



Wiyot Tribe

Homeowner Assistance Fund

Application

Frequently Asked Questions

GENERAL INFORMATION

What is the purpose of this Program?

The Homeowner Assistance Fund (HAF) was established by the American Rescue Plan Act enacted on March 11, 2021, to help homeowners experiencing financial hardship after January 21, 2020. The Wiyot Tribe has received about \$40,000 through this program to assist Wiyot homeowners struggling with their mortgage payments or other housing costs due to the COVID-19 pandemic.

Assistance will be provided through the Wiyot Health & Human Services Department. This is a limited funded program, scheduled to end September 2026 or when funds are exhausted, whichever comes first.

Who is responsible for the Wiyot Homeowner Assistance Fund?

The Homeowner Assistance Fund program is available in each state and United States territories to Wiyot Citizens. The Wiyot Health & Human Services Department is the administrator of the federally funded program for the Wiyot Tribe.

What is prequalification?

Prequalification is an early step to check eligibility for Wiyot HAF Program based on information you provided, if you prequalify then you are able to continue to register for the HAF Program.

Do I need to pay a fee to take part in the Wiyot Homeowner Assistance Fund?

No. You will never be asked to pay a fee to participate in the Wiyot Homeowner Assistance Fund. In fact, you should beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.



What Assistance is available?

Homeowners must have need of assistance as a result of a qualifying pandemic related financial hardship. The following types of mortgage or housing related assistance are available through Wiyot Homeowner Assistance Fund and can be combined to help homeowners regain financial stability:

- **Mortgage Reinstatement** to catch up delinquent payments or payments in forbearance. Delinquent mortgage payments including principal, interest, taxes and insurance, and other costs the servicer incurred in order to bring the loan current.
- **Mortgage Modification** to provide homeowners with assistance adjusting their mortgage payments.
- **Home repairs** to maintain the habitability of a home, including the reasonable addition of habitable space to alleviate overcrowding. Paid to contractor.
- **Housing Related Expenses** to catch up payments are available:
 - Non-escrowed property taxes
 - Non-escrowed homeowner insurance
 - Non-escrowed mortgage insurance
 - Condo or HOA fees
 - Municipal fee: Water and Sewer Utility arrearage

Do Wiyot Homeowner Assistance Fund benefits change my adjustable rate mortgage to a fixed rate mortgage?

No. Receiving Wiyot Homeowner Assistance Fund benefits will not change your mortgage from an adjustable rate to a fixed rate.

What if I have other questions about my mortgage and its terms and conditions?

We highly recommend you contact your mortgage servicer directly with any questions you may have about your specific loan.

What are the Eligibility Requirements?

Submission of an application does not guarantee assistance will be provided. All applicants (homeowners, borrower, and spouse residing in the home), the mortgage, and the property must meet all eligibility requirements to be considered for assistance.

- **Applicants:**
 - An applicant means all homeowners and borrowers living in the home, plus the spouse of the homeowner (if married); all applicants must be included on the application.
 - At least one applicant must be an enrolled Wiyot Citizen.
- **Property:**
 - The home must be within the boundary of the United States, its Territories, or a Federally recognized Tribal Territory.



- The home must be the primary residence and have been purchased, owned, or inherited prior to the hardship.
 - Investment, vacant, or second homes cannot be considered.
 - Applicants who own more than one home cannot be considered for assistance if the primary residence cannot be determined or the residency does not meet the requirements.
- The home must be in the name of a natural person, not a trust, business, or LLC.
- Mortgage:
 - The mortgage lender or servicer must be participating in the program to receive mortgage assistance.
 - If there is a mortgage on the home, it must have met conforming loan requirements at the time of origination.
 - A manufactured home loan can be considered for assistance.
- Income:
 - To qualify for a grant the applicant's household income must be equal to or less than 100% of the AMI.
 - To qualify for a loan the applicant's household income must equal to or less than 150% of the AMI.
- Financial Hardship:
 - The homeowner, borrower, or the spouse living in the home must attest to having suffered a financial hardship related to the pandemic, which caused a need for assistance.
 - The hardship occurred after January 21, 2020.
 - The hardship was due to at least 15% loss of income OR due to a significant increase in expenses of at least 15%.

