



CHUGACHMIUT HIP IS OPERATIONAL IN THE COMMUNITIES OF CHENEGA, NANWALEK, PORT GRAHAM, SEWARD, AND TATITLEK

Return the attached application and **ALL** documentation to:

Chugachmiut

Georgina Sumstad, Executive Assistant

georgina@chugachmiut.org

1840 Bragaw Street

Anchorage, AK 99508

Main line: (907) 562-4155 ext. 115 or toll-free: 1-800-478-4155 • Fax: (907) 563-2891

APPLICATION MUST INCLUDE (applicant must obtain and attach with application):

- Completed and signed Application.**
- Copy of applicant's Tribal ID.**
- Copy of Household Income:** Provide signed 2025 Federal Tax Return and W-2, 1099-MISC, etc. Form(s) for **ALL** household members. If any household members did not file a tax return, a signed, notarized statement explaining why is required. Annual household income cannot exceed 150 percent of the current Federal Government's Poverty Income Guidelines. You can call Ms. Sumstad to verify if you qualify.
- Copy of Property Deed** (Applicant *must* either own the home *or* hold an undivided leasehold for 25 years from the date housing assistance is received).
- 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.



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? ___ 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.	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? ___ 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 BIA Housing Improvement Program assistance? (This does not include NPRHA or other funding only BIA HIP).		
	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 _____. You must provide a statement of condition from one source, which may include a service provider letter, 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: _____