

Sault Tribe Housing Authority
Home Improvement Program
(906)495-1450 or (800)794-4072

Home Rehab

Application Instruction Sheet

- Complete Application**
 - ✓ *Application must be completely filled out and signed to be eligible for program*
- Tribal card**
 - ✓ *For all household members*
- Social Security Card & Drivers License**
 - ✓ *For all household members*
- Income Verification for last 12 months**
 - ✓ *Most current year taxes (Federal 1040 & W-2's)*
 - ✓ *Check Stubs for past month*
 - ✓ *Child Support Order & Custody Order for Children*
 - ✓ *Yearly SSI Benefit Letter*
- Proof of Ownership – in Applicant/Tribal Member's name**
 - ✓ *Deed, Mortgage Agreement, Quit claim*
 - ✓ *MUST OWN LAND – NO Land Contracts & No Trailers on a Rented Lot*
- Proof of current Mortgage payment**
 - ✓ *Monthly Statement, Statement from lender*
- Proof of current Home Owner Insurance**
 - ✓ *Copy of Home Owner Insurance Policy*
- Proof of current Property Tax**
 - ✓ *Statement from local Treasure Office that taxes are paid in full*
- Verification of Housing Condition**
 - ✓ *Statement from Home Owner in regards to condition of unit*
 - ✓ *Pictures of Home (If questions, please contact the Home Ownership Department)*

YOUR APPLICATION WILL NOT BE PROCESSED IF ALL THE ABOVE INFORMATION IS NOT COMPLETED & TURNED IN

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Penalties for committing fraud, if your application or updated information contains false or incomplete information, you may be:

- *Required to repay all monies expended on your home by the Sault Ste. Marie Tribe of Chippewa Indians.*
- *Fined up to \$10,000.00.*
- *Imprisoned for up to 5 years; and/or*
- *Prohibited from receiving future assistance.*

Please send completed applications and copies of supporting documents to:

Sault Tribe Housing Authority
Home Improvement Program ~ Jamie Harvey
154 Parkside Drive
Kincheloe, MI 49788

**SAULT TRIBE HOME IMPROVEMENT
AUTHORIZATION TO
RELEASE INFORMATION**

Rec'd By: _____

Date: _____

Time: _____

TO WHOM THIS MAY CONCERN:

I/we hereby authorize you to release to the Housing Authority for verification purposes, any and all information concerning the following:

1. Employment history to date, titles, income, hours worked, etc.
2. Banking, savings, and IIM accounts of record
3. General assistance income, and
4. Any other information requested as deemed necessary to verify my/out application.

This information is for the CONFIDENTIAL use by the Housing Authority in evaluating my/our 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. This form **MUST** be notarized.

Applicant's Signature (Full name)

Date

Parent/Guardian Signature (If required)

Date

Full Name of Applicant (print)

Social Security Number

Address of Applicant

Telephone Number

Subscribed and sworn before me this _____ day of _____, _____

Notary Public

PRIVACY ACT NOTICE

Pursuant to the Privacy Act of 1974, as amended, as codified in 5 U.S.C. 522a(e)(3), individuals furnishing information on this form are hereby advised as follows:

1. The authority for solicitation of the information is 5 U.S.C. 522a(e) and the Bureau of Indian Affairs "Housing Improvement Program" regulations, Title 25 Code of Federal Regulations, Chapter 1, Part 256.4 Information Collection.
2. The information collected requirements contained in Part 256.13 have been approved by the Office of Management and Budget under 44 U.S.C. 3507 et. Seq. and assigned clearance number 1076-0084. The information will be used to determine eligibility to participate in the Housing Improvement Program (HIP).
3. The information contained in this application may be made available to authorized sources upon request.
4. Failure on the part of the applicant to provide the requested information may preclude this applicant from eligibility in obtaining housing assistance under the Housing Improvement Program.
5. The disclosure of your social security number is optional. However, failure to disclose the social security numbers for those and all other permanent household members may result in a delay and/or denial of this grant.

I have read the above statement and agree to provide the required information and authorize the use of such information to the extent of the uses specified in the notice.

Applicant's Signature

Date

Spouse's Signature (Include Maiden Name)

Date

Year Round Residency Certification

Please fill in the following statement to qualify your home for service.

Date you purchased your home _____ / _____ / _____
Month Day Year

I/we, _____, swear that this is my only real property. I/we must live year-round at this property to receive Home Improvement Services through the Sault Ste. Marie Tribe of Chippewa Indians, Home Improvement Program. If it is found that this property is not my permanent year round residence or that I/we own more than one home, the total cost of these services is to be reimbursed immediately to the Sault Ste. Marie Tribe of Chippewa Indians.

My year-round permanent residence is: _____

Phone Number: _____

Signature

Date

Spouse Signature (If applicable)

Date

Witness

Date

Asset Verification Form

Sault Tribe Housing Authority ~ Home Improvement Programs

You must answer all questions, please use the back to explain, if necessary.	Applicant		Co-Applicant	
	Yes	No	Yes	No
Do you or any other household member own a home or other real estate? (Example: rental unit, vacant property, etc.)				
If Yes, what is the market value? You must provide Verification.	\$		\$	
Do You or any other household member have a 401K or an IRA Savings account?				
If Yes what is the market value? You must provide verification.	\$		\$	
Do You or any other household member have a Checking or Savings Account?				
If Yes what is the market value? You must provide verification.	\$		\$	
Have you or any member of your household sold or given away real property or other assets in the past two (2) years?				
If yes, what was the market value? You must provide Verification.	\$		\$	

I/We certify that the information given above to the Sault Tribe Housing Authority on family assets is accurate and complete to the best of my knowledge and belief. I/We understand that false statements are grounds for termination of housing assistance and possible repayment of grant funds.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

C. INCOME INFORMATION _____

14. 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: \$ _____

15. 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: \$ _____

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION _____

17.	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**
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	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):
20.	Are you living in Overcrowded Conditions? ___ No ___ Yes
21.	Is the condition of the home in a dilapidated state? ___ No ___ Yes

Date of this application: _____

HOUSING INFORMATION, continued.

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.				
23.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank	
<input type="checkbox"/> Other (Please describe): _____					
24.	No. of Bedrooms _____.				
25.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]		
26.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

E. LAND INFORMATION

27.	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): _____			
28.	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: _____
29.	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
30.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$_____; the year it was received: 19__ __; and the location of the house: _____		
31.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____.		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	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.		
35.	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: _____		
36.	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: _____