OMB Control No. 1076-184 Expiration date: 0/31/2025

Date of this Addendum: \_\_\_\_\_

## HOUSING IMPROVEMENT PROGRAM ADDENDUM to BIA FORM 6407

			FISCAL YEAR:			
Applicant Name:			Date of Prior	Applicat	ion:	
Spouse Name:			Age	ency/Cha <sub>l</sub>	pter:	
I (We) hereby request that the HIP/BIA program year to be considered for housi my (our) household size, total annual hou	ng assis isehold	stance. I (We) under income, and/or living	erstand I (we) must	disclose	and report all changes in	
			roin			
Yes, there are changes in the Increase in number				umber of	household members	
Name(s)		Date of Birth	Relationship to Ap	plicant	Tribe/Census No.	
Yes, there are changes in the Increase amount in  You must provide current income documents.	total an total ho	nual household inco usehold income	ome as stated herein  Decrease am	ount in to	otal household income  VA Award Letters, etc.	
				5 <b>D</b> , 551,		
Name of Recipient		Source o	f Income		Amount	
Explain of Any Other Change(s):						
I (We) certify that all the answers given they are made in good faith. This certifical eligibility to receive housing assistance, 1001.	cation is	s made with the kno	wledge that the info	ormation	will be used to determine	
Applicant's Signature:			Date:			
Spouse's Signature:			Date:			
Form Reviewed by:	Eligibilit	v Technician	Date:			
	<i>y</i>	•				

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## **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, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104.

Date of this Addendum:
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