



**BVR HOUSING DEPARTMENT
HIP
APPLICANT CHECK LIST**

1. ☐ Application completely filled out, signed, and dated.
2. ☐ Release of Information signed and dated.
3. ☐ Birth Certificates
4. ☐ Social Security Cards
5. ☐ Tribal Verification
6. ☐ State Identification
7. ☐ Income Verification: 1099s, W-2s, SSI, TANF/Welfare, Unemployment
8. ☐ Property Ownership (Deed) *OR* Land Lease Agreement

****These documents apply to everyone on your application****

**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:	()
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4. Date of Birth:	
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5. Tribe/Native Village:		6. Roll Number:	
Name of Reservation/Rancheria/Consortium:			

7. Marital Status:				
	(Married)	(Single)	(Widowed)	(Other)

If you checked "Other", please explain.	
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Information about Spouse

8. Name:				
	(Last)	(First)	(MI)	(Maiden Name, if any)

9. Date of Birth:	
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10. Tribe:		11. Roll Number:	
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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

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.	To your knowledge, has HIP assistance ever been provided for this house or have you ever received HIP assistance?
	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, indicate amount: \$ _____, to whom: _____, and when: _____.
18.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, provide name of owner(s): _____

USING INFORMATION, continued.

19.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes . If yes, provide name of electric company: _____		
20.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank
21.	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well
		<input type="checkbox"/> Community Water Tank	<input type="checkbox"/> Outhouse
21.	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, provide the name of the owner(s): _____		
26.	What is the current status of the land?	Fee	Tribal Fee
		Individual trust land	Tribal trust land
		Individually restricted	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? Indefinite assignment or joint ownership? If so, please explain: _____		

GENERAL INFORMATION

		Yes	No
28.	Have you or anyone in your household received Housing Improvement Program assistance after October 1, 1986?		
	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.	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: _____		
33.	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 statements of condition from two sources, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

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, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate) _____ Date: _____

PRIVACY ACT STATEMENT

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under the Housing Improvement Program. Additional disclosures of the information may be: to a Bureau of Indian Affairs or Department of the Interior employee in the conduct of a program review or audit; or to a Federal law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. 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. Response to this request is required to obtain a grant for services in accordance with 25 CFR 256.

ESTIMATED BURDEN STATEMENT

Public reporting burden for this form is estimated to average 30 minutes 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 Bureau of Indian Affairs, Information Collection Officer, 1849 C. Street, N.W., Washington, D. C. 20240.

BIA or Tribe is the official record keeper of this information. Copies are available upon request.

BUREAU OF INDIAN AFFAIRS

HOUSING IMPROVEMENT PROGRAM (HIP)

AUTHORIZATION TO RELEASE INFORMATION

5

05/02

To Whom It May Concern:

I/We hereby authorize you to release to _____
for verification purposes, any and all information concerning the following:

Employment history dates, title, income, hours worked, etc.

Banking, savings, and IIM accounts of record.

General Assistance income.

Any other information requested as deemed necessary to verify our application.

This information is for the CONFIDENTIAL use of _____, in
evaluating your application for Housing Improvement Program (HIP) financial assistance.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature (s) of the undersigned) may be deemed to be equivalent of the original and may be used as a duplicate original.

FULL NAME: _____ PARENT/GUARDIAN
(SIGNATURE) (IF REQUIRED - SIGNATURE)

FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

SUBSCRIBED AND SWORN TO ME, THE UNDERSIGNED NOTARY PUBLIC

THIS _____ DAY OF _____, 20 ____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES : _____

(HOSPITAL or CLINIC Letterhead)
(Stamp or Type)

CERTIFICATION STATEMENT OF DISABILITY

To Whom It May Concern:

This letter is in regard to _____, who was examined by me
on this date. It is my professional medical opinion that he/she is suffering from the following
permanent medical for physical disability of: _____

Based upon my diagnosis I would assign a disability rating of _____ percent. This rating
may be used for any public assistance program that allows points for eligibility based on a
permanent physical disability or handicap.

If additional information is necessary, please make written inquiry at the above/below address.

Signature of MD

Date

need 2/letters
stating percentage
of disability.

Sample Letter

Needs to be on
DR's Letter head or ^{and} Social
Services
Letterhead