

**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. Social Security Number: _____

6. Tribe: _____ Roll Number: _____

Reservation/Rancheria: _____

7. Marital Status: ___ Married ___ Singled ___ Widowed ___ Other

If you checked "Other", please explain. _____

Information About Spouse:

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

9. Date of Birth: _____ 10. Social Security Number: _____

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, Social Security Number, Relationship to Applicant, and Tribe/Roll Number .

Name	Date of Birth	Social Security #	Relationship to Applicant	Tribe/Roll Number

Date of this application: _____

If you need more space, use a blank sheet of paper.

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EXPIRATION DATE:

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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). **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 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

Date of this application: _____

If yes, provide name of owner(s):

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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
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
		Flush toilet	
		Bathtub	
		Sink/lavatory	

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 status of the land?	___ Fee ___ Individual trust land ___ Individually restricted	___ Tribal Fee ___ Tribal trust land ___ Tribally restricted
			___ Native/Restricted ___ Public Domain ___ Other:
27.	If you do not own the land, do you have: ___ Leasehold interest? ___ Use permit? ___ 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.	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?		

Date of this application: _____

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).

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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: _____

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 benefit in accordance with 25 CFR 256.

Estimated Burden Statement

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 Bureau of Indian Affairs, Information Collection Clearance Officer, 625 Herndon Parkway, Herndon VA 20171.

Date of this application: _____

created: October 3, 2001, 10:41:11 AM

modified: September 19, 2007, 1:17:14 PM