

HOUSING IMPROVEMENT PROGRAM

Applicant Name: _____

Fiscal year: 2027

Chapter: _____

Distribution Date: _____
(Official Use)

Email address: _____
(For Correspondence Purpose only)

***All Household Members over 18 years of age is required to complete each forms attached.**

HOUSING ASSISTANCE APPLICATION PACKET

All forms must be complete, sign, dated and all questions answered.

Received date:

Housing Assistance Application (Form BIA 6407)	
Map (Location of Homesite Lease)	
*Authorization to Release of Information	
*Individual Indian Money (IIM form) (Individual Form for applicant and household members)	
*Income Information Checklist - If claiming No Income, need NOTARIZED STATEMENT FORM	
*Federal Income Tax Information Form Notarized <input type="checkbox"/>	
*2025 W2's & Federal Income Tax 1040 Return, if Taxes are filed.	
*Verification of Employment (Must be completed by employer if employed)	
*Housing Assistance Verification (Must be completed by Navajo Housing Authority)	

REQUIRED DOCUMENTS

Provide list of the required documents to complete application process for each household members.

Finalized Homesite Lease (Complete packet w/ plat map) - <i>In Applicant's name</i>	
Cultural Resource Compliance	
Archaeological Inventory Report	
Biological Report	
Certificates of Indian Blood (CIBs)	
Legal Court Guardianship and/or Adoption decree if claiming grandchild/ren or niece/nephew.	
*2026 Income Verifications - Award Letters for unearned income (SSB, SSI, VA, Retirement, etc)	
Doctor Statement (2026) - if claiming disability	
Veteran Document (DD214) - if claiming Veteran	

DUE BY: September 30, 2026 (APPLICATION AND ALL NECESSARY FORMS & DOCUMENTS)

APPLICATION CAN BE MAILED, FAXED OR DROPPED OFF AT YOUR AGENCY OFFICE.

Central & Western Agency Housing Improvement Program

P.O. Box 280 Chinle, AZ 86503 Phone: (928) 674-2260 FAX: (928) 674-2266
Bldg#2492 S/W of Chinle Chapter House (Google Map: Chinle - Administrative Services Center)

Fort Defiance, Eastern & Northern Agency Housing Improvement Program

P.O. Box 527 Fort Defiance, AZ 86504 Phone: (928) 729-4017 Fax: (928) 729-4277
Bldg#8229 Field House Road (Google Map: Navajo Nation Housing Improvement Program Office)

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? ___ No ___ Yes If yes, provide name of electric company: _____.				
21.	Type of Sewer system:	___ City Sewer	___ Septic Tank	___ Chemical Toilet	___ Outhouse
	Water Source:	___ City Water	___ Private Well	___ Community Water Tank	___ 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? ___ Yes ___ No			
	If no, can you provide proof that you can obtain land? ___ Yes ___ No Provide the name of the owner(s):			
26.	What is the current status of the land?	___ Fee	___ Tribal Fee	___ Native/Restricted
		___ Individual trust land	___ Tribal trust land	___ Public Domain
		___ Individually restricted	___ Tribally restricted	___ Other:
27.	If you do not own the land, do you have: _____ Leasehold interest? ___ Use permit? _____ 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: _____ 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, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104.

Date of this application: _____



HOUSING IMPROVEMENT PROGRAM
 PO Box 527 Fort Defiance, Arizona 86504
 PH# (928) 729-4017; Fax# (928) 729-4277

INCOME INFORMATION CHECKLIST

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

All Household member(s) over age of 18 years old must complete this form.

Report all earned and/or unearned income of any type at of assistance received and enter the monthly income amount. Provide Award Letters for Social Security Benefits, SSI, Retirement Pension, Veterans Benefits, Unemployment, Alimony/Child Support, TANF, General/Cash Assistance, SNAP, etc.)

DESCRIPTION	YES	NO	Monthly Income
Are you employed (working)?			
Complete every line with check mark YES or NO.			
Social Security Benefits (SSB)			
Supplemental Security Income (SSI)			
Retirement Pension			
Veterans Benefits			
Unemployment Benefits:			
Alimony and/or Child Support			
TANF Program			
General / Cash Assistance Program			
Self Employment			
Other Source of Income:			
SNAP (Food Stamps) AZ <input type="checkbox"/> UT <input type="checkbox"/> NM <input type="checkbox"/>			

YES NO

NO INCOME			
Explain how do you support yourself. This portion must be complete.			

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.

_____ Signature

_____ Date

Primary Applicant Name/ Chapter: _____



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FEDERAL INCOME TAX INFORMATION

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

Household member over the age of 18th years old must complete this form.

1 I filed a **FEDERAL INCOME TAX RETURN** for the Calendar Year (2025).
Provide your current 1040 Federal Tax Return with W2's statements.

2 I **DID NOT** file a Federal Income Tax Return for the Calendar Year (2025).

In you check #2, you must complete this portion, why you did not file a Federal Income Tax Return?

YOU MUST SIGN THE FORM PRESENT OF THE NOTARY PERSON

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.

Signature

Date

NOTARY

Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: _____ County of: _____

On this _____ day of _____, 20____.

My Commission Expires. _____

NOTARY PUBLIC Signature

Printed Name of Notary Public

Primary Applicant Name/ Chapter: _____

**Draw a map to the location of the housing unit to be renovated or for a new construction.
Indicate the name of the Chapter and the distance from the Chapter House.**



Detailed directions to your house.



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PH# (928) 729-4017; Fax# (928) 729-4277

AUTHORIZATION FOR RELEASE OF INFORMATION

This form is used for Housing Assistance Application Process Only

I (We), _____, hereby authorize the Navajo Nation Housing Improvement Program to obtain all necessary information for verification purposes to complete my (our) application for housing assistance. I (We) understand and acknowledge that this information will be used solely to determine eligibility and the extent of housing assistance through the Housing Improvement Program Agency Offices. All information provided will be kept strictly confidential.

Signature (Primary Applicant)

Date

Signature (Spouse)

Date

Signature of Thumbprint Witness

Date

All Household member(s) over age of 18 years old must complete this form.

Primary Applicant Name/ Chapter: _____

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

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

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

Signature: _____

IIM Account Number (Census No.) _____

Date: _____

WITNESS OF (ACCOUNT HOLDER'S) SIGNATURE:

PLEASE NOTE: The witness must be age of 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

Primary Applicant Name/ Chapter: _____