# Gwichyaa Gwich'in Housing Authority 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. APPLICATION INFORMATION:	New Hou	se Rehab	Self-Help
Name:	First	<u>MI</u>	Moidan Nama (if any)
Last	FIISt	MI	Maiden Name (if any)
Address:	City	State	Zip Code
Telephone Number: ()		Date of Birth:	
Tribe:		Roll Number:	
Marital Status: Married Sing	gleWio	lowed Divorced	Other
Spouse Information:			
Name:			
Last	First	MI	Maiden Name (if any)
Date of Birth: Trib	: Roll N		lumber:

# **B. FAMILY INFORMATION**

List all other persons living in the household on a permanent basis.

Name	Date of Birth	Relationship to Applicant	Tribe/Roll #

# C. INCOME INFORMATION

<u>Earned Income</u>: 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, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total <u>annual</u> earned income: \$\_\_\_\_\_

<u>Unearned Income</u>: Start with applicant then list all permanent family members, including all who are listed under part A and B and have unearned income (such as social security, retirement, disability, and unemployment benefits, child support, alimony, etc.). Provide check stubs, statements, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income:	\$
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#### **D. HOUSING INFORMATION**

Location of the house to be repaired renovated or constructed. (Give address and detailed directions to this
house).
Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
To your knowledge, has HUD/NAHASDA assistance ever been provided for this house or have you ever received HUD/NAHASDA assistance? YES NO
If yes, indicate amount: \$, to whom:, and when:,
If repair assistance is needed, do you own or rent this house? If renting, is the owner Indian? Yes No Provide name of owner(s):
Is electricity available? Yes No Name of electric Company:
Type of Sewer System: City Sewer Septic Tank Chemical Toilet Outhouse
Water Source: City Water Private Well Community Water Tank Other
No. of Bedrooms:

# **E. LAND INFORMATION**

Do you own the land on which you wish If no, provide the name of the owner(s):	•	
What is the current land status?   Fee   Individual trust land   Individually restricted	Tribal Fee Tribal trust land Tribally restricted	Native/Restricted Public Domain Other
If you do not own the land, do you have:	Leasehold interest?	Use Permit?
Indefinite assignment or joint ow	nership? Is, please explain:	

# F. GENERAL INFORMATION

	Yes	No
Have you or anyone in you household ever received HUD/NAHASDA assistance? If yes, give amount received \$; the year it was received and location of the house:		
Do you own any other house not occupied by your family? If yes, state where the house is located: and who occupies it:		
Do you live in a house built with Housing and Urban Development (HUD) funds?		
Is the HUD project still under operation of an Indian Housing Authority?		
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 a brief description of the condition. (Your servicing housing office will advice you if you must provide statements of condition.		

#### **APPLICATION CERTIFICATION**

(Read this certification carefully before you sign and date your application)

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, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature:

Date: \_\_\_\_\_

Spouse's Signature:

Date: \_\_\_\_\_

# PRIVACY ACT STATEMENT

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under the Housing Improvement Program. Additional disclosures of the information may be: to a Bureau of Indian Affairs or Department of the Interior employee in the conduct of a program review or audit; or to a Federal law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

#### PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. 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. Response to this request is required to obtain a grant for services in accordance with 25 CFR 256.

#### ESTIMATED BURDEN STATEMENT

Public reporting burden for this form is estimated to average 30 minutes 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 Bureau of Indian Affairs, Information Collection Officer, 1849 C. Street, N.W., Washington, D.C. 20240, and to the Desk Officer for the Department of the Interior, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.