

**UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

HOUSING ASSISTANCE APPLICATION

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 qualify for housing assistance from any other source. It involves the repair and renovation of existing housing or the construction of a new unit. Individual Federally-recognized Indian tribe's participation is mandatory and their direct administration of the HIP is encouraged. The selection of eligible families or individuals for HIP services is done through a screening process by assigning points to specific ranking factors documented in the application.

Individuals wishing to apply for HIP assistance must complete this application and submit it to either their local BIA Agency office or designated Tribal HIP office, if operated under P.L. 93-638 contract or P.L. 103-413 Self-Governance compact.

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

1. The authority for solicitation of the information is 25 U. S. C. 13 and the Bureau of Indian Affairs HIP regulation at 25 CFR Part 256.
2. The information collected will be used to determine an applicant's eligibility and to set priority ranking for assistance under the HIP regulations.
3. The disclosure of this information is voluntary. Failure to provide the information required to support the verification process will result in the denial of the application. Incomplete applications will not be considered. The information provided in this application may be made available to authorized sources for verification purposes upon request.

USE OF SOCIAL SECURITY NUMBER: The disclosure of your Social Security Number is not required in the completion of this application.

CERTIFICATION: Certification is made with the knowledge that the information will be used to determine eligibility to receive housing assistance. Anyone who knowingly makes a false or fraudulent statement in this application is subject to the penalties provided 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 American Indians or Alaska Natives, you may obtain a copy of the HIP regulations (25 CFR Part 256) from your Tribe or nearest BIA Agency Office.

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INSTRUCTIONS RELATING TO SPECIFIC ITEMS IN THE APPLICATION

PLEASE DETACH THESE INSTRUCTIONS BEFORE SUBMITTING YOUR HIP APPLICATION
PLEASE SUBMIT YOUR COMPLETED APPLICATION TO YOUR TRIBAL SERVICING HOUSING OFFICE

ITEM C - Income Information: Enter the total annual household income of all family members, including all earned and unearned income as defined in 25 CFR Part 20, Subpart C – Direct Assistance. The sections that are applicable to this application are: 20.307, 20.308, 20.309 and 20.310.

The following detailed definition of income is from the Bureau of Indian Affairs' Financial Assistance and Social Services Program Regulations, 25 CFR Part 20 Subpart C - Direct Assistance shall be applied to HIP applications.

- (A) Resources. 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 resource thereafter, except certain income from the sale of real personal property as provided in Section 20.309(d). Resources are considered available when they are converted to cash.

Only adjustment or exclusion to income is in accordance with 25 U.S.C. 1408, Section 8, as amended, which provides that: "..., and up to \$2,000 per year of income received by individual Indians that is derived from interests (trust or restricted lands) shall not be considered income..." Income from Indian gaming is not considered part of this statutory exclusion.

- (1) "Earned income" is cash or any in-kind payment earned in the form of wages, salary, commissions, or profit from activities by an employee or self-employed individual.

Earned income includes:

- (a) Any one-time payment to an individual for activities which were sustained over a period of time (for examples, the sale of farm crops, livestock or professional artists producing act work);
- (b) With regard to self-employment, total profit from business enterprise (i.e., gross receipts less expenses incurred in producing the goods and services). Business expenses do not include depreciation, personal business and entertainment expenses, personal transportation, capital equipment purchases, or principal payments on loans for capital assets or durable goods.

- (2) "Unearned income" includes, but is not limited to:

- (a) Income from interest; oil and gas and other mineral royalties; gaming income per capita distributions; rental property; cash contributions, such as child support and alimony, gaming winnings; retirement benefits;
- (b) Annuities, veteran's disability, unemployment benefits, federal and state tax refunds;
- (c) Per capita payments not excluded by federal statute;
- (d) Income from sale of trust land and real or personal property that is set aside for reinvestment in trust land or a primary residence, but has not been reinvested in trust land or a primary residence at the end of one year from the date the income was received;
- (e) In-kind contributions providing shelter at no cost to the individual or household, this must equal the amount for shelter included in the state standard, or 25 percent of the state standard, whichever is less; and

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- (f) Financial assistance provided by a state, tribal, county, local or other federal agency.

