

APPLICATION FOR DOD HOMEOWNERS ASSISTANCE PROGRAM

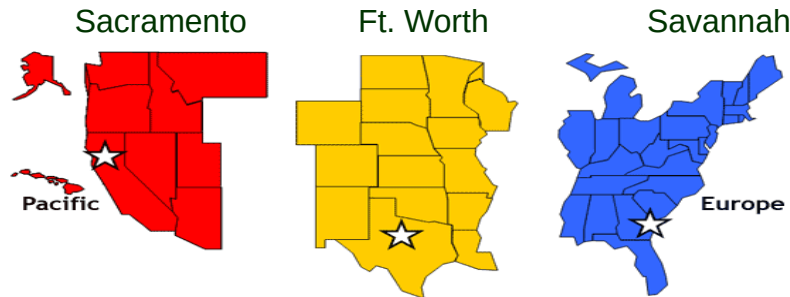
AUTHORITY

Public Law 89-754, Section 1013, as amended, authorizes the Secretary of Defense to provide financial assistance to eligible homeowners serving or employed at or near military installations which were ordered closed or partially closed, realigned or were ordered to reduce the scope of operations. This authority is referred to as "**Conventional HAP - BRAC Causation**"

Section 1001 of the American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 111-5, temporarily expands authority provided in 42 USC 3374 to provide assistance to: Wounded, Injured, or Ill members of the Armed Forces (30% or greater disability), wounded Department of Defense (DoD) and US Coast Guard civilian homeowners reassigned in furtherance of medical treatment or rehabilitation or due to medical retirement in connection with their disability, surviving spouses of fallen warriors, Base Realignment and Closure (BRAC) 2005 impacted homeowners relocating during the mortgage crisis, and Service member homeowners undergoing Permanent Change of Station (PCS) moves during the mortgage crisis. This authority is referred to as "**Expanded HAP.**"

This form is for applicants of either the Conventional HAP or Expanded HAP. **Applicants cannot receive benefits and continue to own the home.** Benefits under either program are not available to temporary employees or contractor personnel. In addition to DD Form 1607, additional documents may be required to determine HAP eligibility and benefits. Please contact the US Army Corps of Engineers (CoE) District where your home is located (see map below) for specific information. PLEASE NOTE THE DEPARTMENT OF DEFENSE WILL NOT BE RESPONSIBLE FOR SAFEKEEPING OR RETURN OF ORIGINAL DOCUMENTS.

Once you have completed your application -- it **must** be reviewed by your personnel office, military or civilian, for verification of service or employment records (See Section IV, Page 3) and mailed to the appropriate District Office of the CoE. The District CoE Office will notify you when your application is received. If your application is determined to be ineligible, you will be notified by the District CoE and will have the opportunity to appeal this decision. You can request a review of your case by requesting the appropriate District forward your appeal to the HQUSACE (CEMP-CR). If application is further recommended for denial, HQUSACE will forward to the Deputy Assistant Secretary of the Army for Installations & Housing (DASA(I&H)) for review and consideration. DASA(I&H) may approve an appeal but must forward recommendations for denial to the Deputy Under Secretary of Defense for Installations & Environment (DUSD(I&E)) for final recommendation.



For locations in:

Contact:

Alaska, Arizona, California, Utah, Idaho, Oregon, Pacific Ocean Rim, Washington, Montana, Nevada, or Hawaii

U.S. Army Engineer District, **Sacramento**, CESPCK
 1325 J Street
 Sacramento, CA 95814-2922
 (916) 557-6850 OR 1-800-811-5532
 Internet Address: <http://www.spk.usace.army.mil>

Arkansas, Louisiana, Oklahoma, Texas, New Mexico, Colorado, Iowa, Nebraska, Minnesota, North and South Dakota, Wisconsin, Wyoming, Kansas, or Missouri

U.S. Army Engineer District, **Fort Worth**, CESWF
 P.O. Box 17300
 Fort Worth, TX 76102-0300
 (817) 886-1112 OR 1-888-231-7751
 Internet Address: <http://www.swf.usace.army.mil>

