



Lumbee Tribe of North Carolina

Honorable Chairman John Lowery

Mortgage Pandemic Relief Program Checklist

____ Applicant Tribal Enrollment Card

____ Picture ID

____ Social Security Cards (*For all Household Members*)

____ Proof of Most Recent Income (*For all Household Members*)

____ Proof of Most Recent Bank Statement (*For all Household Members*)

____ Proof of COVID-19 Hardship

____ Proof of Residency/Homeownership

Bases on Services If Applicable

____ Mortgage Statement

____ Water Bill Statement

____ Electric Bill Statement

____ Sewer Bill Statement

____ Internet Bill Statement

____ Gas Bill Statement

____ Tax Bill Statement

____ Insurance Premium Statement

____ Cooperative maintenance or common charges statement

____ HOA/Condo Statement



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Mortgage Pandemic Relief Program

Applicant: _____ **Date** _____

Email Address: _____

Mailing Address: _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Tribal Enrollment #:** _____

Other Contact Person: _____ **Phone:** _____

Is there a Veteran living in the home? Yes No

| Name (List Applicant, followed by all household members) | SS# | Relationship to Applicant | Date of Birth | Age | Sex | Reported Income |
|---|-----|---------------------------|---------------|-----|-----|-----------------|
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To be eligible for services the household income cannot exceed 80% - 150% of the National Median Income.

Gross Annual Income: _____

Additional Assets: (If applicable, Circle and provide additional documentation)

Checking/Savings Rental Property Retirement Benefits

Required Documentation to Complete File: *Tribal Enrollment Card *Picture I.D. *SS Card

*Covid-19 Hardship *Acknowledge Form *Copy of Deed or Mortgage Statement *HOA Statement*

*Insurance * Tax Document * Utility Statements *Proof of Income *Copy of Bank Statements.

Applicant Signature

Date

Staff Signature

Date



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Covid-19 Hardship:

| Type | Total Amount Due | Account Number |
|-----------------------------------|-------------------------|-----------------------|
| Mortgage | | |
| Tax Bill | | |
| HOA/ Condo Statement | | |
| Insurance Premium | | |
| Electric Billing Statement | | |
| Water/Sewer Billing | | |
| Gas/ Propane Statement | | |
| Maintenance/CommonChargers | | |
| Internet Billing Statement | | |

SECTION XIV

Acknowledgements.

I _____, hereby certify that the above statements and information provided are true and correct to the best of my knowledge. I understand that any false statements may disqualify me from my benefits.

Dated this _____ day of _____, 2022.

Applicants Printed Name

Applicants Signature