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 House  ___ Rehab  ___ Self-Help

Name: ___________________________________________  __________________________
      Last                                      First                      MI                 Maiden Name (if any)

Address: ___________________________________________
          Street/PO Box  City  State  Zip Code

Telephone Number: (_______) ________________________  Date of Birth: ________________

Tribe: ___________________________________________  Roll Number: ___________________

Marital Status: ___ Married  ___ Single  ___ Widowed  ___ Divorced  ___ Other

Spouse Information:

Name: ___________________________________________  __________________________
      Last                                      First                      MI                 Maiden Name (if any)

Date of Birth: ___________________  Tribe: ________________________  Roll Number: ______________

B. FAMILY INFORMATION

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
<th>Tribe/Roll #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. INCOME INFORMATION

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, wage stubs, etc. for verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual Earned Income</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total annual earned income:  $_____________________________
**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual Unearned Income</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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]

Revised 10/20/2014
**E. LAND INFORMATION**

Do you own the land on which you wish to renovate or build your home? **Yes ____ No ____**
If no, provide the name of the owner(s): ____________________________________________

What is the current land status?

- ____ Fee
- ____ Tribal Fee
- ____ Native.Restricted
- ____ Individual trust land
- ____ Tribal trust land
- ____ Public Domain
- ____ Individually restricted
- ____ Tribally restricted
- ____ Other

If you do not own the land, do you have: ____ Leasehold interest? ____ Use Permit?

_____ Indefinite assignment or joint ownership? Is, please explain:

**F. GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you or anyone in your household ever received HUD/NAHASDA assistance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, give amount received $______; the year it was received _________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and location of the house:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you own any other house not occupied by your family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, state where the house is located: __________ and who occupies it:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you live in a house built with Housing and Urban Development (HUD) funds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the HUD project still under operation of an Indian Housing Authority?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.