Georgia, North Carolina, South Carolina, Alabama, Mississippi,
Tennessee, Florida, Illinois, Indiana, Kentucky, Michigan, Ohio,
Maryland, Delaware, District of Columbia, Pennsylvania, Virginia,
Rhode Island, New York, Vermont, New Hampshire, Massachusetts,
Connecticut, Maine, New Jersey,
West Virginia, or Europe

U.S. Army Engineer District, **Savannah**, CESAS

ATTN: RE-AH

P.O. Box 889

Savannah, GA 31402-0889

1-800-861-8144

Internet Address: <http://www.sas.usace.army.mil/hapinv/index.html>

DD FORM 1607, SEP 2009 (DRAFT)

APPLICATION FOR HOMEOWNERS ASSISTANCE

OMB CONTROL SYMBOL

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 89-754, Section 1013 and Executive Order 9397

PRINCIPAL PURPOSE(S): To determine eligibility for benefit and process requests for the Homeowners Assistance Program

ROUTINE USE(S):

In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) including the Department of Housing and Urban Development when assuming custody of acquired homes, to manage and dispose of such properties on behalf of the Secretary of Defense; Department of Veterans Affairs in accepting subsequent purchaser in private sales when property is encumbered by a mortgage loan guaranteed or insured by them; Department of Justice to review final title and deeds of conveyance to the Government for properties acquired under the program, pursuant to their responsibilities under Pub Law 91-393; and the Internal Revenue Service to determine tax liability for sale of property to the Government.

DISCLOSURE:

Voluntary; however, failure to furnish requested information will hinder verification of employment and homeowner information and may result in delay or denial of benefits provided under this law

Please type or print, limiting each entry to the space provided. If there is not enough space for an answer, use the "Remarks" section on Page 4 of this form. Repeat the item number and give the additional information. If a date is required, enter year, month, and day (for example: June 1, 2008 would be 20080601). Complete all sections of the form as indicated.

Paperwork Reduction Act Statement: The information collected on this form is necessary to determine applicant eligibility for benefit under the Homeowners Assistance Program. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is _____. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions.

SECTION I - QUALIFICATION

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. GRADE/RANK
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4. PRESENT MAILING ADDRESS			
a. STREET (Include apartment number)	b. CITY	c. STATE	d. ZIP CODE

5. EMAIL ADDRESS:	
6. HOME TELEPHONE NUMBERS (Include area code)	7. WORK TELEPHONE NUMBER (Include area code)

Home:	a. COMMERCIAL	b. DSN
Cell:		

8. INSTALLATION OR ACTIVITY ANNOUNCED FOR CLOSURE OR REDUCTION IN SCOPE (BRAC Applicants Only)			9. DATE OF INSTALLATION CLOSURE OR REDUCTION ANNOUNCEMENT (BRAC)
a. NAME OF INSTALLATION / ACTIVITY	b. CITY	c. STATE	

10. EMPLOYMENT OR SERVICE AT INSTALLATION (Military and Federal Employee Applicants only)							
a. Eligibility Category		b. (X if applicable)		c. BRANCH OF SERVICE (X one)			
<input type="checkbox"/> Wounded	<input type="checkbox"/>	<input type="checkbox"/> CSRS	<input type="checkbox"/>	<input type="checkbox"/> ARMY	<input type="checkbox"/>	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/>
<input type="checkbox"/> BRAC	<input type="checkbox"/>	<input type="checkbox"/> FERS	<input type="checkbox"/>	<input type="checkbox"/> NAVY	<input type="checkbox"/>	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/>
<input type="checkbox"/> PCS	<input type="checkbox"/>	<input type="checkbox"/> NAFI	<input type="checkbox"/>	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/>	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/>
d. STARTING DATE (YYYYMMDD)	e. TYPE OF APPOINTMENT	f. ENDING DATE (YYYYMMDD)	g. NATURE OF SEPARATION				

11. REASON FOR DESIRING ASSISTANCE (Complete 11.a. if Civilian, 11.b. if Military Service Member)		
11. a. CIVILIAN (X and complete as applicable)		

<input type="checkbox"/> (1) ACCEPTED FEDERAL TRANSFER (BRAC)	<input type="checkbox"/> (2) WOUNDED, INJURED, OR ILL (WII)	<input type="checkbox"/> (3) SURVIVING SPOUSE
(a) For BRAC or WII -- TO (Name of Installation or Hospital)	(b) DATE (YYYYMMDD)	(c) LOCATION OF INSTALLATION (City, State, Country)

