



# Monacan Indian Nation

111 Highview Dr. Madison Heights, Virginia 24572  
(434) 363-4864

## APPLICATION FOR HAF PROGRAMS

### Pre-Qualification Statement and Attestation of the Applicant:

Please read the following statements and mark any or all that are applicable. Eligibility requires the applicant to be able to attest to the following statements. **If you are unable to attest to A, B, and C below, please stop and do not proceed with the application process.** These statements are a part of the eligibility requirements that have been set forth by the U.S. Department of the Treasury. **As the head of household and primary applicant, I attest that:**

- A. \_\_\_\_ **YES**, I am a homeowner and the home listed on the application is my primary residence.
- B. \_\_\_\_ **YES**, the household/applicant has one or more household members that have experienced a financial hardship after January 21, 2020. **Note: Examples may include but are not limited to a reduction in income, incurred significant costs, or experienced financial hardship caused directly or indirectly by the COVID-19 pandemic.**
- C. \_\_\_\_ **YES**, the applicant or household member has **not received any duplicative assistance** covering the same costs/expenses identified in this application, from the CIT or any other Tribe or entity.

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

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you an enrolled citizen of the Monacan Indian Nation? ID Number \_\_\_\_\_

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**1. Family Composition**

**A. Persons who live in your home**

Name(s) (List Applicant followed by all household members)	Social Security Number*	Relationship To Applicant	Sex	Date of Birth	Annual Reported Income
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

\*Social Security number is required for all family members who are 6 years of age or older

**B.** Are any other members of your family who will live in your home persons with disabilities?

Yes  No

If yes, which family members \_\_\_\_\_

**2. Estimated Family Income (for the next 12 months)**

**A. Income from employment**

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year
1.		\$		
2.		\$		
3.		\$		
4.		\$		

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**B. Other sources of income**

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

**C. Total family income for next 12 months \$ \_\_\_\_\_**

**D. Please attach copies of the most recent IRS 1040 forms and/or most recent pay stubs for all applicable members of the family.**

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### 3. Housing Assistance Requested:

Check all that apply	Housing Program	In a few sentences, please describe your current housing needs:
	Home Weatherization Program	
	Mortgage Foreclosure Prevention Assistance	
	Utility Assistance	

### 4. Signature and consent to release information

I certify that the information I have provided is accurate to the best of my knowledge. I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Monacan Indian Nation to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Monacan Indian Nation if there is any change in my family status along with reporting any changes in income, living conditions, and change of address.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date