

# HOUSING IMPROVEMENT PROGRAM

Applicant Name: \_\_\_\_\_

Fiscal Year: 2023

Chapter: \_\_\_\_\_

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

**TYPE OF HOUSING ASSISTANCE REQUEST: (Check one)**

New House    
  Renovation    
  Addition    
  Other \_\_\_\_\_

**All Household Members over 18 years of age is required to complete Income forms.**

**HOUSING ASSISTANCE APPLICATION PACKET**

**All forms must be complete, sign, dated and all questions answered.**

Housing Assistance Application (Form BIA 6407)	
Map - directions to your residence	
Income Information Checklist	
Individual Indian Money (IIM form)	
Federal Income Tax Information (If filed, provide copies of current 1040 Tax Return)	
Complete Employee Verification(s) by Employer; if employed.	
Housing Assistance Verification (complete by NHA)	
Authorization to Release of Information	

**REQUIRED DOCUMENTS**

**Provide list of the required documents to complete application process.**

Certificate of Indian Blood (CIB) -for all household members	
Award Letters from Social Security, VA, Retirement, Unemployment, etc.	
Medical Records/ Dr. Statement - If claiming disability	
Veteran Document (DD214) - If claiming Veteran	
Finalized Homesite Lease - In Applicant's Name	
Cultural Resource Compliance w/map OR Archaeological Inventory Report w/map	
Other: Additional forms if needed.	

**DUE BY: June 3, 2022**

**ADDRESS: HOUSING IMPROVEMENT PROGRAM**  
Post Office Box 527 Fort Defiance, Arizona 86504  
**Phone No.: (928) 729-4017      Fax No.: (928) 729-4277**

**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**

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

**Information About Spouse:** \_\_\_\_\_

9. Name: \_\_\_\_\_  
Last First MI Maiden Name (if any)
10. Date of Birth: \_\_\_\_\_
11. 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). <b>**DRAW MAP ON BACK OF THIS PAGE**</b>
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			
		Bathtub			
		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?	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** \_\_\_\_\_

		Yes	No
28.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	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:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? 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

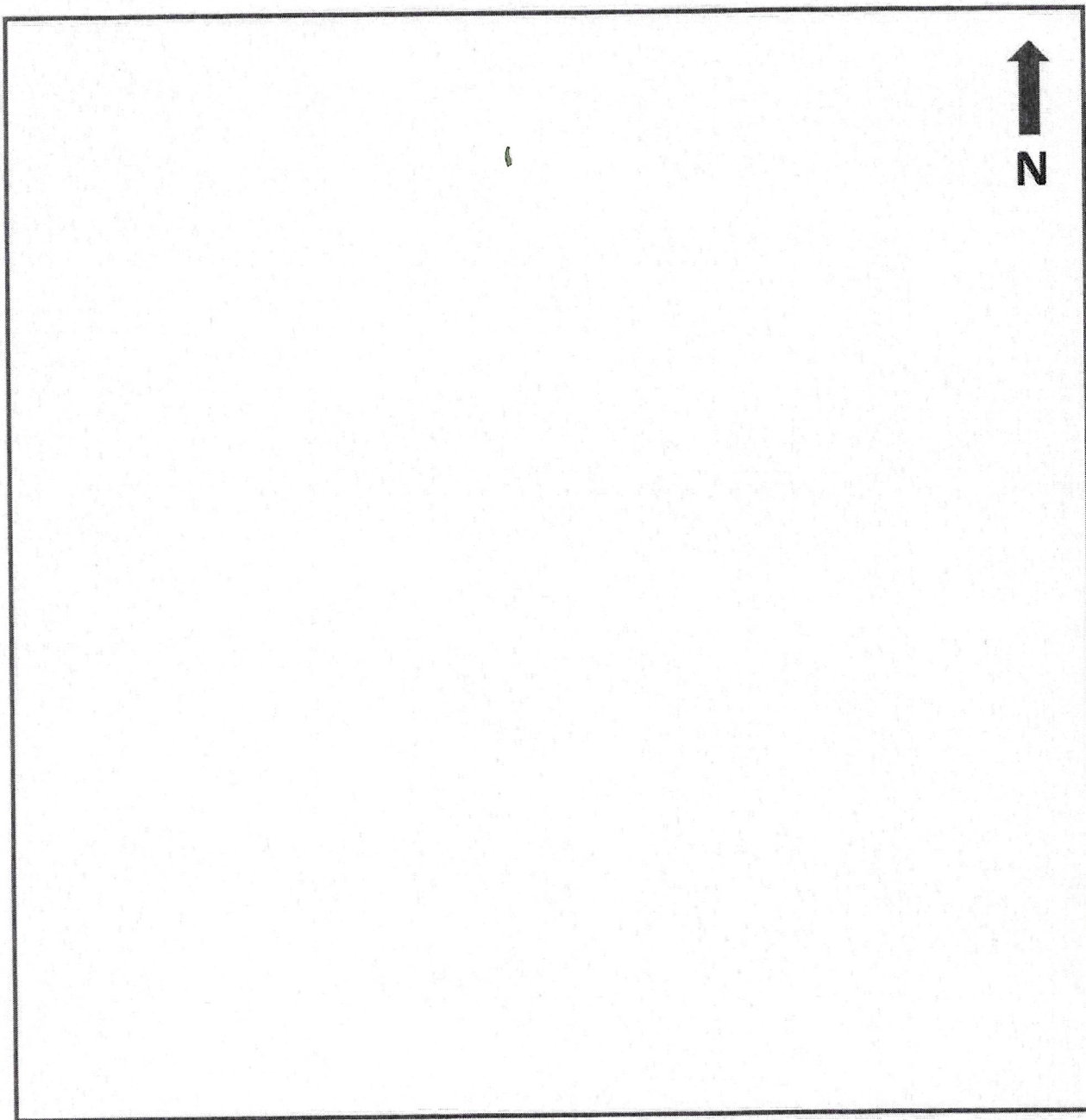
25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. 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: \_\_\_\_\_

