

Dear Applicant,

Attached is an application for Housing Rehabilitation Assistance (HIP). You must fill in all the blanks, please print as clearly as possible. In order to process your application all information requested must be supplied and **income verification must be attached**. If you are working a copy of your check stub will be sufficient. If you are receiving Social Security, General Assistance, AFDC (Welfare), or any retirement benefits, you should attach a copy of your last check or a current letter that refers to the benefits you are receiving. All income supporting your family must be verified. **Proof of ownership with a legal description is required**. The HIP Program follows the Salish & Kootenai Housing Authority Criminal & Drug Related Criminal Activity Policy, please see attachment.

Once your application is returned and your income verification is verified, it will be presented to the Home Improvement Board for approval. Please keep in mind that there are Federal Regulations that restrict the number of times a person can receive assistance. Types of assistance are also limited. You will be notified of the status of your application as soon as it is processed.

If you have any questions please feel free to call me at the Housing Authority Office. The number is #675-4491, or #883-4211, Ext. #1505.

Sincerely,

***Michelle Morigeau, Home Improvement Program Coordinator
Salish & Kootenai Housing Authority***

- Earned Income:** Start with applicant then list all permanent family members at least 18 years old who are listed under Part B and have earned income. Provide signed copy of SF-1040 (income tax return), W2 forms, wage stubs, etc., for verification.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Earned Income = \$ _____

- Unearned Income:** Start with applicant then list all permanent family members at least 18 years old who are listed under Part B and have unearned income such as Social Security, Retirement, Disability, Unemployment Benefits, Child Support and Alimony, Royalties, Per Capita, Interest, Etc.. Provide check stubs, statements, Individual Indian Monies (IIM) ledgers, Etc. for verification.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Unearned Income = \$ _____

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (Earned & Unearned):

\$ _____

D. Housing Information

- Location of house to be repaired, constructed, or purchased (give address & detailed directions of house):**

2. Provide brief description of home repairs for which you are applying:

3. To your knowledge, has HIP assistance ever provide for this house? Yes
 No

If yes, indicate amount, to whom, and when: _____

4. If assistance is needed, do you own _____, or rent _____ this house?

*If renting, is the owner Indian? Yes No

*If yes, provide name of owner, or owners: _____

5. Is electricity available? Yes No

6. Type of sewer system: City Water
 Septic Tank

7. Water Source:
 City Water Community Water Tank
 Private Well Other (Please Describe)

8. Number of Bedrooms in existing house: _____

9. Size of House: _____ Square feet _____ Length (feet)
_____ Width (feet)

11. Bathroom facilities in existing house:

Bathtub Yes No
Sink/Lavatory Yes No

E. Land Information

1. Do you own the land on which you wish to renovate or build this home?

Yes No

*If no, provide name of owner or owners: _____

2. What is the current status of the land?

_____ Individual Trust
_____ Individually Restricted
_____ Tribal Fee Simple

_____ Tribal Trust
_____ Tribal Restricted
_____ Fee Patented

Other (please describe):

F. General Information

1. Have you or **anyone in your household** ever received Housing Improvement Program assistance? _____ Yes _____ No

If yes, give amount, year, and location where money was used:

2. Do you own any other house not occupied by you family?

_____ Yes _____ No

*If yes, state where the house is located and who occupies it:

3. Do you live in a Mutual Help House built with HUD funds?

_____ Yes _____ No

4. Is the HUD project still under operation of an Indian Housing Authority?

_____ Yes _____ No

5. 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? _____ Yes _____ No

*If yes, provide name and brief description of condition with certified documentation from a Doctor, Veterans' Administration, or others:

6. Please state age of house: _____

F. Applicant Certification

(Read this certification carefully before you sign and date your application. Sign in ink.)

I certify that all of 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.