What are the Income Requirements?

Income information and documentation requirements: Current income for all household members 18 years and older should be listed in the financial section of the application. You can use the document Applicant Income Worksheet to help you remember the income types and amounts. Please upload income documents- the last 30 days for all sources of income.

Income Documents Accepted:

- **Paystubs:** Two most recent paychecks or paystubs or letter from employer showing payment rate for the pay period, hours worked in the pay period, employer name, year-to-date gross earnings (within past 30 days)
- **Self-Employment and Gig Economy Jobs:** YTD or most recent quarterly profit and loss statement, all pages of statements for all bank accounts (business and personal) for the same current year and three-month period, and most recent tax return with all schedules or transcript
- **Pension or Annuity:** Pension or annuity benefits statements or most recent bank statement within the last 60 days showing deposit amount



- **Social Security:** Social Security benefits award letter or annual notice of benefits or 2020 SSA-199 statement or most recent bank statement showing deposit amount (within past 30 days)
- **Worker's Compensation Benefits Statement:** Worker's Compensation benefits statements (within past 30 days)
- **Rental or boarder income:** Current lease and most recent two months of bank statements showing rental income deposits (within past 30 days)
- **Alimony or Child Support:** Court order or written agreement and two months of bank statements showing support income deposits (within past 30 days)
- **Unemployment Benefits Statement:** Unemployment benefits most recent statements (within past 30 days) **(Unemployment benefits are only included if the benefit is available for at least 6 additional months)**
- **VA Benefits Statement:** VA Benefits statements or most recent bank statements showing deposit amount (within past 30 days)
- **Income-based Benefits:** SNAP, Medicaid, or state program benefits statements or a letter from a caseworker or other professional with knowledge of the applicant's household circumstances certifying that an applicant's household income qualifies for such assistance (within past 30 days)
- **No Income:** Documentation from a social service agency attesting to the applicant's lack of income

What if my home is in Foreclosure?

- An application for assistance does not stop a foreclosure. Notify us at once and provide a copy of the Foreclosure Sale Date Letter, Notice to Foreclose or Notice of Intent to Foreclose to allow your application to be expedited.
- It is the applicant's responsibility to ensure a complete application and foreclosure sale date letter have been submitted to expedite the application, and to continuously follow up with both the lender/servicer and us.

The Wiyot HHS Department must have time to process the application, obtain loan information from the lender/servicer, and determine eligibility. Lenders/servicers are not required to stop a foreclosure or accept assistance funds.

What if I'm in Bankruptcy?

Being in bankruptcy does not prevent approval, however, the mortgage lender/servicer may object to the assistance and a Statement of Denial would be issued if no other assistance is being considered. If the bankruptcy was recently discharged or dismissed, the documents can be provided to the lender/servicer to overcome the objection.



Please note that documents must be current. Applications started but not completed or submitted within 30 days will require updated documents. Applications that have not been completed after 120 days will be placed in a withdrawn status.

- Only one application is allowed for the homeowner(s)/home. Attempts to start a second application by the same or different homeowner, borrower, or spouse will result in a withdrawn-duplicate application status that will not allow the application to continue.
- Request for additional information and/or documentation requires a response from the applicant within 5 business days of request. All applications will be denied after this timeframe.

What if I Need Help with an Application?

Please contact the Wiyot Health & Human Services Department at (707) 733-5055

Hours of operation: Monday - Friday 8:00 am – 4:00 pm PT



Required Documents Information

Identity Verification

A State Issued Driver's License or Government ID

- For all borrowers, please upload a copy of the front of your State issued Driver's License or Government ID. Before uploading, make sure the copy is valid, legible and the License or Government ID has not expired.
- If the license or Government ID does not show your property address, you must also complete and upload a statement of why a different address, including a P.O. Box, is being used.

