



CHECK LIST FOR TULALIP FIRST TIME HOMEBUYERS DOWN PAYMENT ASSISTANCE PROGRAM

Applicant Name: _____ **Tribal #** _____

PURCHASE ADDRESS: _____

*** Completed Down Payment Assistance applications needs to be submitted to HCD upon mutual acceptance of your offer in order to provide adequate time for processing, and ensure its deposited before closing.**

Initials Documents Required:

_____ **Copy of Tulalip Tribal Membership**

_____ **Letter to Tulalip Board of Directors requesting assistance**

_____ **Completed Delinquent Debt Form Signed by all tribal entities**

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

_____ **Letter or Certificate of Completion for Homebuyer Training
and Credit Counseling Class**
(*Everyone listed on the loan is required to provide a certificate)

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

_____ **Wire Transfer Instructions & File Number for Escrow**

_____ **Amount of Grant Awarded \$** _____

_____ **Approved** _____ **Denied**

_____ **Wire Transfer Submitted to Finance**

COMMENTS/STATUS OF APPLICION

(Department only) Date Application turned in: _____

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/Gift that is not required to be paid back, does not constitute as a loan, and will not exceed **\$10,000.00 per household**.(only 1 DPA per loan)
2. **Awards are to First Time Homebuyers only that complete a minimum of 4 hours of credit counseling and homebuying 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 is built or placed on a permanent foundation within the Tulalip Tribes Treaty ceded area as set forth in the Treaty of Point Elliott. **(Within Whatcom County, Skagit County, Snohomish County, & King County lines)**
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 payment, 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). This is why the file or loan number is needed.
9. Grants cannot be used for the purchased of any Federal or Tribal subsidized home loan program.
10. A current credit report with all three credit bureaus information attached with application.
11. If there is another person named on the purchase and sales agreement other than the tribal member they must also provide a certification of participation and completion in the minimum of (4) hours of homebuyers training hours of credit counseling by a certified lender or financial counseling agency & ID.
12. If the applicant is purchasing the home with a spouse, or other party only one DPAP grant is allowed at a time for the same purchase and sale agreement/loan. If multiple tribal member applicants, please list who the DPAP will be under.



Tulalip Tribes Down Payment Assistance Program

Applicant Information:

Down Payment Assistance funds are paid through various sources. To better assist us with where please answer the questions below:

How many adults and children live in the home? _____

What is the gross household income including children? _____

Amount of Grant Requesting: \$ _____

Name(s): _____ Date: _____

Current Address: _____

Tribal Enrollment #: _____ Date of Birth: _____

Phone Number(s): _____

Email/ additional contact information:

Property Information:

Address of Property being Purchased: _____

County of Property being Purchased: _____

Type of Home: _____

(Ex. Stick Built, Manufactured, Other)

- If you are purchasing land to build a home you will need to secure the home & or home loan before applying for the DPA grant. The grant is for first time home purchases not vacant land purchases.

Do you own the Property/Land? _____ Closing Date: _____

Letter or Certificate of Completion: _____ Name of Course: _____



Authorization to Release Information

I, _____ authorize the Tulalip Tribes THCD Down Payment 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.

Applicant Signature

Date

Print Name

Applicant Signature

Date

Print Name



Tulalip Tribes Housing & Community Development Department

THE FOLLOWING MUST BE TAKEN TO EACH ENTITY AND COMPLETED WITH APPLICATION

Name: _____ **Tribal ID or Driver's License:** _____

Current Address: _____

This Section is to be completed by All Tribal Entities:

Admin Building 360-716-4000

Tulalip Membership: (Tribal Member Only)	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Tribes Utilities: 360-716-4844	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Salish Networks: 360-716-8000	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
LOUT/Taxes: 360-716-4129	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tribal Court: 360-716-4789	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Housing Dept: 360-716-4581	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date
Tulalip Leasing/HCD: 360-716-4129	_____	_____	_____	_____
	Authorized Official	Title	Balance Due	Date

This section to be completed by the Applicant:

By signing below, I acknowledge that this information is true and correct.

Applicant Signature

Spouse/ Co applicant

Print Name

Date