



Return this application and **ALL** documentation to Chugachmiut

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Application **MUST** Include:

- ☐ Completed and signed Application
- ☐ Copy of applicant's Tribal ID
- ☐ Copy of Household Income: (Provide the most recent Federal Tax Return and W-2 Form(s) for **ALL** household members. If any members of the household did not file a tax return, a signed notarized statement explaining why is required). Annual household income can not exceed 150 percent of the current Federal Government's Poverty Income Guidelines.
- ☐ Copy of Property Deed
- ☐ Proof of Land Ownership or Lease (Must hold title to interest in the land or hold an undivided leasehold for 25 years from the date housing assistance is received).
- ☐ Must provide proof of Disability (if claiming disability on the application)

Eligible Categories

Category (A) Provides up to \$7,500 in housing repairs for conditions that threaten the health and/or safety of the occupants.

Category (B) Provides up to \$60,000 in repairs and renovation to improve the condition of a homeowner's dwelling to meet applicable building code standards.

Category (C) Provides a modest new/replacement home if a homeowner's dwelling cannot be brought to applicable building code standards.

Category (D) Provides down payment assistance for individuals to use with Tribal housing programs and/or other participating lenders.

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: _____
Enrollment Number: _____
5. Tribe: _____
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: _____
Enrollment Number: _____
11. Tribe: _____

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/Enrollment 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 IRS 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, Alaska PFD, 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
	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.	Number 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?	<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: _____
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 BIA Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: ____; 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, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____