Draw a map to the location of the housing unit to be renovated or built.  
Indicate the name of the Chapter and the distance from the Chapter House.



Detailed directions to your house.

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HOUSING IMPROVEMENT PROGRAM  
Post Office Box 527  
Fort Defiance, Arizona 86504  
Phone No. (928) 729-4017

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## AUTHORIZATION FOR RELEASE OF INFORMATION

Use for Housing Assistance Application Process Only

I (We), \_\_\_\_\_, hereby authorize the Navajo Nation Housing Improvement Program, to obtain all necessary information for completion of my (our) application for housing assistance including information on my (our) interest in land, household income, and medical condition. I (We) understand and acknowledge this information will be used only in determining my (our) eligibility and extend of housing assistance through Housing Improvement Program Agency Offices or other housing project sources.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (for thumbprint)

\_\_\_\_\_  
Date



## INCOME INFORMATION CHECKLIST

Information use for Housing Assistance Application Process Only

Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

**All household members over the age of 18 years old must complete and report income.**

Check **YES** or **NO** in the box for every line listed below. Report all income and/or any type of assistance received and enter the monthly income amount. Provide any supporting documents.

INCOME INFORMATION:	YES	NO	Monthly Gross Income
Social Security Benefits (SSB)			
Supplemental Security Income (SSI)			
Retirement Pension			
Veteran Benefits			
Unemployment Benefits			
TANF Program			
General/Cash Assistance			
Alimony Support			
Child Support			
Food Stamps      NM <input type="checkbox"/> AZ <input type="checkbox"/>			
Other Source of Income: _____			

**If no income was received, a signed statement is require and explain how do you support yourself.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date





**FEDERAL INCOME TAX INFORMATION**  
This form is used for Housing Assistance Application Process Only

Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

**Household member over the age of 18 years old must complete this form.**

I filed a Federal Income Tax Return for the current year.  
If filed, provide copies of the current 1040 tax return and W-2's statements.

I did not file a Federal Income Tax Return. (NOTARY REQUIRED)

Explain why you did not file a Federal Tax return. This portion must be complete.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU MUST SIGN THE FORM PRESENT OF THE NOTARY PERSON**

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARY**

Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC Signature

\_\_\_\_\_  
Printed Name of Notary Public

State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**AUTHORIZATION TO RELEASE  
IIM /INDIVIDUAL INDIAN MONEY ACCOUNT  
INFORMATION**

I, \_\_\_\_\_, request that all information regarding my  
IIM / INDIAN TRUST Account, be released to: **HOUSING IMPROVEMENT PROGRAM,**  
on my behalf.

I am authorizing this release to be in effect for a period of \_\_\_\_\_  
(no longer than one year) from the date of my signature.

Account Holder Signature: \_\_\_\_\_

IIM Account Number: (Census No): \_\_\_\_\_

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

**WITNESS OF ACCOUNT HOLDER'S SIGNATURE:**

**(PLEASE NOTE: The witness must be age 18 or older, and must sign immediately after the  
Account Holder signs the document. The dates must be identical.)**

Witnessed by:

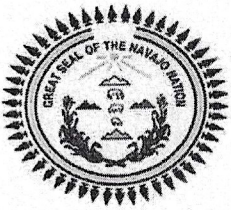
\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Date

Form with original signature to be mailed.

Primary Applicant/ Chapter: \_\_\_\_\_



THE NAVAJO NATION

JONATHAN NEZ, PRESIDENT  
MYRON LIZER, VICE-PRESIDENT

**VERIFICATION OF EMPLOYMENT**

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

Mailing Address: \_\_\_\_\_

The Navajo Nation, Housing Improvement Program (HIP) is requesting for employment and salary verification for the above individual. This form is used to complete the housing application process and to determining eligibility for housing assistance. The information obtained will be kept confidential. Your assistance and cooperation are appreciated. Thank you.

**THIS SECTION MUST BE COMPLETE AND SIGN BY EMPLOYER.**

Applicant's Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employment Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Part-time

How often paid: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Bi-Monthly \_\_\_\_\_ Monthly

Hours per week: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_