

**IOWA TRIBE OF OKLAHOMA
 DOWN PAYMENT CLOSING COST ASSISTANCE APPLICATION
 335588 E 750 RD
 PERKINS, OK 74059
 PH (405) 547-2402
 FAX (405) 547-4364**

Down Payment Assistance Application

APPLICATION INFORMATION					
Applicant's Name (include Jr. or Sr. if applicable)			Co-Applicant's Name (include Jr. or Sr. if applicable)		
Tribal Enrollment #	Home Phone	Age	Tribal Enrollment #	Home Phone	Age
Present Address (street, city, state, ZIP)			Present Address (street, city, state, Zip)		
Date of Birth	Social Security Number		Date of Birth	Social Security Number	

HOUSEHOLD DATA	
Number of Adults _____	Number of handicapped/disabled _____
Number of Children _____	Explain Handicap/Disability of each handicapped/disabled individual _____
Number of Elderly (over 55) _____	_____

MONTHLY INCOME DATA	
Income verification is <u>required</u> to process this application. Please <u>attach</u> paycheck stubs or other pertinent verification of income.	
Employer: _____	Monthly Net Income: \$ _____
Employer: _____	Monthly Net Income: \$ _____
AFDC	Monthly Net Income: \$ _____
Social Security.....	Monthly Net Income: \$ _____
Pension/Retirement.....	Monthly Net Income: \$ _____
Disability.....	Monthly Net Income: \$ _____
Unemployment Compensation.....	Monthly Net Income: \$ _____
Rental Income.....	Monthly Net Income: \$ _____
Child Support.....	Monthly Net Income: \$ _____
Per Capita.....	Monthly Net Income: \$ _____
Other:.....	Monthly Net Income: \$ _____
TOTAL INCOME \$ _____	

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PROPERTY INFORMATION	
Street Address of New Property: _____	
City: _____	State: _____ Zip Code: _____
County: _____	Type of Home: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Condo
Source of Heat in the Home: <input type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Oil <input type="checkbox"/> Other _____	
Is the home you are purchasing or building on private water and sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FINANCIAL INSTITUTION INFORMATION	
Financial Institution/Lender Name: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Contact Person: _____	Phone: _____ Ext. _____

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained within this application may result in a penalty of being ineligible for the Down Payment Assistance and a denial of the processing of the application and any future applications for this program.

Applicant Signature	Date	Co-Applicant Signature	Date

ONLY ONE APPLICATION PER HOUSEHOLD

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MONTHLY BASIC LIVING EXPENSES

Fixed:

Mortgage/Rent	
Property Tax	
Gas / Heat	
Electricity	
Water/Sewer	
Garbage	
Home Phone	
Cell Phone	
Car Payment 1	
Car Payment 2	
Car Insurance	
Health Insurance (total)	
Additional Insurance	
Child Care	
FIXED SUB-TOTAL	

Variable:

Groceries	
Eating out	
Long Distance	
House Maintenance	
Gasoline / Vehicle	
Car Maintenance	
School Supplies	
Clothes	
Gifts	
Cable/Satellite	
Entertainment/Recreation	
Pets	
Cigarettes	

Laundry	
Travel	
Bingo/Casino	
Contributions	
Emergency Savings	

	Monthly	
	Total Amt	Payment
Credit Card(s)		
Dental		
Vision		
Medical		
Tribal Loan		
Garnishments/Judgments		
Other Loans		
SUB-TOTAL DEBTS		
TOTALS		
FIXED		
VARIABLE		
DEBT		
TOTAL EXPENSES		

INCOME

Monthly Net Income 1	
Monthly Net Income 2	
Per Cap 1	
Per Cap 2	
SSI (disability)	
Pension Benefits	
Retirement Benefits	
Veteran's Benefits	
TOTAL INCOME	

TOTAL INCOME	
Minus Monthly Exps.	
Minus Monthly Debts	
MONTHLY NET INC	
Monthly Loan Pmt.	
Bal. Avail. Per Month	

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Maximum Down Payment/Closing Cost Assistance Amount. The maximum amount of assistance for each homeowner will be (\$5,000) Five Thousand Dollars per lifetime.

Down payment/Closing Cost assistance is a fixed amount towards purchases exceeding \$25,000.00; the Iowa Tribe of Oklahoma's Housing Authority Board of Commissioners must approve any lesser amount.

The house must pass all Housing Quality Standards as established by the Iowa Tribe of Oklahoma's Housing Authority. All homes must be within acceptable health and safety standards as defined by the Iowa Tribe of Oklahoma's Housing Authority. No substandard homes will be allowed to be purchased through this fund.

The Down Payment/Closing Cost Assistance Program is operated on a first-come first- served basis. If funds are unavailable for the Down Payment/Closing Cost Assistance Program, Iowa Tribe of Oklahoma Housing Authority may suspend or discontinue accepting applications until funds become available.