



**CHECK LIST FOR FIRST TIME HOMEBUYERS
DOWN PAYMENT ASSISTANCE**

_____ **Copy of Tulalip Tribal Membership**

_____ **Letter to Tulalip Board of Directors**
(Requesting Assistance)

_____ **Completed Delinquent Form**

_____ **Copy of Purchase Agreement**
(Include amount of down payment required)

_____ **Letter or Certificate of Completion for
Homebuyer Training and Credit Counseling**

_____ **Amount of Grant:** _____

_____ **Name and address of Lender or Escrow
Company:** _____

Down payment Policy for First Time Homebuyers

The Down Payment Assistant Policy (DPAP) will govern the disbursement of funds that provide assistance to any qualified Tulalip Tribal Member within the accustomed areas of the Tulalip Tribes who do not presently own, have title or has entered into a legal binding purchase agreement of a modular or stick framed home.

1. Awards will be in the form of a Grant based on 1.70% of the home loan with a cap not to exceed \$5,000.00.
2. Awards are to First Time Homebuyers only that complete three (3) hours of homebuyers training and three (3) hours of credit counseling by a certified lender or financial counseling agency.
3. Down Payment Grants can be used towards the purchase of a modular or stick framed home that are built or placed on a permanent foundations that are located within the accustomed areas of the Tulalip Tribes.
4. Applicants must be a Tulalip Tribes member 18 years of age or older.
5. Applicants must provide a copy of their purchase agreement at the time of application.
6. The award will be in the form of a one-time grant to the borrower(s) that can be used towards the purchase of a new modular or stick framed home to cover only down payments, closing costs or escrow fees.
7. Applicant cannot be delinquent on any debt owed to the Tulalip Tribes or departments or programs governed under the Tulalip Tribes.
8. All awards will be made directly to the lending institution or Escrow Company in the name of the borrower(s).
9. Grants cannot be used for the purchased of any Federal or Tribal subsidized home loan program.

End.



THE TULALIP TRIBES

Construction Department

6319 23rd AVE NE
TULALIP, WA 98271

Ashlynn Crolley
Tribal Mortgage Specialist
360-651-3359 Phone
360-651-3662 Fax

**Tulalip Tribes Housing Assistance Program
(T.T.H.A.P. PROGRAM)**

Name(s): _____ **Date:** _____

Address: _____ **Phone Number(s):** _____

Address of Property Being Purchased: _____ **Amount of Grant Requesting:** _____

Type of Home: _____
(Ex. Stick Built, Manufactured, Other)

Do you own the Property? _____ **Letter or Certificate of Completion:** _____

Tribal Enrollment #: _____ **Date of Birth:** _____

Additional Information: _____



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Authorization to Release Information

I, _____ authorize the Tulalip Tribes TTHAP Program to release all information required for this Grant. The release of information by you is authorized whether such information is of record or not. I do hereby release you and all person, agencies, agents, employees, firms, companies, or parties affiliated with you from any damages resulting from providing such information. This authorization is valid for ninety (90) days from the date of signature below. Please keep a copy of my release request for your files.

Signature

Date

Print

Signature(S)

Date

Print



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Tulalip Tribes Housing Assistance Program

Dear Board of Directors:

Applicant's Signature

Date



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Tulalip Tribes Housing Assistance Program

The Following Must Be Signed By The Tulalip Tribal Entities Before Application Will Be Accepted.

By signing my name below, I am stating that the above applicant or any adult member of the household does not have any delinquent debt to any Tulalip Tribal Entities.

The Tulalip Tribes Finance: _____
Authorized Official Title

Tulalip Utilities Authority: _____
Authorized Official Title

Tulalip Cablevision: _____
Authorized Official Title

Tulalip Housing Authority: _____
Authorized Official Title

The applicant will sign below. By signing, you are acknowledging that everything stated in this application and attached is true and correct.

Applicant's Signature

Date

Print Name

Tribal Enrollment #

"We are here as a team to work for our people"