<input type="checkbox"/> (4) ACCEPTED OTHER EMPLOYMENT (BRAC APPLICANTS ONLY)		
(a) AT (Name of Subsequent Employer)	(b) DATE (YYYYMMDD)	(c) LOCATION OF EMPLOYMENT (City, State, Country)

BRAC APPLICANTS -- Furnish unemployment dates only when application is based on financial hardship due to your inability to be employed in the area of the closed/reduced installation. Attach statement on why employment is not available or has not been accepted; also state amount and frequency of all income, nature, and amount of debts, number and amount of installment payments (including mortgage) in arrears, and any other information providing evidence of financial hardship.	(a) UNEMPLOYED FROM (YYYYMMDD)
	(b) TO (YYYYMMDD)

11. b. MILITARY SERVICE MEMBER (X and complete as applicable)	
(1) TRANSFERRED TO: (a) NAME OF INSTALLATION	(b) DATE (YYYYMMDD)
(2) ORDERED INTO ON-POST QUARTERS ON (YYYYMMDD)	
(3) PCS ORDERS (YYYYMMDD)	
(4) RETIRED OR SEPARATED ON (YYYYMMDD)	

SECTION II - PROPERTY FOR WHICH ASSISTANCE IS SOUGHT

If home was **SOLD**, provide a copy of the Form HUD-1 (closing statement) (OMB Approval No. 2502-0265) of sale, and the deed with the recording info such as Book & Page Number. If **FORECLOSED** or in process of foreclosure, provide a statement of obligations ensuing from foreclosure. Documents provided in evidence of purchase, sale, and foreclosure must be legible, completed copies.
 THE DEPARTMENT OF DEFENSE IS NOT RESPONSIBLE FOR SAFEKEEPING OR RETURN OF ORIGINAL DOCUMENTS.

12. ADDRESS OF PROPERTY

a. STREET	b. CITY	c. COUNTY	d. STATE	e. ZIP CODE
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13. PERIOD OF OWNERSHIP/OCCUPANCY		14. IF MORTGAGED, WAS IT (X)		15. PRESENT STATUS (X)	
a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)	<input type="checkbox"/>	FHA - INSURED	<input type="checkbox"/>	OWNED BY YOU (Complete Item 21)
		<input type="checkbox"/>	VA - GUARANTEED	<input type="checkbox"/>	SOLD (Complete Item 22)
		<input type="checkbox"/>	OTHER	<input type="checkbox"/>	FORECLOSED (Complete Item 23)

16. DATE OF PURCHASE (YYYYMMDD)		17. PRICE		18. DEED RECORDED IN	
		a. VOLUME	b. PAGE	c. DEED RECORDS OF	

19. APPROXIMATE DISTANCE FROM RESIDENCE TO WORK:

20. LIST MAJOR IMPROVEMENTS MADE BY YOU DURING YOUR OWNERSHIP
 (Such as adding garage, finishing rooms, adding bathroom, or other improvements. Include cost and approximate date each was completed) Please specify whether improvements were made using home equity lines of credit or additional mortgages.

21. IF DWELLING IS OWNED BY YOU: (X and complete as applicable)

<input type="checkbox"/>	a. YOU STILL OCCUPY	<input type="checkbox"/>	c. PLAN TO SELL ON PRIVATE MARKET	(1) LEASED THROUGH (YYYYMMDD)	(2) LEASE AMOUNT (per month)
<input type="checkbox"/>	b. VACANT	<input type="checkbox"/>	d. LEASED (Attach copy of lease)		

22. IF DWELLING WAS SOLD:

a. SOLD TO	b. DATE SOLD (or will close) (YYYYMMDD)	c. SALE PRICE
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d. DEED RECORDED IN

