UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
HOUSING ASSISTANCE APPLICATION

• All questions in this application must be answered. The requested information is self-explanatory.
• This application is subject to the Privacy Act of 1974, Pub. L. 93-579

A. APPLICANT INFORMATION

1. Name:__________________ _________________ __ _______________________
   Last            First          MI       Maiden Name (if any)

2. Current Address:  ____________________________________ ___________________
   Street Address ___________________________ __________________
   P.O. Box # (if any) ___________________________ __________________
   City                  State                Zip Code

3. Telephone Number: (____)____________________    4. Date of Birth:  ________________

5. Tribe: _____________________________________________ Roll Number: ____________
   Reservation/Rancheria: __________________________

6. Marital Status:   ____Married     ____Singled     ____Widowed     ____Other
   If you checked “Other”, please explain. ______________________________________________________________

7. Are you Homeless?     ____ No _____ Yes     8. Are you or spouse a Veteran?       ____ No _____ Yes

Information About Spouse: ______________________________________________________________

9. Name:__________________ _________________ __ _______________________
   Last            First          MI       Maiden Name (if any)

10. Date of Birth:  ________________

11. Tribe: _____________________________________________ Roll Number: ____________

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Relationship to Applicant, and Tribe/Roll Number.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
<th>Tribe/Roll Number</th>
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If you need more space, use a blank sheet of paper.

Date of this application:___________
C. INCOME INFORMATION

12. **Earned Income**: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual Earned Income</th>
<th>Source of Income</th>
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</table>

Total annual earned income: $ ____________________________

13. **Unearned Income**: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual Unearned Income</th>
<th>Source of Income</th>
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Total annual unearned income: $ ____________________________

14. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): $ __________________

D. HOUSING INFORMATION

15. Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**

16. Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.

17. If repair assistance is needed, do you own _____ or rent _____ this house?
   If renting, is the owner Indian? _____ No _____ Yes
   If yes, provide name of owner(s):

18. Are you living in Overcrowded Conditions? _____ No _____ Yes

19. Is the condition of the home in a dilapidated state? _____ No _____ Yes

Date of this application: ___________
HOUSING INFORMATION, continued.

20. Is electricity available? _____ No _____ Yes If yes, provide name of electric company: ____________________________.

21. Type of Sewer system: _____ City Sewer _____ Septic Tank _____ Chemical Toilet _____ Outhouse
   
   Water Source: _____ City Water _____ Private Well _____ Community Water Tank
   _____ Other (Please describe): ____________________________

22. No. of Bedrooms ______.

23. House Size: ______ (Square Feet) 

24. Bathroom facilities in existing house: 

<table>
<thead>
<tr>
<th>Facility</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Flush toilet</td>
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</tr>
<tr>
<td>Bathtub</td>
<td></td>
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<tr>
<td>Sink/lavatory</td>
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</tbody>
</table>

E. LAND INFORMATION

25. Do you own the land on which you wish to renovate or build this home? _____ Yes _____ No
   If no, can you provide proof that you can obtain land? _____ Yes _____ No
   Provide the name of the owner(s):

26. What is the current status of the land?

<table>
<thead>
<tr>
<th>Fee</th>
<th>Tribal Fee</th>
<th>Native/Restricted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual trust land</td>
<td>Tribal trust land</td>
</tr>
<tr>
<td></td>
<td>Individually restricted</td>
<td>Tribe restricted</td>
</tr>
</tbody>
</table>

27. If you do not own the land, do you have: _____ Leasehold interest? _____ Use permit?
   _____ Indefinite assignment or joint ownership? If so, please explain:

F. GENERAL INFORMATION

28. Have you or anyone in your household ever received Housing Improvement Program assistance?

   If yes, give amount received $_______; the year it was received: 19____; and the location of the house:

29. Do you own any other house not occupied by your family?

   If yes, state where the house is located: ____________ and who occupies it: ____________.

30. Do you live in a house built with Housing and Urban Development (HUD) funds?

31. Is the HUD project still under operation of an Indian Housing Authority?

32. Are you seeking Down Payment Assistance?

   If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.

33. If you are requesting assistance for a new housing unit, have you applied for assistance from:

   • Indian Housing Authority? If yes, provide date of application:__________________________
   • Tribal Credit Program? If yes, provide date of application:__________________________
   • Other? From who:__________________________ If yes, provide date of application:__________

34. Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?

   If yes, provide name of family member _____________ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician’s certification, Social Security or Veterans Affairs determination, or similar determination).

Date of this application:_________
G. APPLICANT CERTIFICATION
(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant’s Signature: ___________________________ Date: ______________

Spouse’s Signature (if appropriate) ___________________________ Date: ______________

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice “Indian Housing Improvement Program, Interior, BIA-10.” The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.