years from the date of grant assistance, the applicant shall be responsible for a partial repayment, as determined by a non-interest prorated schedule.

Please keep this page for future reference. If you have any questions call our office at (405) 247-2448 EX 1210.

DELAWARE NATION HOUSING
Down Payment and Closing Cost Application

Applicants Name: _____

SS#: _____

Co-Applicant's Name: _____

SS#: _____

Re: Family Size

I verify that my family consists of _____ adults and _____ children. This is consistent with information found on my signed and dated Income Tax Return, A requirement of the Application for down payment assistance.

(* Attach a copy of a Social Security Cards)

Applicant's Tribal Affiliation _____

(*Attach Copy)

Co-Applicant's Tribal Affiliation _____

(*Attach Copy)

Current Address: _____

Home Number: _____ Work Number _____

Are you A First-Time Homebuyer? _____ Yes _____ No

Address of House to Be Purchased: _____

Legal Description: _____

If real estate contract has been signed than attach copy of legal description to application

Applicant's Gross yearly Income: \$ _____

Co-Applicant's Gross yearly Income \$ _____

Total Gross Yearly Income: \$ _____

(*Attach Previous Year's Signed And Dated Income Tax Return And W2'S Plus The Last 30 Days Of Pay Stubs For The Applicant And Spouse and/or Co-Applicant

I understand the information provided to me and will abide with the requirements listed by The Delaware Nation Housing.

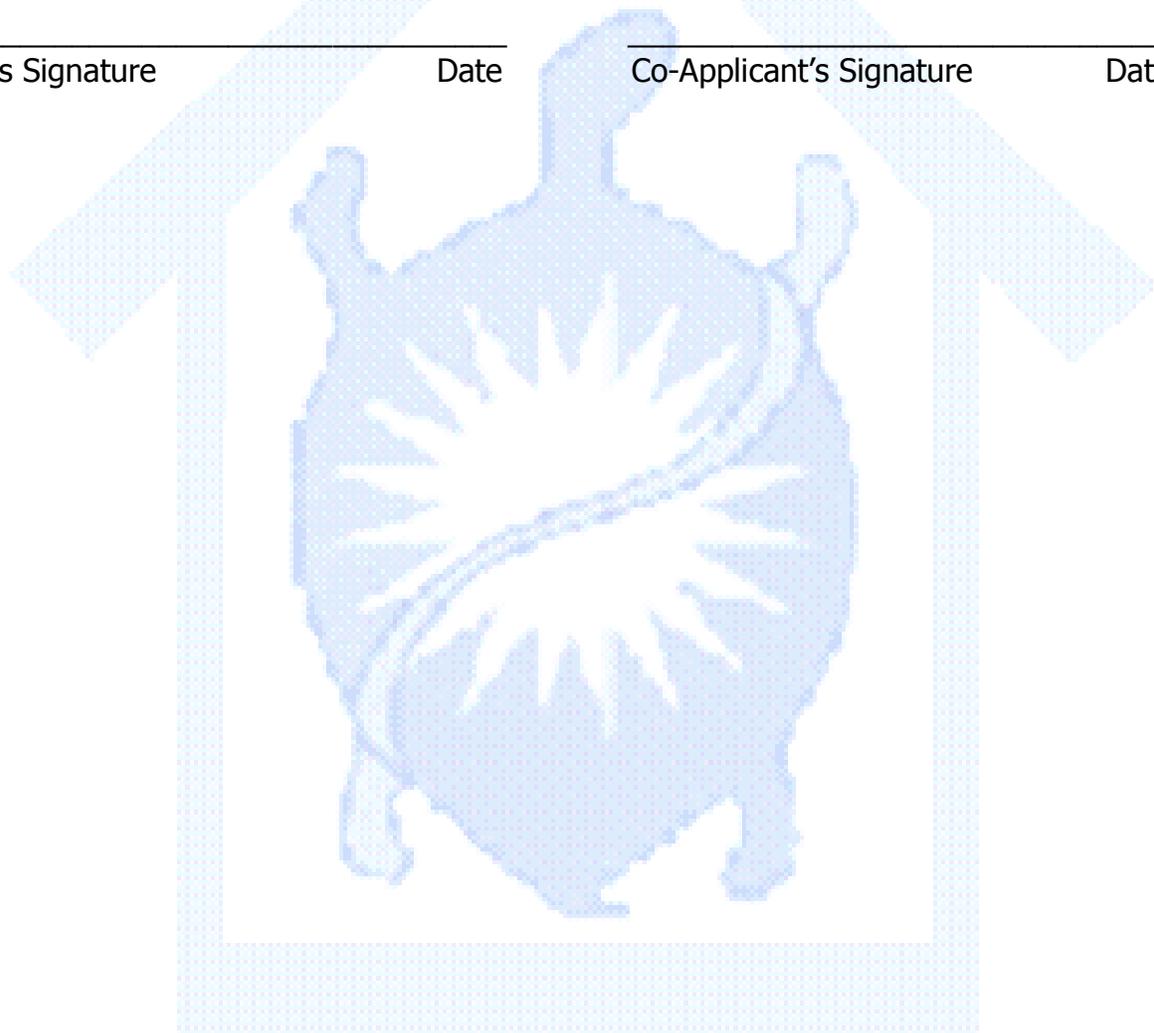
Items containing an asterisk (*) must be attached to this signed and dated application.

