

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

HOUSING ASSISTANCE APPLICATION

A. GENERAL INSTRUCTIONS

This application is for the Housing Improvement Program (HIP) of the Bureau of Indian Affairs (BIA). The HIP is a grant program that addresses the housing needs of those Indians who cannot receive this assistance from any other source. It involves the repair and renovation of existing housing, and the construction of new units. Federally-recognized Indian tribes implement the HIP and apply ranking criteria in the selection of eligible families or individuals to receive HIP services.

Individuals wishing to apply for HIP assistance should submit this application to their Tribe or to the nearest BIA Agency or Regional Office.

B. PRIVACY ACT NOTICE

Pursuant to Section 3(e)(e) of the Privacy Act of 1975 (P.L. 93-579), individuals furnishing information on this application form are hereby advised as follows:

1. The authority for solicitation of the information is 25 U.S.C 13 and the Bureau of Indian Affairs' HIP regulations at 25 CFR Part 256.
2. The information will be used to determine eligibility and to set priority ranking for assistance under the HIP.
3. The information contained in this application may be made available to authorized assistance under the HIP.
4. Individuals seeking housing assistance must provide the needed information and answer all questions. Incomplete applications will not be considered.

USE OF SOCIAL SECURITY NUMBER: The disclosure of your Social Security Number is requested in order to keep your record straight because other people may have the same name and birth date. The Social Security Number will also be used, if necessary, to verify income and to avoid duplication of housing assistance.

CERTIFICATION: Anyone who knowingly makes false or fraudulent statements on this application is subject to the penalties by law (U.S. Code, Title 18, Section 1001).

If you need information regarding the conditions and terms under which housing assistance is provided to Indians, you may obtain a copy of the HIP regulations (25 CFR Part 256) from your Tribe or the nearest BIA Agency Office.

INSTRUCTIONS RELATING TO SPECIFIC ITEMS IN THE APPLICATION

- C. - Income Information. Enter the total annual household income of the family, including all earned and unearned income. The following detailed definitions of income is from the Bureau of Indian Affairs' Financial Assistance and Social Services Program Regulations at 25 CFR Part 20.21 (f), and shall be applied to HIP applications.

IN DETERMINING ELIGIBILITY

The Bureau shall consider all types of income and other liquid assets available for support and maintenance unless or specifically excluded by Federal statute. All earned or unearned income will be counted as income in the month received and as a liquid asset thereafter, except certain income from the sale of real personal property as provided for under Section 20.21 (f)(2)(I). Resources are considered available both when actually available and when the applicant or recipient has a legal interest in a liquidated sum, as defined at 25 CFR 20.1(w), and has the ability to make such sums available for support and maintenance.

- (1) "Earned Income" means in case or in kind earned by an individual through the receipt of wages, salary, commissions, or profit from activities in which he is engaged as a self-employed individual or as an employee.
- (i) Earned income includes earnings over a period of time for which settlement is made at one given time, as in the instance of the sale of farm crops, livestock, etc.
 - (ii) With the respect to self-employment, "earned income" means total profit from business enterprise, i.e., gross receipts after subtracting business expenses directly related to producing the goods or services and without which the goods or services could not be produced. Business expenses do not include items such as depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment, or payments on the principal on loans for capital assets or durable goods.
- (2) "Unearned Income" includes, but is not limited to:
- (i) Income from: Interest; oil and gas and other mineral royalties; rental property; case contributions such as child support and alimony; retirement, disability, and unemployment benefits; per capita payments not excluded by Federal statute; sale of trust land or a primary residence at the end of one year from the date the income was received; and Federal and State tax refunds. All of the above shall be counted to the extent that they are not disregarded by Federal statute.
 - (ii) Income in kind contributions providing shelter at no cost to the individual or household: In establishing the amount of the in kind contribution, the Bureau shall use the amount for shelter included in the standard, if identifiable, or 25 percent of the standard unless there is evidence provided that the value of free shelter is less; and,
 - (iii) Assistance provided by a State, county, or local agency.
- (3) The Bureau shall prorate:
- (i) Over a 12-month period recurring annual income received by individuals, such as teachers whose regular employment does not engage them on a year round basis;
 - (ii) Income received by individuals employed on a contractual basis over the period of the contract; and
 - (iii) Intermittent income received quarterly, semiannually, or yearly over the period covered by the income. The Bureau shall prorate the income unless there is evidence that the income will not continue to be received in the future. However, for a period of three years from the publication date of these regulations, the Bureau will not prorate lease

income which has been obligated by a household in a manner which makes it unavailable in consumable form to the household.

- D. - Housing Assistance. Repairs to bring a housing unit to standard conditions are for applicants who are living in their own home. The applicant must sign a written agreement that if he/she sells the house within five years following the date of completion of the repairs, the full amount of the assistance must be repaid to the BIA at the time of settlement. [25 CFR Part 256.4(d)(4)].
- E. - Land Information. Check the appropriate box to indicate the status of your land. The following are brief descriptions of the types of land listed in the application:

<u>Individual Trust</u>	Land or any interest therein, held in trust status by the United States for the benefit of an individual.
<u>Tribal Trust</u>	Land or any interest therein, held in trust status by the United States for the benefit of an Indian tribe.
<u>Individually Restricted</u>	Land or any interest therein, title to which is held by the individual Indian subject to Federal restrictions against alienation, encumbrance, or taxation.
<u>Tribally Restricted</u>	Land owned by an Indian tribe with Federal restrictions of alienation and encumbrance.
<u>Tribal Fee Simple</u>	Land owned by an Indian tribe free of any restrictions.
<u>Fee Patented</u>	Individually owned land where a patent has been issued which conveys an obsolete or fee simple estate. The owner is entitled to the entire property with unconditional power to dispose.