PLEASE ENSURE YOUR ADDRESS IS UPDATED WITH ENROLLMENT.

Federal Tax Returns & Income

- Current income for all household members 18 years and older, should be listed in the financial section of the application. You can use the document Applicant Income Worksheet to help you remember the income types and amounts.
- Please upload income documents- the last 30 days for all sources of income

Property Verification

Mortgage Document

- Please upload a copy of your mortgage related documents, which could include:
 - The current mortgage statement for all mortgage loans on the property.
 - Correspondence from the lender/servicer regarding current loss mitigation. (1-2 pages showing type.)
 - Foreclosure Sale Date Letter or Notice of Intent to Foreclose. Notify us of the foreclosure sale date (Refer to FAQ) when you submit the application
- If you are seeking assistance on delinquent housing related expenses, please upload the billing statements.

Homeowners / Condominium Association (HOA) Document

- Please upload a copy of your most recent HOA/Condo fee statement

Property Tax Document

- If your property taxes are not included in your mortgage payment (also known as impound), please upload a copy of your most recent property tax statement.



Proof of Hardship

Hardship Affidavit

- The homeowner, borrower, or spouse must have had a pandemic related financial hardship that occurred after January 21, 2020 to be considered for assistance.
- The Hardship Statement is included in the application. Please review the form in its entirety and complete all required fields before signing.

Additional Forms

Hardship Attestation

- The Hardship Attestation is included in the application. Please review the form carefully before signing.

Home Repairs - Send contractor quote.

Third Party Authorization

- A Third-Party Authorization (TPA) allows us to communicate with the payee. A TPA for the mortgage lender/servicer is included in the application.

Terms and Conditions / Privacy Policy

The Wiyot Health & Human Services Department will collect and record nonpublic personal information. We will not sell your personal information to anyone; however, we may share the information you give us today, and any other information about you that we obtain, with the U.S. Department of the Treasury, any organizations and companies that own, insure, guarantee or service your first lien mortgage loan, companies that perform support services in conjunction with the Wiyot Homeowner Assistance Fund Program, and counselors for a HUD-approved counseling agency. Any information shared with the Wiyot Homeowner Assistance Fund Centralized Processing Center will be used to evaluate your request for assistance.



HOMEOWNER ASSISTANCE FUND

Third Party Authorization

“I” and “My” means and refers to individually and collectively the undersigned Owner and Co-Owner (if any), and any non-owner borrower identified below.

“Servicer” means the first mortgage lender/servicer identified below.

“Third Party” means individually and collectively the third parties (including their employees, contractors, subcontractors, agents, successor, and assigns) identified below.

I authorize the Servicer and any Third Party to obtain, share, release, discuss, and otherwise provide to and with each other and with my public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Owner and non-owner borrower. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under Homeowner Assistance Fund Programs by Servicer or Wiyot Health & Human Services Department to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The Servicer and any Third Party is authorized to take such steps as it may deem reasonable to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third Party Authorization, beware of foreclosure rescue scams!

- A HUD-approved housing counselor, HFA representative or other authorized third party may work directly with the Owner’s lender/mortgage servicer.
- The Owner can visit <https://www.hud.gov/findacounselor> to identify a HUD-approved housing counseling agency.
- Beware of anyone who asks for a fee in exchange for a counseling service or modification of a delinquent loan.

All owners and non-owner borrowers should sign this Third Party Authorization. This Third Party Authorization is not revocable except as otherwise required by applicable law.

