

HABEMATOLEL Indian Housing Service Department

375 E. Hwy 20, Ste I ~ P O Box 516
Upper Lake, CA 95485
(707) 275-0737 ~ FAX: (707) 275-0757

Application Form for REHABILITATION / EMERGENCY REPAIRS

- All questions must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub L. 93-579
- **Note! Falsifying this application is a Federal offense and punishable by imprisonment**

A – Applicant Information:

1. Name: _____
Last First MI Maiden
2. Current Mailing Address: _____

City State Zip
3. Residential Address: _____

City State Zip
4. Telephone Number: () _____
5. E – Mail Address: _____
(If applicable)
6. Fax Number: () _____
(If applicable)
7. Date of Birth: _____
8. Tribal Affiliation: _____
Tribe Roll Number
9. Is the applicant handicapped? Yes No If yes, explain: _____
10. Marital Status: Married Single Widowed Other
If other, please explain: _____

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Authorization for Release of Information

Consent:

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to the HABEMATOLEL Indian Housing Service Department any information of materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Indian Housing Program Native American Housing Assistance and Self-Determination Act, and / or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the *Housing Services Department* to release information from my file about my rental history to HUD, Credit Bureaus, and Collection Agencies or future landlords. This includes records on my payment history, and any violations of my lease of *Housing Services Department Policies*.

Information Covered:

I understand that depending on program policies and requirements, previous or current information regarding my household maybe needed. Verification and inquires that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Residences and Rental Activity	Medical or Child Care Allowances
Credit and Criminal Background Check	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Group of Individuals That May be asked:

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous landlords (including Public Housing Agencies) Courts and Post Offices School and Colleges	Past and Present Employers Welfare Agencies State Unemployment Agencies Social Security Administration
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**Law Enforcement Agencies
Support and Alimony Providers
Retirement Systems
Credit Providers and Credit Bureaus**

**Medical and Child Care Providers
Veterans Administration
Bank and other Financial Institutions
Utility Companies**

Computer Matching Notice and Consent:

I understand and agree that HUD or the *Housing Services Department* may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the *Housing Services Department* may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense; Office of Personal Management; the US Postal Services; the Social Security Agency; and, State Welfare and Food Stamps Agencies.

Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file with the *Housing Services Department* and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

NOTICE: Falsifying this application is a Federal offense and punishable by imprisonment!

Applicant's Signature

Print Name

Date

Spouse' Signature

Print Name

Date

Adult Member's Signature

Print Name

Date

Adult Member's Signature

Print Name

Date

INFORMATION ABOUT SPOUSE:

11. Name: _____
Last First MI Maiden
12. Date of Birth: _____
13. Tribal Affiliation: _____
Tribe Roll Number

B – LIST ALL PERSONS LIVING IN HOUSEHOLD:

Start with the applicant and then the oldest and provide the following information for each: If you need more space, use a blank sheet of paper.

Name	DOB	SS#	Relationship	Tribe

C - INCOME INFORMATION: *The income data provided in this section will help to determine your eligibility for services. All information is kept confidential and is subject to verification. If HABEMATOLEL is unable to verify the information, your application will be considered "INCOMPLETE" and returned to you.*

14. Earned Income: Start with applicant, and then list all permanent members of household that have earned income. Provide SF-1040 (Income Tax Returns), W-2 Forms, wage stubs, etc. for income verification.

Name	Annual Earned Income	Source of Income
	\$	Name: Address Phone #:
		Name: Address: Phone #:
		Name: Address: Phone #:

Total Earned Income: \$ _____

15. **Unearned Income:** Start with applicant, then list *all persons* including *roommates* and *those listed under part B* have *unearned income* such as Social Security, retirement, disability, UIB, AFDC, Veterans, child support, alimony, royalties, per capita, interest, etc. **If no IRS 1040, provide check stubs, statements, Individual Indian Money (IIM) ledgers, etc. for verification.**

Name	Annual Unearned Income	Source of Income
	\$	Name: Address: Phone #:
		Name: Address: Phone #:
		Name: Address: Phone #:

Total Unearned Income: \$ _____

16. TOTAL COMBINED ANNUAL HOUSEHOLD INCOME: \$ _____

C1 - ADDITIONAL INCOME INFORMATION:

Do you or anyone in your household have a bank account or investments that is not mentioned above? If so, list all accounts:

Name of Bank: _____ Account # _____
 Name of Bank: _____ Account # _____

HOUSING DATA

D – HOUSING INFORMATION:

17. Have you ever received any housing assistance from Habematolel Pomo of Upper Lake (Upper Lake Rancheria)? Yes No If yes, please explain: _____

18. Are you the homeowner and living in said residence within the servicing area of Habematolel Pomo of Upper Lake? Yes No
 Provide Proof of Ownership _____

Year constructed? _____ No. of bedrooms? _____ Property Status: FEE _____ TRUST _____
 Address _____

19. Is this the home for which you are requesting rehabilitation services? Yes No

20. Do you currently have Homeowners Insurance* on this dwelling? Yes No

*** A NAHASDA requirement – Insurance must be maintained to protect the funds used when rehabilitating houses.**

Accepted: _____
 Applicant

21. Has this home ever been rehabilitated, remodeled or constructed with any Tribal, State or Federal funds? Yes No If yes, when and *explain assistance* received:

E. HOUSING ASSESSMENT

Check the appropriate box for each of the following questions:

QUESTIONS	Yes	No
Does your home have a continuous concrete or wooden foundation?		
Is the electrical system safe and in good working condition?		
Does the plumbing system leak, clog often, or require frequent repair?		
Does your home have any floors or ceilings that sag, contain large cracks, or show signs of continual dampness, such as water stains or mold ?		
Does your home's roof sag, leak or have poor drainage?		
Does your home have at least one complete operable bathroom?		
Does your home have usable kitchen facilities?		
Does your home require handicap modifications?		

Rate the general condition of each of the following elements.

Element	Good	Needs Improvement	Needs Replacement
Plumbing			
Septic System			
Electrical System			
Heating System			
Foundation			
Interior Walls			
Exterior Siding/Paint			
Roof			
Floors			
Floor Coverings			
Windows			
Insulation			

Provide details about items or services you are requesting: (If more space is needed, use reverse side)

I attest that all of the information contained in this Rehabilitation Application is true and correct.

Date

Signature of Applicant

Date

Spouse

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School and Colleges	Social Security Administration

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Interior Walls			
Exterior Siding/Paint			
Roof			
Floors			
Floor Coverings			
Windows			
Insulation			

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I attest that all of the information contained in this Rehabilitation Application is true and correct.

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Signature of Applicant

Date

Spouse

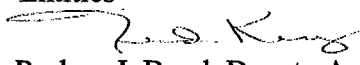


No. 2013-03 (R)
April 19, 2013

RECIPIENT GUIDANCE

PROGRAM: Indian Housing Block Grant (IHBG)

FOR: All Tribal Government Leaders and Tribally Designated Housing Entities

FROM: For  Rodger J. Boyd, Deputy Assistant Secretary for Native American Programs, PN

TOPIC: Income Limits under the Native American Housing Assistance and Self-Determination Act of 1996

Purpose: This guidance replaces Program Guidance 2011-04 with the latest HUD Income Limits.

Background: HUD Notice PDR-2013-01, issued December 11, 2012, contains the latest published median income limits for the various Indian areas. The income limits published in that notice are in effect for FY 2013, and will remain in effect until superseded. The information in the notice provides state-level Median Family Income (MFI) estimates.

Tribes located on large reservations or those that have land in more than one county may have more than one income limit. However, to reduce administrative burden, the tribe or the tribally designated housing entity may set income limits for multi-county reservations at the income limit level of the county with the highest income limits.

If the income limit for a county located within your Indian area is lower than the United States median, you must use the United States median income limits. The United States MFI for FY 2013 is \$64,400. Therefore, the income limit for family size and 80/100 percent of median income is as follows:

	1 Person	2 Persons	3 Persons	Base 4	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$36,064	\$41,216	\$46,368	\$51,520	\$55,642	\$59,763	\$63,885	\$68,006
100%	\$45,080	\$51,520	\$57,960	\$64,400	\$69,552	\$74,704	\$79,856	\$85,008

To calculate the adjusted income limit for families with more than eight members, add 8 percent of the four-person base to the eight-person income limit for each additional person. For example, the nine-person limit equals \$72,128 (68,006 + [51,520 * .08]). In the past, all income limits were rounded to the nearest \$50 to reduce administrative burden; however, rounding anomalies can produce some family size-adjusted income limits whose changes exceed the 5 percent limit.