Applicant's Signature

Date

Co-Applicant's Signature

Date



DOWNPAYMENT GRANT REPAYMENT

It is understood by the borrowers the grant from the Delaware Nation Housing shall become due and payable in the event of any of the following:

1. The original borrower must occupy the property. In the event the borrower does not occupy the subject property the grant is due and payable to the Delaware Nation Housing.
2. If the property is sold within five years of the date of closing, the grant shall be repaid by prorating the original amount by sixty months and only forgiving the number of months in which the original borrower owned the home.
3. If the property is loss due to foreclosure on the first mortgage, the grant will be due in its entirety.

If the borrower remains in the property for the full five years, the grant amount is totally forgiven and will not encumber the title after this date.

By signing below the borrowers understand the terms of this grant.

_____ Dated: _____
Borrower

_____ Dated: _____
Co-Borrower

Notary Public: State of Oklahoma)
County of _____)

The foregoing instrument was acknowledged before me on this _____ day _____ of _____, 2014, by _____.

Notary Public : _____

Commission Expires: _____

Verification of Employment

To: (Name and Address of Employer)

From: DELAWARE NATION HOUSING
 PO Box 825
 Anadarko, Ok 73005

I have applied for the Down Payment and Closing Cost Assistance Program from the Delaware Nation Housing and stated that I am or was employed by you. My signature below authorizes verification of my employment information.

Signature of Applicant: _____ Date: _____

Social Security No: _____

Employment Data

Pay Data

Applicant's Date of Employment	Base Pay (Current) Or Other Income
Present Position	\$ _____ Annual \$ _____ Hourly
Probability of Continued Employment	\$ _____ Monthly \$ _____ weekly
	\$ _____ Other (specify)

A. Number of hours worked per week: _____

B. Anticipated increase or decrease in salary in the next 12 months _____

C. Anticipated overtime hours to be worked in the next 12 months: _____

Verified by signature	Title	Date
Print name/phone		

Authorization to Release Information

Applicant: _____

Co-Applicant: _____

I/We have applied for a mortgage loan. I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all the information is true and complete. I/We made no misrepresentation in the loan application or other documents, nor did I/we omit any pertinent information. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provision of title 18, United States Code, Section 1014.

I/We hereby give my/our consent for information contained in the loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program, to be verified or re-verified. This verification or re-verification may be made by: The Delaware Nation Housing, it's agent successors and/or assigns either directly or through a credit reporting agency. Such information includes, but is not limited to, employment history, and copies of income tax returns and/or W/2 forms.

A photographic or carbon copy of the signature(s) of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

This is notice to you as required by the Right Financial Privacy Act of 1978 that the Veterans Administration or Department of Housing and Urban Development, whichever is appropriate has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to (VA or HUD) without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent, except as required or permitted by law.

Borrower Signature

Date

Borrower's Social Security #

Co-Borrower Signature

Date

Co-Borrower's Social Security #

Promissory Note

Down Payment Amount from DNH:

\$ _____

Address : _____

For value received I/We do hereby promise to pay the order of Delaware Nation Housing the principle sum of _____ dollars, (\$ _____), in the event of failure to perform any of the covenants and agreements set forth in the second mortgage securing this note, at the option of the legal holder hereto, said principal sum with interest due and accrued thereon shall become at once due and payable without notice and may be collected immediately. Payment of this note may be made at any time subject to the condition set forth in the second mortgage which is attached hereto and incorporated by reference.

If the borrower remains in the property for the full five years, the grant amount is totally forgiven and will not encumber the title after this date.

By signing below the borrowers understand the terms of this grant.

Borrower Signature Date Borrower's Social Security #

Co-Borrower Signature Date Co-Borrower's Social Security #

Notary Public: State of Oklahoma)
County of _____)

The foregoing instrument was acknowledged before me on this _____ day _____ of _____, 2015, by _____.

Notary Public : _____

Commission Expires: _____