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 (Deed of Trust) or (Title)

Bases on Services if Applicable
____ Mortgage Statement
____ Tax Bill Statement
____ Insurance Premium Statement
Lumbee Tribe of North Carolina
Honorable Chairman John Lowery
Mortgage Pandemic Relief Program

Applicant:_________________________________ Date:____________________

Email Address:__________________________________________

Physical Address:________________________________________

Mailing Address:________________________________________

City:_________________ State:_________________ Zip:_________________

Telephone #:____________ Tribal Enrollment #:____________

Other Contact Person:_________________________________ Phone #:____________

Is there a Veteran living in the home?______ Yes______ No

<table>
<thead>
<tr>
<th>Name (list Applicant, followed by all household members)</th>
<th>SS#</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Reported Income</th>
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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

__________________________________________ Date

Applicant Signature
COVID-19 Hardship:


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<thead>
<tr>
<th>Type</th>
<th>Total Amount Due</th>
<th>Account Number</th>
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<tr>
<td>Mortgage</td>
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<td>Property Tax Bill</td>
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<tr>
<td>Homeowners Insurance</td>
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SECTION XIV

Acknowledgments

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 _______________________, 2023.

-----------------------------------------------
Applicants Printed Name             Applicants Signature
Authorization and Consent for Release of Information

I authorize and consent for full release of records to allow the authorized Mortgage Representatives of the Lumbee Tribe of North Carolina to request and obtain information for the purpose of verifying my eligibility for the Mortgage Pandemic Relief Program.

If I as a recipient of the MPRP, I release the Lumbee Tribe of North Carolina and its gents and employees from any and all liability for, any and all claims for, injury, loss or damaged in any way connected with my participation in the MPRP, including injury, loss or damaged caused in whole or in part by the negligence or other misconduct of the Lumbee Tribe of North Carolina.

I am aware of the risk of participation in the MPRP and assume all risk foreseeable and unforeseeable, in any way connected with my participation in the MPRP. I agree to indemnify and to hold harmless The Lumbee Tribe of North Carolina and its agents and employees, with regard to any claim or expenses (including attorney’s fees and other cost defending any claim by a third party or that I might make, or that might be made on my behalf) in any way connected with a claim.

I hereby authorize the release of the requested information by my signature.

Applicant Signature: ___________________________ Date: ________
Mortgage Pandemic Relief Program: ___________________________ Date: ________