

**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.

BIA Form 6407

OMB Control No. 1076-0084

ISSUED 0X/XX

EXPIRATION DATE: XX/XX/XXXX

**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: _____.   |

Date of this application: \_\_\_\_\_

|     |  |
|-----|--|
| 18. | If repair assistance is needed, do you own _____ or rent _____ this house?<br>If renting, is the owner Indian? ___ No ___ Yes<br>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:<br>_____.              |                       |                      |                     |              |
| 20. | Type of Sewer system:  | ___ City Sewer        | ___ Septic Tank      | ___ Chemical Toilet | ___ Outhouse |
| 21. | Water Source: ___ City Water    ___ Private Well    ___ Community Water Tank<br>___ 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? ___ Yes ___ No<br>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: _____ Leasehold interest? _____ Use permit?<br>_____ 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?<br>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?<br>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: _____   |     |    |

Date of this 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: \_\_\_\_\_

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.

