

Unearned Income: 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: \$ _____

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned & unearned):\$ _____

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: _____

House Size: _____ (square feet) [Length _____ ft/in] [Width _____ ft/in]

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.