Mortgage Lender/Servicer Name

Account/Loan Number

Property Address



THIRD PARTIES:

Wiyot Health & Human Services Department

Counseling Agency Name

Counseling Agency Phone

Other Third Party

Other Third Party Phone Number

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Owner

Printed Name

Signature

Date



HOMEOWNER ASSISTANCE FUND

Hardship Attestation

Hardship Determination: (multiple can be checked and an explanation box for each item checked will be generated)

Income Related:

- Reduction in Income by at least 15% since COVID-19 Loss of Hours of Pay
- Loss of Self-employment income
- Temporary Layoff
- Permanent Layoff
- Employer Closed

Care or Health Related:

- Loss of Childcare
- Medical Issues due to COVID-19
- Need(ed) to Care for Household/Family member Other Care or Health Related

Expense Related:

- Increase in living expenses by at least 15% due to COVID-19 Medical expenses due to COVID-19
- Increase in Childcare Expenses
- Increase in Nursing/Other Care Expenses
- Increase in Food Cost
- Increase in Utility Costs

Other Hardship:

I further certify as follows:

Hardship began or continued beyond 1/21/2020 due to COVID-19.

If hardship was an event (job loss, loss of childcare), what was the date the hardship began?

Date: _____



The hardship(s) identified in this section has ended (is no longer ongoing). **If more than one hardship was identified above, please explain which, if any, hardships have ended.**

Explanation:



HOMEOWNER ASSISTANCE FUND

No Income Certification Form

This form must be completed by each household member over the age of 18 years old and pertain to the following:

- Is claiming the household's income, or a portion thereof, is not verifiable due to the impact of COVID-19, or
- Has no income.

<u>First Name</u>	<u>Last Name</u>	<u>MI</u>		
<u>Street Address:</u>	<u>Apt/Unit No.</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

Check the box(es) that applies to your income circumstances:

I hereby certify that I am unable to provide verification of my income, or a portion thereof, due to the impact of COVID-19.

Describe how the impact of COVID-19 prevented you from providing verification of income (be specific):

I hereby certify that in 2020 I did not receive any income.

I hereby certify that I do not currently receive income from any sources.

[Remainder of Page Left Intentionally Blank]



Under penalty of perjury, I attest that the information presented in this attestation is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in my obligation to repay any funds received through the Wiyot Health & Human Services Department and/or other penalties or remedies available under applicable law. I also give Wiyot Health & Human Services Department and its representatives and agents permission to obtain a copy of my tax returns from the Internal Revenue Service or any other state/government agencies and/or any other income verification information that is necessary and that can be acquired from any Federal or State agency in order to confirm the above.

I am submitting a written attestation concerning my income. I understand that the MD HAF for Homeowners program is relying upon this attestation as part of the review process in determining whether my household is eligible for the program.

By signing below and submitting this form, I am acknowledging that I understand the foregoing sentences.

Signature

Printed Name

Date



WIYOT HEALTH & HUMAN SERVICES DEPARTMENT

BORROWER'S AFFIDAVIT
HOMEOWNER ASSISTANCE FUND PROGRAM

Instructions to Borrower:

- Check true statements and fill in blanks
- Attach additional information as necessary.
- If you need help, ask your lender.
- Answer all questions accurately and completely.
- The United State Treasury Department and the Wiyot Health & Human Services Department must rely on your statements in this affidavit to assure that you qualify for this loan.
- **False or incomplete answers may cause the application to be denied, and may result in a default and foreclosure on your mortgage.**

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**WIYOT TRIBE HEALTH & HUMAN SERVICES DEPARTMENT****COMMUNITY DEVELOPMENT ADMINISTRATION
HOMEOWNER ASSISTANCE FUND PROGRAM****BORROWER'S AFFIDAVIT****A. Annual Household Income**

Income refers to all income, whether or not subject to income tax, of the borrowers and other occupants of the Residence, and whether or not you wish to depend on it for evaluation of your credit.

Income

- "At this time there is no household income for occupants of the Residence, and I cannot provide proof of income including any unemployment benefits."
- "I currently have household income and will provide proof of income (listed below)."

