



## **NATIVE HOMEOWNERSHIP PROTECTION PLAN**

Recognizing the economic impacts of COVID-19 on our Coalition members and the communities you serve, the SD Native Homeownership Coalition has raised funds for our “Native Homeownership Protection Plan” (NHPP). Three Native CDFI Coalition members (Lakota Funds, Four Bands Community Fund, and Mazaska Owecaso Otipi Financial) will help administer NHPP funds.

### **Purpose of funding:**

- Provide assistance to Native families experiencing difficulties in making mortgage loan payments, paying for utilities or covering other emergency homeownership-related costs.
- Support small business clients, in order to ensure that they can pay on-going operating expenses, including rent and salaries.

### **How to access NHPP funds for your clients:**

- Coalition members can refer clients for emergency assistance by completing the two-part application form on the following pages
- Coalition members must be active (current on membership dues)
- Coalition members should send the completed form to appropriate CDFI



## NATIVE HOMEOWNERSHIP PROTECTION PLAN

### Part 1 – Referral Application for Mortgage and Small Business Assistance

#### REFERRING ORGANIZATION INFORMATION

Please provide information about the Coalition member organization that is referring a homeowner or small business owner to receive assistance.

Member Organization			
Address			
City, State, Zip			
Main Contact Person			
Telephone		Email	

#### NATIVE CDFI

Select which Native CDFI the homeowner or small business owner will be referred to.		
<input type="checkbox"/> <b>Mazaska Owecaso Otipi Financial</b> csteele@mazaskacdfi.org (605) 867-1018  <i>Can serve homeowners on the Pine Ridge Reservation and within a 50 mile radius of Reservation boundaries.</i>	<input type="checkbox"/> <b>Lakota Funds</b> tbrunsch@lakotafunds.org (605) 455-2500  <i>Can serve small businesses on the Pine Ridge Reservation and within a 50 mile radius of Reservation boundaries.</i>	<input type="checkbox"/> <b>Four Bands Community Fund</b> lakota@fourbands.org (605) 964-3687  <i>Can serve homeowners and small businesses statewide.</i>

#### HOMEOWNER OR SMALL BUSINESS INFORMATION

Please provide information about the homeowner or small business owner to receive assistance.

Name	
Business Name (if applicable)	

#### TYPE OF ASSISTANCE, CRITERIA, ELIGIBLE USES

Select which criteria the homeowner or small business owner meets.	
<input type="checkbox"/> <b>Mortgage Relief</b>  Recipient homeowner: <ul style="list-style-type: none"> <li>Has experienced a reduction or loss of income because of the COVID-19 pandemic</li> <li>Is a borrower or client of a Coalition member organization</li> <li>Is Native</li> <li>Has not received more than \$2,000 in NHPP relief funds</li> </ul> Eligible uses of mortgage assistance include: <ul style="list-style-type: none"> <li>Mortgage payment</li> <li>Utilities payment</li> <li>Housing related expenses, e.g. emergency repairs</li> </ul>	<input type="checkbox"/> <b>Small Business Assistance</b>  Recipient business: <ul style="list-style-type: none"> <li>Has lost revenue because of the COVID-19 pandemic</li> <li>Is a borrower or client of a Coalition member organization</li> <li>Is Native</li> <li>Has not received more \$2,000 in NHPP relief funds</li> </ul> Eligible uses of mortgage assistance include: <ul style="list-style-type: none"> <li>Business rent or utilities</li> <li>Operating expenses</li> <li>Salary</li> <li>COVID-related expenses</li> </ul>

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Referring Organization



**Native Homeownership  
Coalition**

[www.sdnativehomeownershipcoalition.org](http://www.sdnativehomeownershipcoalition.org)

**NATIVE HOMEOWNERSHIP PROTECTION PLAN**  
**Part 2 – Client Agreement for Mortgage and Small Business Assistance**

**HOMEOWNER OR SMALL BUSINESS INFORMATION**

Please provide your contact information.

Name			
Business Name (if applicable)			
Address			
City, State, Zip			
Telephone		Email	

**ELIGIBILITY REQUIREMENTS**

By signing this agreement, I acknowledge the following: *(Please check all that apply.)*

- |                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I have lost business revenue or have experienced a reduction or loss of income because of the COVID-19 pandemic. |
| <input type="checkbox"/> I am a borrower or client of the referring organization.                                                         |
| <input type="checkbox"/> I am a Native-owned small business.                                                                              |
| <input type="checkbox"/> I am a Native homeowner.                                                                                         |

**TYPE OF ASSISTANCE REQUESTED**

Select which type of assistance you are applying for.

- |                                          |                                                    |
|------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Mortgage Relief | <input type="checkbox"/> Small Business Assistance |
|------------------------------------------|----------------------------------------------------|

**ELIGIBLE USE OF FUNDS**

I will use the relief funds for the following eligible use: *(Please check one.)*

- |                                                                           |                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Mortgage payment                                 | <input type="checkbox"/> Business rent or utilities |
| <input type="checkbox"/> Utilities payment                                | <input type="checkbox"/> Operating expenses         |
| <input type="checkbox"/> Housing related expenses, e.g. emergency repairs | <input type="checkbox"/> Salary                     |
|                                                                           | <input type="checkbox"/> COVID-related expenses     |

**FUNDING REQUEST**

Please provide the following information for the eligible expense and attach documentation.

Vendor/Creditor/Debtor			
Address			
City, State, Zip			
Account Number (if applicable)		Amount Requested	\$

Signature

Date

Name