

 **SALISH KOOTENAI HOUSING AUTHORITY**  
**OF THE FLATHEAD RESERVATION** 

Dear Applicant,

Attached is an application for **Housing Improvement Program (HIP)**, also known as the home rehabilitation program. 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 the **income verification must be attached, for every member of the household over age of eighteen (18)**. If you are working, a copy of your current 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 and home ownership insurance is required**. The HIP Program follows the Salish & Kootenai Housing Authority Criminal & Drug Related Criminal Activity Policy; you will find this policy attached to the back of application. Please read the Salish & Kootenai Housing Authority Criminal & Drug Related Criminal Activity Policy thoroughly and sign where indicated. Applications received without this policy signed will be considered incomplete and could hinder the processing of application.

Once your application is returned and your income verification is verified, it will be presented to the Home Improvement Board for approval when it reaches the top of the waiting list. 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 (406) 675.4491 or (406) 883.4211, extension 1507.

Sincerely,



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



**Section C. Income Verification**

1. Earned income: Start with applicant/ self then list all permanent family members 18 years and older who are listed in Section B and have earned income, such as signed copy of SF-1040 (income tax), W2 forms, wages, stubs, etc. for verification.

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

**Total Yearly Earned Income:** \$ \_\_\_\_\_

2. Unearned Income: Start with applicant/ self then list all permanent family members 18 years and older who are listed in Section B and have unearned income.

Example: Social Security, Retirement, Disability, Unemployment, Child Support/ Alimony, Royalties, Per Capita, Interest, Etc. Provide check stub statements, Individual Indian Monies (IIM) ledgers, etc., for verification.

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

**Total Yearly Unearned Income:** \$ \_\_\_\_\_

**COMBINED ANNUAL INCOME TOTAL:** \$ \_\_\_\_\_

**If anyone residing in your home, over the age of eighteen (18), regardless of relationship to the applicant, has no income, a No Income Declaration must be signed. You can obtain a No Income Declaration by contacting the Salish & Kootenai Housing Authority Home Improvement Program personnel and one will be mailed to you.**

**Section D. Housing Information**

Physical address and **detailed** directions of home that you are applying for repairs to be made:

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1. Approximate age of home: \_\_\_\_\_ Size of home: \_\_\_\_\_(square footage)  
\_\_\_\_\_ Length (feet) \_\_\_\_\_ Width (feet): \_\_\_\_\_ Number of rooms
2. Do you own the land which the home is located on? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Do you know the status of the land? \_\_\_\_\_ Individual Trust \_\_\_\_\_ Fee  
\_\_\_\_\_ Tribal Restricted \_\_\_\_\_ Individually Restricted Tribal Trust \_\_\_\_\_ Tribal Fee
4. Do you live in a mobile home? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. If so is it a double wide or modular? \_\_\_\_\_
6. Is the mobile home on a foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Primary source of heat? \_\_\_\_\_ Electric \_\_\_\_\_ Wood \_\_\_\_\_ Propane \_\_\_\_\_ Oil
8. Is electricity available? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Type of sewer system? \_\_\_\_\_ City \_\_\_\_\_ Septic \_\_\_\_\_ Other
10. Water source? City \_\_\_\_\_ Well \_\_\_\_\_ Community Water Tank \_\_\_\_\_
11. Bathroom facilities? \_\_\_ Yes \_\_\_ No Number of Bathrooms \_\_\_\_\_  
Bathtub \_\_\_\_\_ Shower \_\_\_\_\_ Sink \_\_\_\_\_ Toilet \_\_\_\_\_
12. Have you received assistance from HIP previously? \_\_\_ Yes \_\_\_ No

If yes, please give date, what was done, approximate amount of repairs, and to whom received the repairs: \_\_\_\_\_

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13. Do you own any other property (house/land) that is NOT occupied by your family?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state where the home/land is located and who occupies it:

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14. Please provide a brief description of the home repairs which you are applying for or needing repaired: \_\_\_\_\_

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**Section E. Household Health & Medical Information**

1. Is anyone listed in sections A or B who is a permanent resident, have a severe health condition, handicapped, or \*permanently disabled? \_\_\_\_\_ Yes \_\_\_ No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

2. Is anyone listed in sections A or B who is a permanent resident have Asthma or any Respiratory conditions? \_\_\_ Yes \_\_\_ No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

3. Is anyone is your household a United States Veteran? \_\_\_\_\_ Yes \_\_\_ \*No

**\*If so please provide a copy of your DD214 for verification, this will give you additional priority points.**

**\*If a permanent resident has a medical condition, or disability please attach official documentation from their primary Medical Doctor. Or if receiving Social Security Disability/Veterans Administration Disability, please be sure to make note of this.**

If you have any other physical disability, or needs you this should be addressed, please write a brief statement below:

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**APPLICANT CERTIFICATION**

READ THIS CERTIFICATION CAREFULLY BEFORE YOU SIGN AND DATE YOUR APPLICATION. SIGNATURE MUST BE IN INK.

I declare that the information I have provided to the Salish & Kootenai Housing Authority is full, true and complete to the best of my knowledge. I hereby authorize the Salish & Kootenai Housing Authority to obtain any, and all, information that may be necessary for the purpose of verifying statements made in application for the Home Improvement Program. I acknowledge I have thoroughly read the attached Salish & Kootenai Housing Authority Criminal & Drug Related Activity Policy, and grant the Salish & Kootenai Housing Authority the authority to obtain any/all information necessary in confirming statements made, in verifying information submitted on application. Furthermore, I grant the Salish & Kootenai Housing Authority permission to obtain/release information necessary in assisting me to obtain other services for which I may be eligible and for determining eligibility for my eligibility in the Home Improvement Program.

**To make false or misleading statements may constitute a violation of the 18 U.S.C.1001**

\_\_\_\_\_  
*(Applicant Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Spouse Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_ It is very important you have a working telephone number, or a working message number, for us to be able to contact you. If you do not keep us updated if you change your telephone number, or have a working message phone number, this could possible delay your application for assistance, as it is important we are able to reach you. **PLEASE INITIAL THAT YOU HAVE READ THIS STATEMENT.**

**Attachments: Salish & Kootenai Housing Authority Criminal & Drug Related Activity Policy**