Proof of Income: If you have household income, please provide proof of income for each source for individuals living in your household. See chart below:

Source	Items Required
W2 Employment	Two most recent paychecks, paystubs, or letter from employer including pay and hours (within past 30 days)
Self-Employed	YTD or most recent quarterly profit and loss statement for current year (within past 30 days) and 3 months personal and bank statements or 2020 federal income tax return transcript
Pension or Annuity	Pension or annuity benefits statement or most recent bank statement within the last 60 days showing deposit amounts



Social Security	Social Security benefits award letter or annual notice of benefits or 2020 SSA-199 statement or most recent bank statement showing deposit amount (within past 30 days)
Workers Compensation	Worker's Compensation benefits statement (within past 30 days)
Rental or Boarder Income	Current lease and most recent two months of bank statements showing rental income deposits (within past 30 days)
Alimony or Child Support	Court order or written agreement and two months of bank statements showing support income deposits (within past 30 days)
VA Benefits	VA Benefits Statement or most recent bank statement showing deposit amount (within past 30 days)
Income-Based Benefits	SNAP or state program benefits statement or a letter from a caseworker or other professional with knowledge of the applicant's household circumstances certifying that an applicant's household income qualifies for such assistance
Unemployment Benefits Statement	Unemployment benefits most recent statement (within past 30 days)



B. Affidavit

I solemnly affirm, under penalties of perjury and upon personal knowledge that the contents of the affidavit are true. We understand that we must re-execute a confirming affidavit at closing.

BORROWER

DATE

CO-BORROWER

DATE

INTENTIONALLY LEFT BLANK

**HOMEOWNER INFORMATION**

1. Last Name(s) / Surnames	First Name	Middle Name
2. Contact Phone Number		
Cellular: _____		
Landline: _____		
3. Social Security Number		
4. Email Address		
5. Race		
<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		
<input type="checkbox"/> I Do Not Wish To Furnish This Information		
6. Ethnicity		
<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> Not Hispanic or Latino		
<input type="checkbox"/> I Do Not Wish To Furnish This Information		
7. Gender		
<input type="checkbox"/> Male		
<input type="checkbox"/> Female		
<input type="checkbox"/> Non-Gender Conforming		
<input type="checkbox"/> Other (Please Specify:)		
<input type="checkbox"/> I do not wish to provide this information		

WIYOT
ENROLLMENT # _____**OFFICE ONLY**

Verified by: _____

Date: _____



HOMEOWNER INFORMATION

8. Number of Dependent Persons

9. Number of People in Household

10. Property Address

Address 1:

Address 2:

City:

County:

State:

Zip code:

**CO-BORROWER INFORMATION**

1. Last Name(s) / Surnames	First Name	Middle Name
2. Contact Phone Number		
Cellular: _____		
Landline: _____		
3. Social Security Number		
4. Email Address		
5. Race		
<input type="checkbox"/> American Indian or Alaska Native		WIYOT
<input type="checkbox"/> Asian		ENROLLMENT #_____
<input type="checkbox"/> Black or African American		<u>OFFICE ONLY</u>
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		Verified by: _____
<input type="checkbox"/> White		Date: _____
<input type="checkbox"/> I Do Not Wish To Furnish This Information		
6. Ethnicity		
<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> Not Hispanic or Latino		
<input type="checkbox"/> I Do Not Wish To Furnish This Information		
7. Gender		
<input type="checkbox"/> Male		
<input type="checkbox"/> Female		
<input type="checkbox"/> Other		
<input type="checkbox"/> I Do Not Wish To Furnish This Information		



PREQUALIFICATION QUESTIONS

What is prequalification?

Prequalification is an early step to check eligibility for HAF Program based on information you provided, if you prequalify then you are able to continue to register for the HAF program.

What will assistance payments cover?

