

HOUSING IMPROVEMENT PROGRAM (HIP) REQUIRED DOCUMENTS CHECKLIST

For HIP Office Use Only

Applicant's Name: _____

FY: **2022**

Chapter: _____

Distribution Date: _____

1 Housing Assistance Application (Form BIA 6407)

Application must be sign, date, all questions answer and complete.

Map to residence/location must be complete.

| Complete | RECEIVED DATE |
|----------|---------------|
| | |
| | |

2 Proof of Income Documents:

All household over 18 years of age must complete forms.

* Award Letters (SSI, SSB, VA, Retirement, Unemployment, etc.)

* Individual Indian Money (IIM)

* Income or No Income Sheet (checklist)

* Federal Income Tax Return Form Information

* Copies of Federal Income Tax (if filed)

* Employment-Submit (6) check stubs _____

| | | |
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| | | |

3 Required Documents:

* Certificate of Indian Blood (permanent household members)

* Physician Medical Statement (if claiming disability)

* Finalized Homesite Lease (in applicant's name)

* Homesite - HPD Cultural Resource Compliance Form

* Homesite - Archaeological Inventory Report

* Veteran (DD214) Verification Document

* Authorization to Release of Information Form

* Other Documents: _____

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RETURN PACKET TO: HOUSING IMPROVEMENT PROGRAM (HIP) OFFICE BY SEPTEMBER 30, 2021

Ft. Defiance HIP Office PO Box #527 Fort Defiance, AZ 86504 Ph# (928) 729-4017; Fax# (928) 729-4277

Chinle HIP Office (928) 674-2260; Crownpoint HIP Office (505) 786-2105; Tuba City HIP Office (928) 283-3055

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. Tribe: _____ Roll Number: _____
Reservation/Rancheria: _____
6. Marital Status: ____ Married ____ Singled ____ Widowed ____ Other
If you checked "Other", please explain. _____
7. Are you Homeless? ____ No ____ Yes 8. Are you or spouse a Veteran? ____ No ____ Yes

Information About Spouse:

9. Name: _____
Last First MI Maiden Name (if any)
10. Date of Birth: _____
11. 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, Relationship to Applicant, and Tribe/Roll Number.

| Name | Date of Birth | Relationship to Applicant | Tribe/Roll Number |
|------|---------------|---------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Date of this application: _____

C. 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. | 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): |
| 18. | Are you living in Overcrowded Conditions? _____ No _____ Yes |
| 19. | Is the condition of the home in a dilapidated state? _____ No _____ Yes |

Date of this application: _____

HOUSING INFORMATION, continued.

| | | | |
|-----|---|-----------------------|---------------------|
| 20. | Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____. | | |
| 21. | 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 <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, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s): _____ | | |
| 26. | What is the current status of the land? | Fee Individual trust land Individually restricted | Tribal Fee Tribal trust land Tribally restricted |
| | | | Native/Restricted Public Domain Other: _____ |
| 27. | 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 |
|-----|--|-----|----|
| 28. | 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: _____ | | |
| 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. | 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. | | |
| 33. | 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: _____ | | |
| 34. | 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: X

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: _____

Please draw map to the location of the housing unit to be renovated or built.
Indicate the name of the chapter and the distance from the chapter.



Directions to Home:



Navajo Housing Improvement Program

INCOME/NO INCOME SHEET (Checklist)

Name: _____ Chapter: _____
(Name of household member over 18 years of age)

This form is use for housing assistance application process only. Complete form and report any earnings or/and if you are receiving any type of assistance for the current year **2021**. On every line, as indicated below, check off **YES OR No**. If YES, inter the monthly payment amount and for how many months you will receive for the year. Provide statements.

| INCOME INFORMATION | Yes | No | Monthly Payments |
|---|-----|----|----------------------------|
| Are you employed? (working) | | | Provide latest check stub. |
| Are you self-employed? | | | Provide information. |
| Did you file a Federal Income Tax Return? | | | |
| | | | |
| Social Security Benefits (SSB) | | | |
| Supplemental Security Income (SSI) | | | |
| Retirement Pension | | | |
| Veteran Benefits | | | |
| Disability Benefits (other programs) | | | |
| Unemployment Benefits | | | |
| Annual Trust Income | | | |
| Per Capia Payments | | | |
| TANF Program | | | |
| NN General Assistance | | | |
| Cash Assistance | | | |
| Alimony Support | | | |
| Child Support | | | |
| Food Stamps (NM) (AZ) | | | |
| Other Source of Income | | | |

Comments:

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.

X

Signature

Print Name

Date

**AUTHORIZATION TO RELEASE
IIM /INDIVIDUAL INDIAN MONEY ACCOUNT
INFORMATION**

I _____, request that all information regarding my
IIM/INDIAN TRUST Account, be released to: **HOUSING IMPROVEMENT PROGRAM**
(Please print clearly)
on my behalf.

I am authorizing this release to be in effect for a period of _____
(no longer than one year) from the date of my signature.

Account Holder Signature: X

Census #
IIM Account Number: X

Date: X

WITNESS OF ACCOUNT HOLDER'S SIGNATURE:

(PLEASE NOTE: The witness must be age 18 or older, and must sign immediately after the
Account Holder signs the document. The dates must be identical.)

Witnessed by:

Signature of Witness

Print Name of Witness

Date

Form with original signature to be mailed.

Primary Applicant: _____

FEDERAL INCOME TAX RETURN INFORMATION

Use for Housing Assistance Application Process Only

Name: _____
(Name of household member over 18 years of age)

Chapter: _____

- ☐ Check this box, if you filed a Federal Income Tax Return. **DO NOT complete this form.** For income verification, you **must provide complete copies of this current 1040 tax return.** This is required for all permanent household members.
- ☐ Check this box, if you **DID NOT** file a Federal Income Tax Return. Explain why you did not file a Federal Income Tax below.
- ☐ Check this box, if you work and/or self-employed and **DID NOT** file a Federal Income Tax Return. If yes, explain why you did not file a Federal Income Tax Return.

EXPLAIN: Why you did not file a Federal Income Tax Return. (This portion must be Complete)

YOU MUST SIGN THE FORM IN THE PRESENT OF THE NOTARY PERSON.

I certify that all the answers given are true, complete and correct to the best of knowledge and belief, and they are made in good faith.

X _____ Signature _____ Print Name _____ Date _____

BOTTOM TO BE FILLED OUT BY NOTARY ONLY

STATE OF: _____ County of _____

On this: _____ day of _____, _____

Personally appeared before me and signed the foregoing instrument and I acknowledge that he/she signed the same.

NOTARY PUBLIC Signature

Printed Name of Notary Public

State of: _____ My Commission expires: _____



AUTHORIZATION FOR RELEASE OF INFORMATION For Housing Assistance Application Process Only

I (We), _____, hereby authorize the Navajo Nation, through the Housing Improvement Program, to obtain all necessary information for completion of my (our) application for housing assistance including information on my (our) interest in land, household income, and medical condition. I (We) understand and acknowledge this information will be used only in determining my (our) eligibility and extend of housing assistance through the Housing Improvement Program Agency Offices or other housing project sources.

X _____
Applicant's Signature Chapter (Print) Date

Spouse's Signature Chapter (Print) Date

Thumbprint Witness's Signature Date