

# BAH-KHO-JE HOUSING AUTHORITY

335588 E. 750 Rd., Perkins, Ok 74059  
Phone: (405) 547-2402, FAX: (405) 547-4364  
"Equal Opportunity Housing Authority"

## RENOVATION APPLICATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone( ) \_\_\_\_\_ Email (optional) \_\_\_\_\_

Status:  Married  Elderly (62+) Own your Home:  Yes  No

Single  Handicapped Held i/1 Trust:  Yes  No

Age of Home: \_\_\_\_\_ No. Bedrooms: \_\_\_\_\_ 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)	[ ]	_____

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**

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I. NAME: \_\_\_\_\_  
Last First M.I. Maiden (if any)

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

\_\_\_\_\_ City State Zip Code

3. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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**

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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**

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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 I. 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.