

Bah-Kho-Je Housing Authority

The Iowa Tribe of Oklahoma

Route 1, Box 721, Perkins, OK 74059 / Phone (405) 547-2402 / Fax (405) 547-1032
"Equal Opportunity Housing Authority"

RENOVATION APPLICATION CHECK LIST

In order to determine your tentative eligibility, the following items are required:

1. Application (complete)
2. Degree of Indian Blood – copy of BIA enrollment card or copy of tribal enrollment letter
3. Verification of ALL anticipated income sources (Employment, Social Security, Public Assistance/Welfare, Land Leases/Oil and Gas Royalties, Retirement/Disability Benefits, etc.)
4. Copy of Social Security Cards for each Family Member
5. Must provide clear Title and /or Deed as proof of home ownership or copy of the Lease/Purchase program through the Iowa Housing Authority
6. Elders must be 55 years or older
7. Must provide financial verification in meeting HUD/NAHASDA standards
8. All forms need to be signed & filled out.

Please review this list and make sure that you have provided all requested information for your application to be complete. If this information is not provided, the staff will not be able to determine your tentative eligibility and your application will be considered ineligible.

Bah-Kho-Je Housing Authority The Iowa Tribe of Oklahoma

Route 1, Box 721, Perkins, OK 74059 / Phone (405) 547-2402 / Fax (405) 547-1052

"Equal Opportunity Housing Authority"

RENOVATION APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone() _____

Status: [] Married [] Elderly (62+) Own your Home: [] Yes [] No
[] Single [] Handicapped Held i/l Trust: [] Yes [] No

Age of Home: _____ No. Bedrooms Age of Home: _____

No. Of Children _____

Income Verification

Wages/Salary\$ _____

"your income will be examined to determine eligibility"

Payment Schedule

Social Security\$ _____ Bi-weekly _____ Monthly _____

TANAF:\$ _____ Bi-weekly _____ Monthly _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONFLICT OF INTEREST

In accordance to 24 CFR 1000.30, no persons who participates in the decision-making process or who gains inside information with regards to NAHASDA assisted activities may obtain a personal or financial interest or benefit from such activities. Such persons include anyone with an interest in any contract, subcontract or agreement or proceeds thereunder, either for themselves or others with whom they have business or immediate family ties. Immediate families are determined by the Iowa Tribe of Oklahoma or Bah-Kho-Je Housing Authority in its operating policies.

Are you related to any employee of the Iowa Tribe of Oklahoma? _____
If yes, describe the employee(s) position and relationship to you? _____

The answers stated above are true to the best of my knowledge; any false information will result in my application being disqualified due to dishonesty.

Signature: _____ Date: _____

Home Improvement List

Please give a brief description of the problems & list improvements needed for your home
(1 = High Priority, 2 = Moderate Priority, 3 = Low Priority, 4 = No Improvement Needed)

Roof	[]	_____
Ceiling	[]	_____
Walls	[]	_____
Flooring	[]	_____
Foundation	[]	_____
Doors	[]	_____
Windows	[]	_____
Porch	[]	_____
Electrical	[]	_____
Cabinets	[]	_____
Water Heater	[]	_____
Plumbing	[]	_____
Lavatories	[]	_____
Sinks	[]	_____
Sewer Line	[]	_____
Water Line	[]	_____
Heat/AC System	[]	_____
Attic Fan	[]	_____
Venting	[]	_____
Other (list)	[]	_____

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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

1. NAME: _____
Last First M.I. Maiden (if any)

2. Current Address: _____
Street Address PO, Box # (if any)

City State Zip code

3. Telephone Number: (____) _____

4. Date of Birth: _____

5. Tribe: _____ 6. Roll Number _____

7. Marital Status: Married _____ Single _____ Widowed _____ Other _____

Information About Spouse:

8. Name: _____
Last First M.I. Maiden (if any)

9. Date of Birth: _____

10. Tribe: _____ II. 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, Social Security Number, Relationship to Applicant, and Tribe/Roll Number.

Name	Date of birth	Relationship to applicant	Tribe/Roll #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Earned Income	Source of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total annual earned 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. To your knowledge, has BHA assistance ever been provided for this house or have you ever received BHA assistance? NO Yes If Yes indicate amount \$ _____ to whom:

18. If repair assistance is needed, do you own _____, or rent _____ this house?

If you are renting, is the owner Indian? NO Yes

If yes provide name of owner (s) _____

HOUSING INFORMATION , continued

19. Is electricity available? NO YES If yes, provide name of electric company: _____

20. Type of Sewer system City Sewer _____ Septic Tank _____ Chemical Toilet _____ Outhouse _____

21. Water Source: _____ City Water _____ Private Well _____ 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	YES	NO
	Bathtub	YES	NO
	Sink/lavatory	YES	NO

E. LAND INFORMATION

25. Do you own the land on which you wish to renovate or build this home? YES NO
If no provide the name of the owner(s): _____

26. What is the current Fee Tribal Fee Native/Restricted
Status of the land? Individual trust land Tribal trust land Public Domain
Individual restricted Tribal restricted Other

27. If you do not own the land do you have: Lease interest? Use permit? _____
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: 19/20 _____ and the location of the house: _____

29. Do you own any other house not occupied by your family? YES NO 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 funds (HUD)

31. Is the HUD project still under operation of an Indian Housing Authority? YES NO

32. If you are requesting assistance for a new housing unit have you applied for assistance from:
Indian Housing Authority? YES NO If yes, provide date of application _____
Tribal Credit Program? YES NO If yes, provide date of application _____
Other? From Who: YES NO If yes, provide date of application _____

33. 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? YES NO
If yes provide name of family member _____ and a brief description of condition (Your servicing housing office will advise you if you must provide statements of condition from two sources, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination)

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 knowledge 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 use 100 1. 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: _____
(If appropriate)

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 Interior, Office of information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.