



**Eastern Band of Cherokee Indians (E.B.C.I.)
Housing & Community Development (HCD)
Intake Application**



The Following items must be received before an application is considered complete and processed for pre-approval:

Loan Applicants:

Tribal Enrollment Card (front & back) _____

Driver's License/state Issued Picture ID _____

Social Security Card _____

Authorization to Release Information (pg4) _____

Tribal Services Credit Application Form (pg 7&8) _____

(Forms must be taken to EBCI Finance & Qualla Housing Authority to be signed)

Documentation from Budget/Finance (**Alexa Armachain**)-Per Capita Garnishments _____

Proof of Land ownership (Legal Description, Map, & Right-of-Ways) _____

Completed Site Inspection Form _____

Current Mortgage Statements (if applicable) _____

Income Verification:

Valid proof of all income in the household _____

Employment (must submit a complete Employment Verification Form (pg. 5&6) & recent check stubs within the past 30 days) child support, social security, if applicable

Past 2 years W-2's, 1099s, & Tax Returns _____

Two months consecutive bank statements (most recent) _____

If you have questions or concerns, please contact:

Tina Larch, Homebuyer Services Coordinator

HCD Office: (828) 359-6906

Direct Line: (828) 359-6912

Fax: (828) 359-6905

Email: tinalarc@ebci-nsn.gov

Misty Millsaps, Homebuyer Services Coordinator

HCD Office: (828) 359-6906

Direct Line: (828) 359-6919

Fax: (828) 359-6905

Email: mistmill@ebci-nsn.gov



Applicant Information:

Applicant Full Name: _____

Birthdate: _____ Enrollment #: _____ Social Security #: _____

Co-Applicant Full Name: _____

Birthdate: _____ Enrollment #: _____ Social Security #: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: _____ Work: _____ Cell: _____

Email Address: _____

Income Information:

Please list all sources of income:

Source:	Amount:	Weekly, Bi-weekly, Monthly	Annual Income:

Employment History:

Please List employment history (for all applicants) for the past 10 years:

Employer/Dept: _____

Address: _____

City/State/Zip Code: _____

Length of Employment: _____

Phone Number: _____

Salary: _____

Employer/Dept: _____

Address: _____

City/State/Zip Code: _____

Length of Employment: _____

Phone Number: _____

Salary: _____

Employer/Dept: _____

Address: _____

City/State/Zip Code: _____

Length of Employment: _____

Phone Number: _____

Salary: _____

Employer/Dept: _____

Address: _____

City/State/Zip Code: _____

Length of Employment: _____

Phone Number: _____

Salary: _____

Land Information:

Do you own land outside Tribal Boundary? Yes (___) No (___)

Do you own the property, that you wish your home to be built on or have a lease? Yes (___) No (___)

Location (Community, Physical Address): _____

Approximate Acreage (if more than one; must have survey complete for 1 acre): _____

Parcel No. _____

Applicant Certification:

I/We understand that the above information is being collected in determining eligibility for the EBCI HOUSING-Programs/Assistance. I/We understand that this application is not a contract and is not binding in any manner. I/We also understand that it is my responsibility to inform the Housing Division if there is any change in my family status along with reporting any changes in income, living conditions, and change of address. Information given will be verified and may be released to appropriate Federal, State, or Local Agencies. I/We certify the statements made in this application are true and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that false statement or information are basis for ineligibility.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

INTERNAL USE ONLY:

- ___ Tribal Enrollment Cards
- ___ Social Security Cards
- ___ Completed Employment Verification
- ___ Recent Check Stubs
- ___ Recent Bank Statements
- ___ Past 2yrs Tax Returns & W-2
- ___ Tribal Services Credit Application-EBCI Finance
- ___ Tribal Services Credit Application-QHA
- ___ Documentation from Budget/Finance (Per-Capita Garnishments)
- ___ Authorization to Release Information
- ___ Proof of Ownership of Land (Legal Description, Map, ROWs)
- ___ Completed Site Inspection Form
- ___ Current Mortgage statements (if applicable)
- ___ Application Received
- ___ Application Complete



EASTERN BAND OF CHEROKEE INDIANS (EBCI)
HOUSING and COMMUNITY DEVELOPMENT

AUTHORIZATION TO RELEASE INFORMATION

I, _____ / _____

Hereby authorize the EBCI, Housing & Community Development Division or its designated agents to obtain and receive all records and information pertaining to eligibility for the Housing Programs, including credit history, employment earning records, income (including IRS returns), bank accounts, stock holdings and residency from all persons, companies or firms holding or having access to such information.

