



**TURTLE MOUNTAIN HOUSING AUTHORITY, T.D.H.E.
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
APPLICATION CHECKLIST**

Step 1: Required Documentation to Verify Eligibility

- Completed Application
 - Legal Court Adoption Documentation (if applicable)
- Verification of Income (for all household members 18+ years)
 - Most Recent Tax Return (1044 Form)
 - One Month Pay Stubs
 - Enrollment Verification/Tribal ID

Step 2: Required Documentation to Complete File

- Lender Pre-Approval letter
- Land Documentation
 - Lease, Dead, or Title
- Copy of Appraisal
- Copy of Purchase Agreement/Contract
- Homebuyer Education Course Certificate

Applications can be found on the website, www.tmhousing.net, 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 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 10% of the loan amount 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 2022 Income Limit Area	Median Family Income	FY 2022 Income Limit Category	Number of Person in Family							
			1	2	3	4	5	6	7	8
Rolette County, ND	\$59,200	Very Low (50%) Income Limits (\$)	32,600	37,250	41,900	46,550	50,300	54,000	57,750	61,450
		Extremely Low Income Limits (\$)*	19,600	22,400	25,200	27,950	32,470	37,190	41,910	46,630
		Low (80%) Income Limits (\$)	52,150	59,600	67,050	74,500	80,500	86,450	92,400	98,350



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**DOWN PAYMENT ASSISTANCE
APPLICATION FOR PARTICIPATION**

PART I. GENERAL INFORMATION

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

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

PART IV. CONTACT INFORMATION

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

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

***** For Official Use Only *****

Administration Signature: _____

Date & Time Received: _____

Eligibility Notes: _____