



# RED FEATHER

## Navajo Homeowner Assistance Fund (NHOAF) COVID-19 Financial Hardship Affidavit

### Homeowner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The Navajo Homeowner Assistance Fund (NHOAF) provides financial assistance to homeowners impacted by the COVID-19 pandemic. Please complete this form to confirm that you have experienced a financial hardship due to the pandemic that has affected your ability to maintain, repair, or safely occupy your home.

### Section 1: COVID-19 Financial Hardship (Check all that apply)

Financial hardship may be direct or indirect and affected my ability to maintain or repair my home.

- I experienced increased essential household or utility expenses due to the COVID-19 pandemic.
- I incurred medical or COVID-related expenses that strained my household finances.
- I faced increased costs for firewood, propane, water hauling, or other essential home needs.
- I had to take out loans or debt to cover basic living expenses during the pandemic.
- I experienced a loss or reduction of income due to the COVID-19 pandemic.
- I had to divert funds intended for home maintenance or repairs to cover basic living expenses due to the COVID-19 pandemic.

### Section 2: Impact on Home Condition and Habitability (Check all that apply)

- I had difficulty affording necessary home repairs or maintenance due to the COVID-19-related financial hardship.
- Unsafe or unhealthy conditions in my home **currently exist** because I could not afford repairs.
- I fell behind on essential utilities (electricity, propane, or water) needed to safely occupy my home.

### Section 3: Certification

I certify that the information provided is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for assistance through the Navajo Homeowner Assistance Fund (NHOAF).

I certify that the financial hardship described above occurred on or after January 21, 2020, and was associated with the COVID-19 pandemic.

I certify that the property for which I am seeking assistance is my primary residence.

I understand that knowingly providing false information may result in denial of assistance, repayment of funds, or other penalties as allowed by law.

Documentation of hardship may be requested but is not required to establish eligibility.

Client/Head of Household Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For questions or assistance, please contact: - Red Feather Development Group at: [services@redfeather.org](mailto:services@redfeather.org) or (928) 440-5119