I further authorize EBCI, Housing & Community Development Division to order a consumer credit report and verify other credit information, including past and present mortgage reference. It is understood that a photocopy of this form will also serve as authorization. I (We) agree to have no claim for defamation, violation of privacy, or otherwise against any person of firm or corporation by reason of any statement of information released by them to EBCI for purposes of the program.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Street Address: _____ City/State/Zip: _____

Post Office Box: _____ City/State/Zip: _____

Phone Number: _____ Work: _____ Cell: _____

Notice to Borrower: This is notice to you as required by the Right to Finance Privacy Act of 1978 that HUD/FHA has right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA/Rural Development and financial institutions without further notice or authorization but will not be disclosed or released by this institution to another Government or Department without your consent except as required or permitted by law.



EASTERN BAND OF CHEROKEE INDIANS

Division of Housing

HOUSE SITE DECLARATION

As a condition of receiving services from the Eastern Band of Cherokee Indians Housing and Community Development (HCD) Division, which includes the following:

Housing Services

- Down Payment Assistance
- Rate Buy Down Funds
- Portfolio Loan
- Renovation Loan

Infrastructure

- Site Prep (Site Feasibility, Site Prep and Foundation)

I do hereby agree to the following and declare that in the event I have selected a home for purchase or construction that *exceeds* maximum capacity or standards (as determined by the Site Prep Program), I will be required to select a different home that meets the appropriate specifications for my site. I also understand that the size of the site shall be determined by Site Prep. Should I fail to abide by this declaration, I will forfeit services offered by HCD.

Applicant

Date

Co-Applicant

Date



BORROWER CONSENT FORM

A. I **ALLOW** the disclosure of my loan information from my portfolio loan records to the person(s) listed below, for reasons determined by Housing & Community Development as appropriate. This authorization will remain in effect or until I revoke it.

Please print.

(Person 1) FIRST & LAST NAME

(Person 2) FIRST & LAST NAME

(Person 1) Address

(Person 2) Address

City, State, Zip

City, State, Zip

Telephone

Telephone

Signature

Date

B. I **DO NOT** give my consent to the disclosure of information from my portfolio loan records to the person(s) effective immediately.

Signed: _____ Date: _____

State of North Carolina

County of _____

On this the _____ day of _____, 20____, before me _____, the undersigned Notary Public for _____ County, personally appeared: _____

- Personally known to me; or
- Proved to me on the basis of satisfactory evidence

To be the person(s) whose name(s) is/are subscribed to the within instrument, and Acknowledgement to me that he/she/they executed the same for the purpose therein stated.

Witness my hand and official seal

Notary Public Signature

Printed Name

My commission expires: _____



**EASTERN BAND OF CHEROKEE INDIANS (EBCI)
HOUSING AND COMMUNITY DEVELOPMENT (HCD)**

APPLICANT EMPLOYMENT VERIFICATION

Date: _____

To: (Name & Address of Income source)

From: (Name, Address, & Social Security # of Applicant)

Telephone Number: _____

Social Security Number: _____

Telephone Number: _____

TO BE COMPLETED BY SUPERVISOR OR MANAGER ONLY

Do you currently employ the applicant? _____

Position: _____

How long employed: _____

Date of Hire: _____

Probability of continued Employment: _____

Hours worked per week: _____ Hours worked per year: _____ Full Time: _____ Part Time: _____

Rate of Pay: \$ _____/per hour

Salary pay : \$ _____/per year

Overtime Pay: \$ _____/per hour

Overtime Pay: \$ _____/per year

Commission: \$ _____/per hour

Commission: \$ _____/per year

Bonus/Other: \$ _____/per hour

Bonus/Other: \$ _____/per year

Date: _____

Employer Signature & Title



**EASTERN BAND OF CHEROKEE INDIANS (EBCI)
HOUSING AND COMMUNITY DEVELOPMENT (HCD)**

CO-APPLICANT EMPLOYMENT VERIFICATION

Date: _____

To: (Name & Address of Income source)

From: (Name, Address, & Social Security # of Applicant)

Telephone Number: _____

Social Security Number: _____

Telephone Number: _____

TO BE COMPLETED BY SUPERVISOR OR MANAGER ONLY

Do you currently employ the applicant? _____

Position: _____

How long employed: _____

Date of Hire: _____

Probability of continued Employment: _____

Hours worked per week: _____ Hours worked per year: _____ Full Time: _____ Part Time: _____

Rate of Pay: \$ _____/per hour

Salary pay : \$ _____/per year

Overtime Pay: \$ _____/per hour

Overtime Pay: \$ _____/per year

Commission: \$ _____/per hour

Commission: \$ _____/per year

Bonus/Other: \$ _____/per hour

Bonus/Other: \$ _____/per year

Date: _____

Employer Signature & Title

**The above information is confidential and will not be used for purposes other than qualifying the family for homeownership. This form can be returned by mail to EBCI Housing & Community Development Division, P.O. Box 445, Cherokee N.C. 28719 or fax to 828-554-6905