- Mortgage Reinstatement to catch up delinquent payments or payments in forbearance. Delinquent mortgage payments including principal, interest, taxes and insurance, and other costs the servicer incurred in order to bring the loan current.
- Mortgage Modification to provide homeowners with assistance adjusting their mortgage payments.
- Housing Related Expenses to catch up payments are available:
 - Non-escrowed property taxes
 - Non-escrowed homeowner insurance
 - Non-escrowed mortgage insurance
 - Condo or HOA fees
 - Municipal fee: Water and Sewer Utility arrearage

Wiyot Homeowner Assistance Fund Loan

Designed to offer a one-time payment of a delinquent mortgage amount and/or additional funds to facilitate a principal curtailment or rate reduction to right size ongoing mortgage payments to levels affordable to the homeowner.

Wiyot Homeowner Assistance Fund Grant

Designed to avoid imminent displacement (within 90-days) due to, but not limited to tax delinquency, chattel loan or land lease delinquency; homeowners association fee / condominium association fee delinquency; mortgage delinquency.

Am I eligible?

You may be eligible for the HAF program if your property is located within the United States, its territories, or a Federally recognized Tribal Territory.

**PREQUALIFICATION QUESTIONS:**

1. Are you an enrolled Wiyot Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please list where you reside	
3. Has COVID-19 affected your ability to pay your mortgage, property taxes, insurance and/or other household expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How many people are in your household including yourself?	
5. What is your current individual / household monthly income?	
6. Is the home listed on your application your primary residence, and is it located elsewhere?	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Elsewhere
7. Have you experienced a loss of income associated with the COVID-19 pandemic that began, continued or worsened any time after January 21, 2020 due to any of the following: a) Reduction in income – Documented temporary or permanent loss of earned income: • Job loss • Reduction in income or; b) Increase in living expenses – Documented increase in out-of-pocket household expenses such as: • Increased costs due to healthcare • Due to the need to care for a family member	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have a loan or other type of financing on your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If you have a loan, please provide the following:	Original Loan Amount: \$_____ Date of Original Loan: _____ <input type="checkbox"/> I don't know

**PREQUALIFICATION QUESTIONS:**

10. Are you currently 3 months behind or more on payments related to any of the following: mortgage, property taxes, homeowner insurance, mortgage insurance, Condo/HOA fees, water or sewer utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you been served or received a Notice of Intent to Foreclose or are otherwise at risk of being displaced from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
12. Have you contacted your mortgage servicer requesting assistance? This can include things such as forbearance, repayment plans, loss mitigation, or other options.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does your loan include any of the following property charges? <ul style="list-style-type: none">• Property Taxes• Homeowner's Insurance• HOA/Condo/Coop fees or common charges• Mortgage Insurance (MPI)	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which: _____
14. If your loan does not include any property charges, list how much you pay for: <ul style="list-style-type: none">• Property Taxes• Mortgage/Homeowner's Insurance• HOA / Condo / Coop fees or common charges	Property Taxes: \$_____ Homeowner's Insurance: \$_____ HOA / Condo / Coop fees or common charges: \$_____
15. Is there any other information you wish to disclose about your situation that you think we should know about?	Please Write Information Below (if applicable)



I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the Wiyot Homeowner Assistance Fund Program.

Signature: _____ Date: _____

I certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my knowledge.

Signature: _____ Date: _____

I certify that the assistance being requested in this application does not duplicate any other federal, state, or local assistance provided for the same costs.

Signature: _____ Date: _____

I acknowledge that false and/or misleading statements may result in the denial of my application.

Signature: _____ Date: _____

Complete Applications Shall Be Submitted To:

Wiyot Tribe
Health & Human Services Department
1000 Wiyot Drive
Loleta, CA 95551

Attachment A
Award Schedule

Eligible Uses of HAF Reinstatement Program Proceeds	Per Item Maximum Amount Per Household
Mortgage Payment Assistance	\$1,755.37
Mortgage Reinstatement	\$306.82
Mortgage Principal Reduction	\$115.06
Homeowner Internet Service	\$153.41
Homeowner Insurance	\$306.82
HOA fees or liens	\$76.71
Downpayment Assist. Loans	\$345.18
Delinquent Property Taxes	\$345.18
Homeowners Utilities	\$306.82
Home Repairs	\$545.84