

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. Social Security Number: _____

6. Tribe: _____ Roll Number: _____
Reservation/Rancheria: _____

7. Marital Status: Married Singled Widowed Other

If you checked 'Other, please explain. _____

Are you Homeless? Yes No 9. Are you or spouse a Veteran? Yes No

Information About Spouse:

10. Name: _____
Last First MI Maiden Name (If any)

11. Date of Birth: _____ 12. Social Security Number: _____

13. 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, Social Security Number. Relationship to Applicant, and Tribe/Roll Number

Name	Date of Birth	Social-Security #	Relationship to Applicant	Tribe/Roll Number

if you need more space, use a blank sheet of paper.

Date of this application: _____

C. INCOME INFORMATION _____

14. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and S 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 earned 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 <input type="checkbox"/> or rent <input type="checkbox"/> this house?
	If renting, is the owner Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide name of owner(s):
20.	Are you living in Overcrowded Conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Is the condition of the home in a dilapidated state? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of this application: _____

HOUSING INFORMATION, Continued.

22.	Is electricity available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of electric company: _____				
23.	Type of Sewer system:	City Sewer	Septic Tank	Chemical Toilet	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	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: Leasehold interest? Use permit?			
	Indefinite assignment or joint ownership? If so, please explain:			

E. GENERAL INFORMATION

		Yes	No
30.	Have you or anyone in your household ever received Housing improvement Program assistance?	<input type="checkbox"/>	<input type="checkbox"/>
	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?	<input type="checkbox"/>	<input type="checkbox"/>
	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?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Is the HUD project still under operation of an Indian Housing Authority?	<input type="checkbox"/>	<input type="checkbox"/>
34.	Are you seeking Down Payment Assistance?	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>	<input type="checkbox"/>
	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:		
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?	<input type="checkbox"/>	<input type="checkbox"/>
	if yes, provide name of family member _____ and brief description of condition. (Your servicing may include a housing office will advise you if you must provide a statement of condition from one source, which physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

TRIBAL EMERGENCY HOUSING IMPROVEMENT PROGRAM ADDENDUM

16a) Describe the problem or emergency that you are trying to address:

Instructions: Please number your problems in order of priority for emergency assistance, signing a separate number to each emergency.

Example: 1) when plugging an iron in a circuit blew. I checked the breaker, but the outlets in my bedroom still don't work. I saw a spark when I plugged the iron in and am worried that something serious may be wrong. 2) A section of my foundation is falling in. The floor joists have no support under them, and I am unable to keep the cold out of the cellar because the wall is falling down.

16b) Explain how each of the problems or emergencies noted above meets our definition for emergency, which is: An emergency is 1) something of recent origin, 2) a condition that threatens the health and/or safety of the occupant, and 3) a situation where the homeowner has no resources to address the problem. Examples of an emergency include: a failed furnace, an unsafe electrical condition or hazard, and the need from handicapped access due to a recent handicap. Note: Each of the problems or emergencies noted in 16a) must be discussed for each of the three criteria above. For example, if in Section 16a) you wrote 1) the electricity won't work in my bedroom, and hasn't worked since I blew a circuit- then this section you would do the following:

Example: 1) The circuit blew on September 15, 2019, I am worried that there may be something wrong that could create a fire hazard. I have no savings right now to address the problem. 2) the wall recently collapsed perhaps because of the rain. I am worried that if not replaced the floor could collapse. I could not afford the cost of new foundation section, and am not aware of the other resources to help.

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 B1A 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: _____

AUTHORIZATION
For release of information

CONSENT: I authorize and direct any Federal State, or local agency, Organization, business, or individual to release to Penobscot Nation Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by The Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements previous or Current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| Identity and Marital Statue | Employment, income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- | | | |
|--|----------------------------------|--|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration |
| Courts and Post offices | Welfare Agencies | Retirement Systems |
| Schools and Colleges | State Unemployment Agencies | Banks and other Financial institutions |
| Law Enforcement Agencies | Social Security Administration | Credit providers and Credit Bureaus |
| Support and Alimony Providers | Medical and Child Care Providers | Utility Companies |
| | Dept. of Human Services | |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority May conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including 'but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the US as to any matter within its jurisdiction