



TURTLE MOUNTAIN HOUSING AUTHORITY, T.D.H.E.
A TRIBALLY DESIGNATED HOUSING ENTITY

P.O. BOX 620 * 9818 BIA RD 7 – SUITE 7 * BELCOURT, NORTH DAKOTA 58316-0620
 TELEPHONE: 701-477-5673 ADMINISTRATION OFFICE FAX: 701-477-0193

DOWN PAYMENT ASSISTANCE PROGRAM

What is Down Payment Assistance Program?

The Down Payment Assistance Program (DPA) offers assistance for first-time home buyers who are purchasing a single-family home in the Rolette County area.

This program offers approved first-time home buyer applicants a grant of up to 15% of the purchase price at the time of closing on their purchase, with a maximum of \$10,000.

Program Overview:

- Applicants adjusted gross income must meet the 80% AMI Guidelines according to the latest HUD Income Limits.
- All approvals are based on income eligibility, application package being complete, applicant’s ability to secure mortgage financing and availability of program funding.
- Applicants using this product will be expected to occupy the home as their primary residence and sole residence for a period of not less than five (5) years.
- This money is applied towards the equity in your home and does not have to be repaid.
- Applicants are only eligible one time for this assistance.
- Program terms and funding availability subject to approval and change without notice.
- The program is funded by grants from the Federal Government on a first come first serve basis.

Eligibility Requirements:

- Applicants must be first time homebuyers.
- Applicants must have obtained pre-approval from a financial institution.
- Applicants must not owe the Turtle Mountain Housing Authority (TMHA) any money.
- Applicants must complete the Homebuyer Education Course.
- Applicants whose total household income is equal to or less than 80% Area Median Income Guidelines.

FY 2021 Income Limit Area	Median Family Income	FY 2021 Income Limit Category	Number of Persons in Family							
			1	2	3	4	5	6	7	8
Rolette County, ND	\$50,100	Very Low (50%) Income Limits (\$)	30,050	34,350	38,650	42,900	46,350	49,800	53,200	56,650
		Extremely Low Income Limits (\$)*	18,050	20,600	23,200	26,500	31,040	35,580	40,120	44,660
		Low (80%) Income Limits (\$)	48,100	54,950	61,800	68,650	74,150	79,650	85,150	90,650



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APPLICATION CHECKLIST

Step 1: Required Documentation to Verify Eligibility

- COMPLETED APPLICATION**
 - Legal court adoption documentation (if applicable)
- VERIFICATION OF INCOME (FOR ALL HOUSEHOLDS MEMBERS 18+ YEARS)**
 - MOST RECENT TAX RETURN (1090 FORM)**
 - ONE MONTH PAY STUBS**
 - ENROLLMENT VERIFICATION/TRIBAL ID**

Step 2: Required Documentation to Complete File

- LENDER PRE-APPROVAL LETTER**
- LAND DOCUMENTATION**
 - LEASE, DEED, OR TITLE**
- COPY OF APPRAISAL**
- COPY OF PURCHASE AGREEMENT/CONTRACT**
- HOME BUYER EDUCATION COURSE CERTIFICATE**

Applications can be picked up at the TMHA Main Office, or may be mailed or emailed upon request.

Questions may be directed to Jodelle Keplin at (701) 477-5673 ext 274 or jmkeplin@tmhousing.net



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**DOWN PAYMENT ASSISTANCE
 APPLICATION FOR PARTICIPATION**

PART I. GENERAL INFORMATION

Applicant Name:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Social Security Number:		Date of Birth:	
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
Phone:		Email:	
Present 911 Address:		Length of Time:	
City:	State:	Zip:	
Mailing Address: <small>(if not the same as above)</small>			
Landlord:		Telephone:	
Co-Applicant:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Social Security Number:		Date of Birth:	
Phone:		Email:	
Mailing Address:			

PART II. HOUSEHOLD INFORMATION

Please list all household members.					Total Number in Household: _____
Full Name	Relation	Date of Birth	Tribal Enrollment Number	Social Security Number	Handicapped, Elderly or Disabled?
	SELF				

* Please note: Legal court adoption documentation is required. Application cannot include foster children to determine household size.

PART III. OTHER INFORMATION

<p>Have you or anyone in your households (18+ years) rented from Turtle Mountain Housing Authority? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, who? _____</p>	
<p>Does anyone in the household owe TMHA for rental arrears? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, who? _____</p>	
<p>Are you a full time student? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you receiving Tribal, State or Government Assistance?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, include what assistance: _____</p>	<p>Other Comments:</p>

PART V. CONTACT INFORMATION

<p>Family Member Contact Info:</p> <p>Name: _____</p> <p>911 Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Mailing Address: (if not the same as above) _____</p> <p>City: _____ State: _____ Zip Code: _____</p>	<p>Closest Relative Not Living With You:</p> <p>Name: _____</p> <p>911 Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Mailing Address: (if not the same as above) _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
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Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

*** For Office Use Only ***

Administration Signature: _____

Date & Time Received: _____

Eligibility Notes: _____