

HOUSING IMPROVEMENT PROGRAM

APPLICATION CHECKLIST

- COMPLETED APPLICATION (signed, completed)
- INCOME VERIFICATION
- TRIBAL ID/ CERTIFICATION
- (2) SOURCE DOCUMENTATION OF DISABILITY
- PROOF OF LAND CONTROL i.e. LAND ASSIGNMENT AND/OR LEASE

PLEASE RETURN TO:
PIT RIVER TRIBAL HOUSING

20300 Fir Street
Burney, California 96013

Phone: 530-335-4809

Fax: 530-335-4849

FACTOR NO. 1 - HIP ELIGIBILITY/SELECTION CRITERIA @ 150%

INCOME GUIDELINE POINT SCHEDULE FOR ALL STATES EXCEPT ALASKA

FAMILY SIZE	0% to 25% of PG 25 POINTS	26% to 50% of PG 20 POINTS	51% to 75% of PG 15 POINTS	76% to 100 of PG 10 POINTS	101% to 125% of PG 5 POINTS	125% to 150% of PG 0 POINTS	OVER 150% of FPIG INELIGIBLE
1	0 TO 3,123	3,124 TO 6,245	6,246 TO 9,368	9,369 TO 12,490	12,491 TO 15,613	15,614 TO 18,735	18,736 & HIGHER
2	0 TO 4,228	4,229 TO 8,455	8,456 TO 12,683	12,684 TO 16,910	16,911 TO 21,138	21,139 TO 25,365	25,366 & HIGHER
3	0 TO 5,333	5,334 TO 10,665	10,666 TO 15,998	15,999 TO 21,330	21,331 TO 26,663	26,664 TO 31,995	31,996 & HIGHER
4	0 TO 6,438	6,439 TO 12,875	12,876 TO 19,313	19,314 TO 25,750	25,751 TO 32,188	32,189 TO 38,625	38,626 & HIGHER
5	0 TO 7,543	7,544 TO 15,085	15,086 TO 22,628	22,629 TO 30,170	30,171 TO 37,713	37,714 TO 45,255	45,256 & HIGHER
6	0 TO 8,648	8,649 TO 17,295	17,296 TO 25,943	25,944 TO 34,590	34,591 TO 43,238	43,239 TO 51,885	51,886 & HIGHER
7	0 TO 9,753	9,754 TO 19,505	19,506 TO 29,258	29,259 TO 39,010	39,011 TO 48,763	48,764 TO 58,515	58,516 & HIGHER
8	0 TO 10,858	10,859 TO 21,715	21,716 TO 32,573	32,574 TO 43,430	43,431 TO 54,288	54,289 TO 65,145	65,146 & HIGHER
9	0 TO 11,963	11,964 TO 23,925	23,926 TO 35,888	35,889 TO 47,850	47,851 TO 59,813	59,814 TO 71,775	71,776 & HIGHER
10	0 TO 13,068	13,069 TO 26,135	26,136 TO 39,203	39,204 TO 52,270	52,271 TO 65,338	65,339 TO 78,405	78,406 & HIGHER
11	0 TO 14,173	14,174 TO 28,345	28,346 TO 42,518	42,519 TO 56,690	56,691 TO 70,863	70,864 TO 85,035	85,036 & HIGHER
12 EACH PERSON OVER 12 ADD	0 TO 15,278 1,105	15,279 TO 30,555 2,210	30,556 TO 45,833 3,315	45,834 TO 61,110 4,420	61,111 TO 76,388 5,525	76,389 TO 91,665 6,630	91,666 & HIGHER 6,631 & HIGHER
	25%= 3,123 @ Add'l: 829	50%= 6,245 @ Add'l: 2,210	75%= 9,368 @ Add'l: 3,315	100%= 12,490 @ Add'l: 4,420	125%= 15,613 @ Add'l: 5,525	150%= 18,735 @ Add'l: 6,630	
PG =	HHS Poverty Guidelines						

**UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
HOUSING ASSISTANCE APPLICATION**

- All questions in this application must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

A. APPLICANT INFORMATION

- Name: _____
Last _____ First _____ MI _____ Maiden Name (if any) _____
- Current Address: _____
Street Address _____ P.O. Box # (if any) _____
City _____ State _____ Zip Code _____
- Telephone Number: (____) _____ 4. Date of Birth: _____
- Tribe: _____ Roll Number: _____
Reservation/Rancheria: _____
- Marital Status: _____ Married _____ Singled _____ Widowed _____ Other _____
If you checked "Other", please explain. _____
- Are you Homeless? _____ No _____ Yes 8. Are you or spouse a Veteran? _____ No _____ Yes

Information About Spouse: _____

- Name: _____
Last _____ First _____ MI _____ Maiden Name (if any) _____
- Date of Birth: _____
- Tribe: _____ Roll Number: _____

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Relationship to Applicant, and Tribe/Roll Number.

Name	Date of Birth	Relationship to Applicant	Tribe/Roll Number

If you need more space, use a blank sheet of paper.

Date of this application: _____

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 SF-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, 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide name of electric company: _____			
21.	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				
	Other (Please describe): _____				
22.	No. of Bedrooms _____				
23.	House Size: _____ (Square Feet)	[LENGTH	ft/in]	[WIDTH	ft/in]
24.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathub			
		Sink/lavatory			

E. LAND INFORMATION

25.	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): _____									
26.	What is the current status of the land?									
	<table border="1"> <tr> <td>Fee</td> <td>Tribal Fee</td> <td>Native/Restricted</td> </tr> <tr> <td>Individual trust land</td> <td>Tribal trust land</td> <td>Public Domain</td> </tr> <tr> <td>Individually restricted</td> <td>Tribally restricted</td> <td>Other: _____</td> </tr> </table>	Fee	Tribal Fee	Native/Restricted	Individual trust land	Tribal trust land	Public Domain	Individually restricted	Tribally restricted	Other: _____
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: <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

28.	Have you or anyone in your household ever received Housing Improvement Program assistance?	Yes	No
	If yes, give amount received \$ _____; the year it was received: 19____; 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:		
	<ul style="list-style-type: none"> Indian Housing Authority? <input type="checkbox"/> If yes, provide date of application: _____ Tribal Credit Program? <input type="checkbox"/> 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 _____ 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: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Pi River Tribal Housing
20300 Fir Street
Burney CA 96013

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103.(X)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)