



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS  
Washington DC 20240

OCT 16 2009



Housing Improvement Program

Dear Tribal Leader:

Subject: Collection of Fiscal Year (FY) 2010 Housing Improvement Program Housing Application Data

The Housing Improvement Program (HIP) has been funded for FY 2010. These funds will be available to federally recognized tribes and tribal organizations for use in providing program services to Indian applicants who meet the eligibility criteria in 25 CFR, Part 256, HIP regulations, revised as of April 1, 2008.

Tribes should begin accepting housing assistance applications (BIA Form 6407). The tribal applicant data is due to the Regional Offices by close of business December 31, 2009. Tribes are permitted to include FY 2009 applicant data in their FY 2010 summary of eligible applicant data, but must update the applicant eligibility criteria requirements pursuant to 25 CFR § 256.14(d)(2).

The following forms are provided for the implementation in the 2010 program year, FY 2009 Department of Health and Human Services (DHHS) Federal Poverty Income Guidelines (FPIG) as published in the Federal Register on January 23, 2009; FY 2010 Annual Performance Report Forms: BIA Housing Assistance Application Form 6407.

Tribes are invited to contact their local agency, regional, or self-governance representative for more information. Please contact Mr. Les Jensen, Housing Program Officer, at (907)586-7397 for any additional questions or concerns you may have.

Sincerely,

Jerry L. Gidner  
Director, Bureau of Indian Affairs

Attachments

**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:				
	<small>(Last)</small>	<small>(First)</small>	<small>(MI)</small>	<small>(Maiden Name, if any)</small>

2. Current Address:		
	<small>(Street Address)</small>	<small>(P.O. Box #, if any)</small>

<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>

3. Telephone Number:	(    )
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4. Date of Birth:	
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5. Tribe/Native Village:		6. Roll Number:	
Name of Reservation/Rancheria/Consortium:			

7. Marital Status:				
	<small>(Married)</small>	<small>(Single)</small>	<small>(Widowed)</small>	<small>(Other)</small>

If you checked "Other", please explain.	
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**Information about Spouse**

8. Name:				
	<small>(Last)</small>	<small>(First)</small>	<small>(MI)</small>	<small>(Maiden Name, if any)</small>

9. Date of Birth:	
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10. Tribe:		11. Roll Number:	
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**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

**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.	To your knowledge, has HIP assistance ever been provided for this house or have you ever received HIP assistance?
	No.
	Yes. If yes, indicate amount: \$ _____, to whom: _____, and when: _____.
18.	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):

**HOUSING INFORMATION, continued.**

19.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____				
20.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
21.	Water Source: <input type="checkbox"/> City Water <input type="checkbox"/> Private Well <input type="checkbox"/> Community Water Tank <input type="checkbox"/> 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, 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 received Housing Improvement Program assistance after October 1, 1986?		
	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.	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: _____		
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?		
	If yes, provide name of family member _____ and 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**

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(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 any agency unless requested in writing, either by the applicant or an officer or employee of a Federal housing program or other Federal agency requiring it in the performance of their duty.

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, provide for the collection of this information. The primary use of this information is by an officer or employee of a 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; 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 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 the form 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 time for reviewing instructions, gathering and maintaining data, and completing and reviewing the collection of information. Send 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.

BIA or Tribe is the official record keeper of this information. Copies are available upon request.

FACTOR NO. 1 - HIP ELIGIBILITY/SELECTION CRITERIA @ 125%																
INCOME GUIDELINE POINT SCHEDULE FOR ALL STATES EXCEPT ALASKA & HAWAII																
FAMILY SIZE	0% to 25% of PG 40 POINTS			26% to 50% of PG 30 POINTS			51% to 75% of PG 20 POINTS			76% to 100% of PG 10 POINTS			101% to 125% of PG 0 POINTS		OVER 125% of FPIG INELIGIBLE	
1	0	TO	2,708	2,709	TO	5,415	5,416	TO	8,123	8,124	TO	10,830	10,831	TO	13,538	13,539 & HIGHER
2	0	TO	3,643	3,644	TO	7,285	7,286	TO	10,928	10,929	TO	14,570	14,571	TO	18,213	18,214 & HIGHER
3	0	TO	4,578	4,579	TO	9,155	9,156	TO	13,733	13,734	TO	18,310	18,311	TO	22,888	22,889 & HIGHER
4	0	TO	5,513	5,514	TO	11,025	11,026	TO	16,538	16,539	TO	22,050	22,051	TO	27,563	27,564 & HIGHER
5	0	TO	6,448	6,449	TO	12,895	12,896	TO	19,343	19,344	TO	25,790	25,791	TO	32,238	32,239 & HIGHER
6	0	TO	7,383	7,384	TO	14,765	14,766	TO	22,148	22,149	TO	29,530	29,531	TO	36,913	36,914 & HIGHER
7	0	TO	8,318	8,319	TO	16,635	16,636	TO	24,953	24,954	TO	33,270	33,271	TO	41,588	41,589 & HIGHER
8	0	TO	9,253	9,254	TO	18,505	18,506	TO	27,758	27,759	TO	37,010	37,011	TO	46,263	46,264 & HIGHER
9	0	TO	10,188	10,189	TO	20,375	20,376	TO	30,563	30,564	TO	40,750	40,751	TO	50,938	50,939 & HIGHER
10	0	TO	11,123	11,124	TO	22,245	22,246	TO	33,368	33,369	TO	44,490	44,491	TO	55,613	55,614 & HIGHER
11	0	TO	12,058	12,059	TO	24,115	24,116	TO	36,173	36,174	TO	48,230	48,231	TO	60,288	60,289 & HIGHER
12	0	TO	12,993	12,994	TO	25,985	25,986	TO	38,978	38,979	TO	51,970	51,971	TO	64,963	64,964 & HIGHER
EACH PERSON OVER 12 ADD			935			1,870			2,805			3,740			4,675	4,676 & HIGHER
2009 PG	25%=		2,708	50%=		5,415	75%=		8,123	100%=		10,830	125% =		13,538	
	@ Add'l:		935	@ Add'l:		1,870	@ Add'l:		2,805	@ Add'l:		3,740	@ Add'l:		4,675	
PG =	HHS Poverty Guidelines															

Implement in the FY 2010