



# COMPREHENSIVE HOUSING MORTGAGE RELIEF PAYMENT PROGRAM (MRPP)

Assistance available for mortgage, utilities, homeowner's insurance and property tax payments for Oneida Nation Tribal Homeowners who have been economically impacted by COVID-19 pandemic.

Assistance availability is based on funding provided by the Homeowner Assistance Fund (HAF) established by the Treasury Department.

## Qualifying Criteria:

- Suffered impacts due to COVID-19 pandemic
- Must be an enrolled Oneida Tribal member
- Must be 18 years or older
- Must be homeowner and provide proof of ownership/mortgage of residence
- Household income can not exceed 100% of the residing county median income
- One applicant per household

\*\*If you meet the qualifications, submit applications to Leanne Jordan at [ljordan2@oneidation.org](mailto:ljordan2@oneidation.org) or submit at Comprehensive Housing in the drop box.  
Questions? Call Leanne at (920) 869-6172

Example of 100% Outagamie County median HAF income

Household size	Maximum Income
1 Person.....	\$96,200
2 People.....	\$96,200
3 People.....	\$96,200
4 People.....	\$101,300
5 People.....	\$109,450
6 People.....	\$117,550
7 People.....	\$125,650

Applications and more information can be found at:

- Comprehensive Housing Facebook Page
- Website: [Oneida Nation | Comprehensive Housing \(oneida-nsn.gov\)](http://Oneida Nation | Comprehensive Housing (oneida-nsn.gov))
- Comprehensive Housing (by appointment only)

Comprehensive Housing  
Physical location: 2913 Commissioner St.  
Mailing address: P.O. Box 68  
Oneida, WI 54155  
Phone: (920) 869-2227  
Fax: (920) 869-2836  
[oneida-nsn.gov](http://oneida-nsn.gov)





# Mortgage Relief Payment Program (MRPP) Application

**Purpose:** To provide relief to Oneida Nation Tribal homeowners that have been economically impacted by COVID-19 pandemic to assist with mortgage payments, utilities, homeowner’s insurance and property taxes. In accordance with the Mortgage Relief Payment Program regarding the Homeowner Assistance Fund (HAF), applicants must meet the following conditions to be eligible:

**Qualifying Criteria:**

- Suffered impacts due to COVID-19 pandemic related issue(s)
- Must be an enrolled Oneida Tribal Member
- Must be 18 years and older
- Must be a homeowner and provide proof of ownership
- One applicant per household
- Household income not to exceed 100% of the residing county median income

Example of 100%  
 Outagamie County  
 median HAF income

<u>Household Size</u>	<u>Maximum Income</u>
1 Person.....	\$96,200
2 People.....	\$96,200
3 People.....	\$96,200
4 People.....	\$101,300
5 People.....	\$109,450
6 People.....	\$117,550
7 People.....	\$125,650

*\*County median income will vary*

**Required verifications:**

- Copy of Tribal ID/Valid Identification
- Current Utility bill (dated within the last 30 days)
- Proof of **all adult** household income for the last 30 days (TANF/W2, pay stubs, unemployment, SSI, SSDI, Disability payment, workman’s compensation, child support, alimony, veteran’s benefits, self-employment, taxes, bank statement, etc.)
- Provide a mortgage verification form completed by the mortgage lender (see attached form). If no mortgage provide residential lease or property tax bill.
- Vendor, W-9, ACH forms will need to be complete if the receiving lender is not a current vendor of Oneida Nation (All forms to be completed by each business receiving payment)

**All required verification MUST be submitted with a fully and clearly completed application. Incomplete applications will delay processing of applications. If submitting electronically, cellphone pictures are not acceptable. Documents must be emailed, faxed, mailed in or dropped off at Comprehensive Housing.**

Applicant First and Last Name:		DOB:	
Address:		City:	State:
Zip:	County:	Social Security #:	
Phone Number:	Enrolled Member of Oneida Nation: <input type="checkbox"/> YES <input type="checkbox"/> NO		Enrollment No.
Email:		Annual Income:	



If Applicable: All adult income needs to be included with your application.

Co-Applicant First and Last Name:			DOB:		
Address:		City:		State:	
Zip:	County:	Social Security #:			
Phone Number:		Enrolled Member of Oneida Nation: <input type="checkbox"/> YES <input type="checkbox"/> NO		Enrollment No.	
Email:			Annual Income:		

List all household members that live with you.  
(Additional members can be added to the back of the form)

Name	Relationship	DOB	Enrollment Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Type of Assistance Requesting:**

- Mortgage assistance
- Utility assistance (include bill with the application)
- Homeowner’s insurance assistance (include policy with the application)
- Property tax assistance (include property tax bill with the application)

I attest/swear that I/my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship after January 21, 2020 due to COVID-19 pandemic in the following way(s).

**[Please check all that apply]**

- |   |  |
|---|--|
| <input type="checkbox"/> Homeless/Displacement      | <input type="checkbox"/> Family death/illness due to COVID |
| <input type="checkbox"/> Unemployed                 | <input type="checkbox"/> Increased childcare needs         |
| <input type="checkbox"/> Laid off/Furlough/Job Loss | <input type="checkbox"/> Transportation cost               |
| <input type="checkbox"/> Quarantined/Isolation      | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Company Closed/Less hours  | _____  |

By signing this form either manually or electronically I agree that all the statements and attestations are true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Important Information\*\***

**\*\* Applications will be processed in the order they are received. CHD will not be responsible if a payment is made after a due date or if any late fees are incurred during the processing of applications \*\***



Physical Location:  
2913 Commissioner St.  
Oneida, WI 54155

Mailing Address:  
P.O. Box 68  
Oneida, WI 54155



Telephone:  
(920) 869-2227  
Fax:  
(920) 869-8038  
[www.oneida-nsn.gov](http://www.oneida-nsn.gov)

## MORTGAGE VERIFICATION FORM

Homeowner(s) Name: \_\_\_\_\_  
Last First

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact information: \_\_\_\_\_

Homeowner (s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

I/WE hereby authorize the release of information to Oneida Comprehensive Housing or its agents and assigns any and all information that they may require about my loan history, mortgage, loan statements, insurance, and tax reference information concerning the above referenced property.



### TO BE COMPLETED BY MORTGAGE LENDER



Mortgage Lender: \_\_\_\_\_

Mortgage Lender Mailing Address: \_\_\_\_\_

Homeowner(s) Loan number: \_\_\_\_\_

Homeowner(s) Monthly Mortgage: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_

Representative Signature and Title: \_\_\_\_\_



A good mind. A good heart. A strong fire.