**1. Tribe**

|  |
| --- |
| 1a. Official Name |

|  |  |  |  |
| --- | --- | --- | --- |
| 1b. Street Address | 1c. City | 1d. State | 1e. Zip Code |

|  |
| --- |
| 1f. Mailing Address (if different) |

|  |  |  |
| --- | --- | --- |
| 1g. Phone Number | 1h. Email | 1i. Website |

**2. Tribal Contact**

|  |  |  |
| --- | --- | --- |
| 2a. Last Name | 2b. First Name | 2c. Middle Name |
| 2d. Title | 2e. Phone Number | 2f. Email |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Certifications** | **Status** | **Status** | **Status** |
| **Documents** | **No changes since the last HUD approval** | **Changed and previously approved by HUD** | **Changed and not yet approved by HUD\*** |
| 3a. Section 184 Residential Lease or other legal instrument property interest from Tribe to borrower | ☐ | ☐ | ☐ |
| 3b. Leasing Ordinances | ☐ | ☐ | ☐ |
| 3c. Lien Priority Ordinances | ☐ | ☐ | ☐ |
| 3d. Foreclosure Ordinances | ☐ | ☐ | ☐ |
| 3e. Eviction Ordinances | ☐ | ☐ | ☐ |
| 3f. Sample Official Tribal Enrollment Document | ☐ | ☐ | ☐ |
| 3g. Other | ☐ | ☐ | ☐ |

\*For any changes made and not yet approved by HUD, please include the updated documents with this certification for HUD’s review and approval.

**I, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802).**

**4. Authorized Tribal Official**

|  |  |  |  |
| --- | --- | --- | --- |
| 4a. Last Name | 4b. First Name | 4c. Middle Name | 4d. Title |

|  |  |
| --- | --- |
| 4e. Signature | 4f. Date |

**Burden Notice**: This information is required for the U.S. Department of Housing and Urban Development (HUD) to allow for a Tribe to continue to participate in the Section 184 Indian Housing Loan Guarantee (Section 184) program. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, U.S. Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-XXXX. HUD may not collect this information, and you are not required to complete this form, unless it displays a valid OMB control number. HUD is authorized to solicit the information requested in the form by virtue of 12 U.S.C. § 1715z-13a and 24 C.F.R. Part 1005. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.