
CHAIRWOMAN
Sallie Kerchee Tonips



EXECUTIVE DIRECTOR
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APPLICATION INSTRUCTIONS FOR THE DOWN PAYMENT AND CLOSING COST GRANT

1. Complete the application that starts on page two of this document.
2. Include the following required documentation with your application:
 - ❖ Copy of Certificate of Indian Blood (C.D.I.B) for each applicant.
 - ❖ Copy of Driver's License and Social Security Card for each applicant.
 - ❖ Income Verification for each applicant including the following:
 - 1) Copy of last two pay stubs
 - 2) Copy of last two year's W-2's
 - 3) If self-employed, include a complete copy of last year's Tax Returns, including ALL schedules.
 - 4) If receiving Social Security, Retirement or Disability income include a copy of most recent awards letter showing monthly benefit.
 - ❖ Copy of Loan Approval Letter from Bank.
 - ❖ Copy of Contract.
3. Mail the completed application and required documentation to the CNHA, attention "DP & CC Grant", at the address above.

NOTE 1: Please allow one (1) week to process.

NOTE 2: Please notify the CNHA if you are participating in any other program at the CNHA or if you have been denied any program.

NOTE 3: Incomplete applications will be returned.

Comanche Nation Housing Authority

Down Payment And Closing Cost Grant Application

The purpose of the Down Payment & Closing Cost Grant is to provide a mechanism for those eligible Native American families to secure a loan from a reputable mortgage company for securing an approved property as their primary residence.

PLEASE COMPLETE THE APPLICATION BELOW TO THE BEST OF YOUR ABILITY

APPLICANT INFORMATION

Name: _____

SSN: _____ Birth Date: _____

Number of Dependents (not listed by Co-Applicant): _____ Ages: _____

Present Address: _____

_____ No. Years: _____

Former Address: _____

_____ No. Years: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

CO-APPLICANT INFORMATION (If Applicable)

Name: _____

SSN: _____ Birth Date: _____

Number of Dependents (not listed by Applicant): _____ Ages: _____

Present Address: _____

_____ No. Years: _____

Former Address: _____

_____ No. Years: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

Comanche Nation Housing Authority

Down Payment And Closing Cost Grant Application

DISCLOSURE STATEMENT

I have answered each question and provided all the requested information to the best of my ability. No fraudulent statements have been made or implied, and I have no objection to inquiries being made for the purpose of verification of statements is subject to prosecution and / or rejection to my application. By signing this application I agree to provide any additional information requested. I understand it is my responsibility to notify CNHA of any changes of address, income, or family composition. I understand it's my responsibility to answer any correspondences that CNHA sends to me. I understand that failure to comply will result in my application being inactive.

I understand that the CNHA will place a temporary lien on my property that will be automatically removed six (6) months after the date of closing. If I sell the property within the first six (6) months of ownership I will be required to repay the grant money to the CNHA at a prorated amount.

Applicant Signature

Date

Co-Applicant Signature (If Applicable)

Date

LEAD BASE PAINT ACKNOWLEDGE

I acknowledge that if applicable, I will submit a copy of the "Disclosure of Information on Lead Base Paint and/or Lead Base Paint Hazards" document to the CNHA. (Document and signature(s) below are only required if the home was constructed prior to 1978).

Applicant Signature

Date

Co-Applicant Signature (If Applicable)

Date

Office Use Only

CNHA Representative: _____

Date: _____

Time: _____

Comments: _____

