



# Quarterly Verification Form

HAF Unique ID #: \_\_\_\_\_

## PROGRAM PARTICIPANT NAME(S) – ALL PARTICIPANTS MUST VERIFY AND SIGN THIS FORM

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Participant

## PROPERTY ADDRESS

_____ Street Address	_____ Unit (if any)	_____ City
_____ County	_____ State	_____ Zip Code

## HOUSEHOLD SIZE

\_\_\_\_\_

## ALL PROGRAM PARTICIPANTS CERTIFY TO THE FOLLOWING:

1. I experienced financial hardship related to the coronavirus pandemic after January 21, 2020. This includes a hardship that began on or before January 21, 2020, but continued after that date, if the hardship was related to the pandemic.
2. My property is owner-occupied and is my primary residence.
3. I am not currently moving, refinancing, or selling the property receiving benefits.
4. My property has not received a condemnation notice or notice related to habitability unless the notice stems from a casualty event or natural disaster and is being maintained in good condition.
5. My annual household income is at or below the income limits outlined in the [Homeowner Assistance Fund income chart \(https://bit.ly/HAFAMICChart\)](https://bit.ly/HAFAMICChart). This includes the income of any adult occupant of the home who contributes to housing costs.
6. I understand that if I am unable to provide supporting documentation, I may be required to repay any assistance I received, I may be reported to the U.S. Department of the Treasury, and I may be subject to criminal prosecution and/or civil action.



**I/WE MEET ALL OF THE ABOVE CRITERIA AND CERTIFY TO THE FOLLOWING:**

Under penalty of perjury, I/we certify that all information provided by me/us to the Homeowner Assistance Fund and/or its agents is true and accurate. I/we understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my/our termination from the Homeowner Assistance Fund and may violate state and/or federal law. I/we further understand that information and documentation supporting my/our participation in the Homeowner Assistance Fund may be requested as part of ongoing compliance and monitoring activity performed by the Homeowner Assistance Fund, the State of Oregon, the U.S. Department of the Treasury, or their agents.

**I/WE DO NOT MEET ALL OR AT LEAST ONE OF THE ABOVE CRITERIA, OR AM/ARE WITHDRAWING FROM THE PROGRAM, AS INDICATED BELOW:**

I/we understand that the Homeowner Assistance Fund will no longer provide assistance on my/our behalf and that I/we am/are responsible for providing any required payment to the mortgage servicer/lender. I/we further understand that any assistance already provided by the Homeowner Assistance Fund is subject to the Promissory Note, Rider to Promissory Note, and Subordinate Mortgage signed by me/us, and general program terms.

**SIGNATURES – ALL PROGRAM PARTICIPANTS MUST SIGN**

_____	_____	_____
Printed Name of Participant	Signature of Participant	Date
_____	_____	_____
Printed Name of Participant	Signature of Participant	Date

**RETURN COMPLETED FORM:**

The documents will need to be submitted online within 10 days. Please be advised that if you do not turn in the requested documentation, you may no longer be eligible for the program.