**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:				
	<small>(Last)</small>	<small>(First)</small>	<small>(MI)</small>	<small>(Maiden Name, if any)</small>

2. Current Address:		
	<small>(Street Address)</small>	<small>(P.O. Box #, if any)</small>

<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>

3. Telephone Number:	()
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4. Date of Birth:	
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5. Tribe/Native Village:		6. Roll Number:	
Name of Reservation/Rancheria/Consortium:			

7. Marital Status:				
	<small>(Married)</small>	<small>(Single)</small>	<small>(Widowed)</small>	<small>(Other)</small>

If you checked "Other", please explain.	
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Information about Spouse

8. Name:				
	<small>(Last)</small>	<small>(First)</small>	<small>(MI)</small>	<small>(Maiden Name, if any)</small>

9. Date of Birth:	
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10. Tribe:		11. Roll Number:	
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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.

Name	Date of Birth	Relationship to Applicant	Tribe/Roll Number

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.

Name	Annual Earned Income	Source of Income

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.

Name	Annual Unearned Income	Source of Income

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.	To your knowledge, has HIP assistance ever been provided for this house or have you ever received HIP assistance?
	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, indicate amount \$ _____, to whom: _____, and when: _____
18.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, provide name of owner(s): _____

USING INFORMATION, continued.

19.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____			
20.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Outhouse
21.	Water Source: <input type="checkbox"/> City Water <input type="checkbox"/> Private Well <input type="checkbox"/> Community Water Tank <input type="checkbox"/> Other (Please describe): _____			
22.	No. of Bedrooms _____			
23.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]	
24.	Bathroom facilities in existing house:	Facility	Yes	No
		Flush toilet		
		Bathtub		
		Sink/lavatory		

E. LAND INFORMATION

25.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide the name of the owner(s): _____			
26.	What is the current status of the land?	<input type="checkbox"/> Fee <input type="checkbox"/> Individual trust land <input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribal Fee <input type="checkbox"/> Tribal trust land <input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Native/Restricted <input type="checkbox"/> Public Domain <input type="checkbox"/> Other: _____
	27.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? Indefinite assignment or joint ownership? If so, please explain: _____		

GENERAL INFORMATION

		Yes	No
28.	Have you or anyone in your household received Housing Improvement Program assistance after October 1, 1986?		
	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.	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: _____		
33.	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 statements of condition from two sources, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

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, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate) _____ Date: _____

PRIVACY ACT STATEMENT

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under the Housing Improvement Program. Additional disclosures of the information may be: to a Bureau of Indian Affairs or Department of the Interior employee in the conduct of a program review or audit; or to a Federal law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. 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. Response to this request is required to obtain a grant for services in accordance with 25 CFR 256.

ESTIMATED BURDEN STATEMENT

Public reporting burden for this form is estimated to average 30 minutes 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 Bureau of Indian Affairs, Information Collection Officer, 1849 C. Street, N.W., Washington, D. C. 20240.

BIA or Tribe is the official record keeper of this information. Copies are available upon request.

BUREAU OF INDIAN AFFAIRS

HOUSING IMPROVEMENT PROGRAM (HIP)

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AUTHORIZATION TO RELEASE INFORMATION

05/02

To Whom It May Concern:

I/We hereby authorize you to release to _____
for verification purposes, any and all information concerning the following:

Employment history dates, title, income, hours worked, etc.

Banking, savings, and IIM accounts of record.

General Assistance income.

Any other information requested as deemed necessary to verify our application.

This information is for the CONFIDENTIAL use of _____,
_____, in
evaluating your application for Housing Improvement Program (HIP) financial assistance.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature (s) of the undersigned) may be deemed to be equivalent of the original and may be used as a duplicate original.

FULL NAME: _____ PARENT/GUARDIAN _____
(SIGNATURE) (IF REQUIRED - SIGNATURE)

FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

SUBSCRIBED AND SWORN TO ME, THE UNDERSIGNED NOTARY PUBLIC

THIS _____ DAY OF _____, 20 ____ .

NOTARY PUBLIC

MY COMMISSION EXPIRES : _____

(HOSPITAL or CLINIC Letterhead)
(Stamp or Type)

CERTIFICATION STATEMENT OF DISABILITY

To Whom It May Concern:

This letter is in regard to _____, who was examined by me
on this date. It is my professional medical opinion that he/she is suffering from the following
permanent medical for physical disability of: _____

Based upon my diagnosis I would assign a disability rating of _____ percent. This rating
may be used for any public assistance program that allows points for eligibility based on a
permanent physical disability or handicap.

If additional information is necessary, please make written inquiry at the above/below address.

Signature of MD

Date

Need 2/letters
stating percentage
of disability.

Sample Letter

Needs to be on
DR'S Letter head or

and
Social
Services
Letterhead