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- (3) The Bureau shall prorate:
- (a) Recurring income received by individuals over a 12-month period for less than a full year's employment (for example, income earned by teachers who are not employed for a full year);
 - (b) Income received by individuals employed on a contractual basis over the term of a contract; and
 - (c) Intermittent income received quarterly, semiannually or yearly over the period covered by the income.

ITEM D - Housing Assistance: Housing assistance in the form of repairs to bring a housing unit to a standard condition is for the applicant(s) 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 256.9(d)]

The applicant needing construction of a new standard house must have ownership of the land on which the house is to be built. In the case of a leasehold interest, it must be for not less than 25 years. The applicant must sign a written agreement that if he/she sells the house within the first ten years from the date of ownership, the grant is voided and the full amount of the HIP grant will be repaid to the BIA at the time of settlement. [25 CFR Part 256.10]

ITEM E - Land Information: Check the appropriate box to indicate the status of the land. The following are brief descriptions of types of land identified in the application:

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

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

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 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:		
	• 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?		
	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: _____

FACTOR NO. 1 - HIP ELIGIBILITY/SELECTION CRITERIA @ 150%

INCOME GUIDELINE POINT SCHEDULE FOR ALASKA

FAMILY SIZE	0% to 25% of PG 25 POINTS	26% to 50% of PG 20 POINTS	51% to 75% of PG 15 POINTS	76% to 100 of PG 10 POINTS	101% to 125% of PG 5 POINTS	126% to 150% of PG 0 POINTS	OVER 150% of FPIG INELIGIBLE
1	0 TO 4,248	4,249 TO 8,495	8,496 TO 12,743	12,744 TO 16,990	16,991 TO 21,238	21,239 TO 25,485	25,486 & HIGHER
2	0 TO 5,723	5,724 TO 11,445	11,446 TO 17,168	17,169 TO 22,890	22,891 TO 28,613	28,614 TO 34,335	34,336 & HIGHER
3	0 TO 7,198	7,199 TO 14,395	14,396 TO 21,593	21,594 TO 28,790	28,791 TO 35,988	35,989 TO 43,185	43,186 & HIGHER
4	0 TO 8,673	8,674 TO 17,345	17,346 TO 26,018	26,019 TO 34,690	34,691 TO 43,363	43,364 TO 52,035	52,036 & HIGHER
5	0 TO 10,148	10,149 TO 20,295	20,296 TO 30,443	30,444 TO 40,590	40,591 TO 50,738	50,739 TO 60,885	60,886 & HIGHER
6	0 TO 11,623	11,624 TO 23,245	23,246 TO 34,868	34,869 TO 46,490	46,491 TO 58,113	58,114 TO 69,735	69,736 & HIGHER
7	0 TO 13,098	13,099 TO 26,195	26,196 TO 39,293	39,294 TO 52,390	52,391 TO 65,488	65,489 TO 78,585	78,586 & HIGHER
8	0 TO 14,573	14,574 TO 29,145	29,146 TO 43,718	43,719 TO 58,290	58,291 TO 72,863	72,864 TO 87,435	87,436 & HIGHER
9	0 TO 16,048	16,049 TO 32,095	32,096 TO 48,143	48,144 TO 64,190	64,191 TO 80,238	80,239 TO 96,285	96,286 & HIGHER
10	0 TO 17,523	17,524 TO 35,045	35,046 TO 52,568	52,569 TO 70,090	70,091 TO 87,613	87,614 TO 105,135	105,136 & HIGHER
11	0 TO 18,998	18,999 TO 37,995	37,996 TO 56,993	56,994 TO 75,990	75,991 TO 94,988	94,989 TO 113,985	113,986 & HIGHER
12 EACH PERSON OVER 12 ADD	0 TO 20,473	20,474 TO 40,945	40,946 TO 61,418	61,419 TO 81,890	81,891 TO 102,363	102,363 ##### TO 122,835	122,836 & HIGHER
	25%= @ Add'l: 1,475	50%= @ Add'l: 2,950	75%= @ Add'l: 4,425	100%= @ Add'l: 5,900	125%= @ Add'l: 7,375	150%= @ Add'l: 8,850	8,851 & HIGHER
PG =	HHS Poverty Guidelines						