

**Sault Tribe Housing Authority
Home Improvement Program**

Owner Occupied Rehabilitation Program

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*
 - ✓ *Land Lease, Land Agreement*
- Proof of current Property tax**
 - ✓ *Statement from local Treasure Office that taxes are paid in full*
 - ✓ *Land Lease, Land Agreement*
- Picture**
 - ✓ *Furnace/Hot Water Heater*

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 Ownership Program
Attn: Dana Piippo
154 Parkside
Kincheloe, MI 49788**

Sault Tribe Owner Occupied Rehab Program (OOR)

Name: _____

Spouse: _____

S.S. #: _____ DOB: _____

S.S.#: _____ DOB.: _____

Maiden Name: _____

Maiden Name: _____

Other Last Name: _____

Other Last Name: _____

Sault Tribe Member: Yes No

Sault Tribe Member: Yes No

Address: (actual location of residence): _____

Mailing Address: (If different than actual address): _____

City: _____

Zip Code: _____

Phone Number: () _____

County: _____

All HOUSEHOLD MEMBERS: List name, relationship, Soc. Security number and Date of Birth for all persons residing in the home

NAME	RELATIONSHIP	SOCIAL SECURITY	DATE OF BIRTH	Tribal Roll #
	self			

HOUSEHOLD INCOME: Provide proof of income for all household member for the previous 12 months

Name of Person	Source of Income	Amount of Income	Frequency (week-month)

REQUEST FOR ASSISTANCE

The goal of the Owner Occupied Rehab is to remove issues of substandard heating systems and water heaters, thus reducing the energy burden and reliance on energy assistance programs.

Describe type of OOR assistance requested (for example; new furnace, new water heater, etc.)

CONFIDENTIAL RELEASE OF INFORMATION

I understand that all information contained in this application is confidential. I hereby authorize the Sault Tribe Home Ownership Program to release any and all information contained in this application as needed to assist in the provision of services to my household. Said information may be released to potential vendors and energy providers and any other person or agency deemed appropriate to assist in the provision of services for the Owner Occupied Rehab Program.

Signature of Applicant

Date

Signature of Spouse

Date

APPLICATION REQUIREMENTS

All applicants will be required to submit a completed Owner Occupied Rehab application, which includes the following attachments:

INCOME:

- Proof of earned and unearned income for all household members for the past 12 months.

HOUSEHOLD IDENTIFICATION

- Sault Tribe membership cards, drivers license and social security cards for each household member

RESIDENCY

Property deed or title in applicant's name, proof that property taxes are current (paid to date) and permanent resident of tribal seven county service area.

MAIL TO: Sault Tribe Housing Authority ~ Home Ownership Program
Attn: Dana Piippo ~ Home Ownership Specialist
154 Parkside Drive
Kincheloe, MI 49788

PHONE: 906-495-1450 or 1-800-794-4072

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

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 (if applicable)	_____ Date
_____ Witnessed by	_____ 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