



Department of Administration
COVID-19 Homeowner Assistance Program

Post Office Box 638 / Ada, OK 74821-0638 / (580) 757-9082 / Toll-free: (833) 551-0980 / Fax: (580) 272-1398 / Email address: HAP@Chickasaw.net

Participant Certification
Version Dated July 1, 2022

Program administrator: Chickasaw Nation

Program administrator contact information: HAP@Chickasaw.net (580) 757-9082 / Toll-free (833) 551-0980

Household member name(s): _____

Property address: _____

Household member phone no.: (____) _____

Household member email address: _____

The homeowner(s) attest and certify that:

1. I/we have a vested legal equitable ownership interest in the household listed on my/our application.
2. I/we have occupied the above-referenced household as my/our principal residence during the period from which the mortgage property taxes, insurance, and/or utilities and home energy costs assistance is requested and shall occupy the household as my/our principal residence throughout the remaining months for which the assistance is provided.
3. I/we have disclosed any monthly federal subsidy amounts and any household mortgage adjustments made according to changes in income for the household. I/we understand that homeowner assistance provided by this program shall not be used for the same costs covered by any other form of government assistance.
4. I/we shall not seek to obtain assistance in the future for the same period covered by this assistance, and if I/we do receive such assistance, I/we shall report it to the mortgage lender using the contact information in my/our mortgage statement, and to the program administrator using the contact information at the top of this form.
5. I/we shall inform the program administrator, using the contact information at the top of this form, within 10 calendar days if I/we no longer occupy the household as my/our principal residence during the period of assistance.
6. To my/our knowledge, neither I/we nor the mortgage lender, have previously received mortgage assistance funded by the U.S. Department of Treasury Homeowner Assistance Fund for the expenses requested with this application.
7. I/we have provided a current mortgage statement to the program administrator or other reasonable documentation evidencing proof of residency and monthly mortgage amount. The information I/we have provided regarding the terms of my/our mortgage and mortgage amount is true and accurate.
8. I/we have experienced a COVID-19 qualified financial hardship, as indicated on my/our application for assistance. A qualified financial hardship is a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased risk of mortgage delinquency, mortgage default, foreclosure, or loss of utilities or home energy services due directly or indirectly to COVID-19 which create a financial hardship, as determined by the program administrator.
9. I/we have experienced a reduction of income, which includes a temporary or permanent loss of earned income documented after January 21, 2020, **or** I/we have experienced an increase in living expenses, which includes an increase in out-of-pocket household expenses directly related to the COVID-19 pandemic after January 21, 2020.
10. All information I/we have provided in connection with my/our application is correct and complete, and if requested, I/we shall provide additional documentation needed to certify my/our eligibility and process my/our application, including information needed to prove my/our household's reduction of income or increase in living expenses.

11. I/we acknowledge that access to all information collected, assembled, or maintained by the program administrator pertaining to this agreement/certification, except records made confidential by law or court order, may be provided to the U.S. Department of Treasury, Office of Inspector General, or other for audit and/or reporting purposes.
12. I/we have been provided a copy of this agreement/certification.
13. I/we may remain responsible for charges authorized under the mortgage (other than mortgage, taxes, insurance, or utilities authorized and paid for by the Chickasaw Nation HAP pursuant to this application) going forward.
14. I/we authorize the utility providers, including internet service providers, property tax authorities, insurance providers, and/or the mortgage lender named on the application to release account and billing information to and accept payment from the Chickasaw Nation on behalf of the household through the Chickasaw Nation's HAP.
15. I/we authorize the Chickasaw Nation to request and receive billing history, request and receive balances on the account(s) provided in the application and remit payments. I/we understand that by authorizing the Chickasaw Nation to conduct the above-named transactions on the account(s) listed on the application I/we, as the homeowner(s) and/or utility customer(s), may direct or perform even though ***I/we remain responsible for all payment and other service obligations. I/we understand the acceptance of this application is not a guarantee that the Chickasaw Nation shall make any payments to the utility/insurance provider(s), property tax authorities, and/or mortgage lender on my/our behalf.***
16. This authorization shall expire one year from the date of application I/we request to terminate this authorization in writing.

Attestation:

I/we hereby attest that I/we agree to all of the above statements unless otherwise indicated; that all information I/we provided to the Chickasaw Nation HAP is true and correct; and that I/we will cooperate with the Chickasaw Nation as reasonably necessary to process my/our application.

Applicant signature

Date

Applicant signature

Date