(1) VOLUME	(2) PAGE	(3) DEED RECORDS OF
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23. IF LIENHOLDER FORECLOSED ON PROPERTY:

a. DATE FORECLOSURE COMMENCED (YYYYMMDD)	b. COMMENCED BY (X) <input type="checkbox"/> VA <input type="checkbox"/> BANK (Name of Bank) <input type="checkbox"/> FHA	c. PROCEEDING STILL PENDING (X) <input type="checkbox"/> YES <input type="checkbox"/> NO
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d. NAME OF COURT	e. LOCATION OF COURT
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f. DATE OF FORECLOSURE SALE (YYYYMMDD)	g. AMT. OF FORECLOSURE SALE	h. AMT. OF ENFORCEABLE LIABILITIES AGAINST YOU
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24. IF YOU PLAN TO ASK THE GOVERNMENT TO PURCHASE YOUR DWELLING: (Mortgages)

a. LENDER NAME	b. ADDRESS (Street, City, State, ZIP Code)	c. ORIGINAL AMOUNT	d. CURRENT BALANCE	e. DATE OF LOAN (YYYYMMDD)
1st				
2nd				
3rd				
4th				

f. DATE DWELLING WAS CONSTRUCTED (YYYYMMDD)	g. TO THE BEST OF YOUR KNOWLEDGE, DOES THE DWELLING CONTAIN ENVIRONMENTAL HAZARDS? (Such as friable asbestos, lead-based paint, etc.) <input type="checkbox"/> YES (Specify) <input type="checkbox"/> NO
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25. (BRAC APPLICANTS ONLY) POINT OF CONTACT TO ALLOW GOVERNMENT CONTRACT APPRAISERS TO GAIN ACCESS TO YOUR DWELLING (For Army Corps of Engineers' appraiser and inspector for environmental hazards)

a. NAME (Last, First, Middle Initial)		b. HOME TELEPHONE (Include area code)	c. WORK TELEPHONE (Include area code)	
d. ADDRESS				
(1) STREET (Include apartment number)		(2) CITY	(3) STATE	(4) ZIP CODE

26. POINT OF CONTACT THAT KNOWS YOUR WHEREABOUTS AT ALL TIMES (Someone who does not live with you)

a. NAME (Last, First, Middle Initial)	b. TELEPHONE NUMBER (Include area code)
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SECTION III - DECLARATION

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (See 62 Stat. 698, 749; 18 USC 287, 1001).

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The applicant shall forfeit and pay the United States the sum of not less that \$5,000 and not more that \$10,000 plus 3 times the amount of damages sustained by the United States (See 31 USC 3729).

27. I DECLARE, UNDER THE PENALTIES OF PERJURY, THAT THE INFORMATION PROVIDED BY ME HEREIN AND ATTACHED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

a. I APPLY FOR HOMEOWNERS ASSISTANCE IN THE FOLLOWING CATEGORY: (X as applicable)

<input type="checkbox"/>	(1) FORECLOSURE RELIEF (For applicants whose homes have been foreclosed)
<input type="checkbox"/>	(2) REIMBURSEMENT FOR LOSS ON PRIVATE SALE (For applicants whose homes have been sold or who plan to sell)
<input type="checkbox"/>	(3) GOVERNMENT ACQUISITION (For applicants who still own their home) (Not available in foreign countries)

I voluntarily request and give my consent to the disclosure of my personal information. I am aware that I may revoke my consent at any time by doing so in writing. This Consent is valid for one year from the date of authorization.

b. SIGNATURE (To be used in all future correspondence)	c. DATE SIGNED (YYYYMMDD)
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SECTION IV - VERIFICATION OF EMPLOYMENT OR SERVICE (To be completed by Personnel Office)

28. REVIEW OF APPLICANT'S OFFICIAL PERSONNEL FOLDER INDICATES: (X and complete as applicable)

<input type="checkbox"/>	a. THE EMPLOYMENT/SERVICE INFORMATION SHOWN ON THIS FORM HAS BEEN VERIFIED AND IS CORRECT AS STATED IN SECTIONS 1, 8, and 10.
<input type="checkbox"/>	b. THE EMPLOYMENT/SERVICE INFORMATION SHOWN ON THIS FORM IS <u>NOT</u> CORRECT. THE PERSONNEL FOLDER SHOWS THE FOLLOWING:

29. PERSONNEL OFFICER

a. NAME (Last, First, Middle Initial)	b. TITLE
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c. UNIT ADDRESS

(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
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d. SIGNATURE	DATE SIGNED (YYYYMMDD)
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SECTION V - REMARKS *(To be completed as necessary. Please reference each entry by item number.)*

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