



United States Department of the Interior
Bureau of Indian Affairs
Western Region

2600 N. Central Avenue, 4th Floor Mailroom
Phoenix, Arizona 85004



In Reply Refer To:
Housing-310
T: (602) 379-3083
F: (602) 379-4006

Dear Applicant:

In order for the Housing Improvement Program to determine your eligibility for assistance, the following information MUST accompany the completed application. **NO APPLICATION WILL BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTATION.**

Photocopies of necessary documents are accepted but MUST contain the most current information. Please use the following as your check-off list to provide all required documentation:

- HOUSEHOLD ALL members who are CURRENTLY residing in the household: Date(s) of birth; photocopies of Social Security cards; and verification of income and/or assistance.
- INCOME Documents for income or assistance verification include: check stubs, award letter for social security (SSA) or supplemental security income (SSI), veterans benefits, retirement, disability and annuities, sales receipts from livestock sales, self-employment d/or art & crafts and, bank checking and/or savings statements.
- PROOF OF OWNERSHIP OF HOUSE Provide a notarized statement and/or legal documents, a Will, or Residential Lease.
- ENROLLMENT Verification MUST be documented by a photocopy of a Tribal/Pueblo Membership Card or Certification of enrollment from the Tribal/Pueblo Enrollment Department
- DISABILITY Proof of statements of condition from One (1) source a physician's certification, social security or veteran's affairs determination or similar determination
- VETERAN Proof of Veteran Status as in Veteran Card, Discharge papers, Veteran's assistance.
- DENIAL LETTER Letter from a source such as HUD, local housing authority, Bank(s), credit unions etc., to prove that you have tried getting some type of housing assistance prior to applying for the Housing Improvement Program
- LETTER OF CREDIT Letter from the institution where you have applied for mortgage financing specifying the down payment amount and closing costs required for you to qualify for the loan.

Once the completed application and ALL the required documents are received, it will be processed for eligibility determination and the applicant will be notified in writing of the eligibility status.

Please direct all questions to the Regional office at (602) 379.3083.

C. INCOME INFORMATION _____

14. 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: \$ _____

15. 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: \$ _____

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION _____

17.	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**
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	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):
20.	Are you living in Overcrowded Conditions? ___ No ___ Yes
21.	Is the condition of the home in a dilapidated state? ___ No ___ Yes

Date of this application: _____

HOUSING INFORMATION, continued.

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

E. LAND INFORMATION _____

27.	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, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s): _____			
28.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other: _____
29.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain: _____			

F. GENERAL INFORMATION _____

		Yes	No
30.	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: _____		
31.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____.		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	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.		
35.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	<input type="checkbox"/> Indian Housing Authority? If yes, provide date of application: _____		
	<input type="checkbox"/> Tribal Credit Program? If yes, provide date of application: _____		
	<input type="checkbox"/> Other? From who: _____ If yes, provide date of application: _____		
36.	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.

Date of this application: _____