

FY-25 HOUSING IMPROVEMENT PROGRAM @ P&S BLDG, Eagle Butte, SD, PO Box 590, Eagle Butte, SD 57625 – PHONE: 605-964-6761

Everyone must update the applicant eligibility criteria requirements pursuant to 25 CFR PART

MONDAY 09-20-24 @ 5:00 P.M. –CLOSING DATE

Applications must be complete & all documentation attached!

____ Housing Assistance Application (Form Enclosed - BIA Form 6407- complete & return to HIP)

____ Privacy Act Notice (Form Enclosed – sign and return)

____ Authorization for Release of Information (Form Enclosed – Notarize & Return) ALL family members over the age of 18 years old must complete this form.

____ SIGNED 2021, 1040 Income Tax Return for all Permanent Members of the household, including W-2's and all other attachments. NOTE: If you or other household members did not file a tax return, you must submit a signed notarized certification statement explaining why you did not file. (Form Enclosed - Notarize & Return) ALL family members over the age of 18 years old must complete this form.

____ (Form Enclosed - 2 blank Doctors Statements) have signed and return by each Doctor for disabled person in the household. Include a Physician's certification, Social Security, V.A.@1-800-743-1070 or 800-827-1000 determination, or similar determination from a Doctor's office, clinic/hospital on official letterhead signed/dated by appropriate medical person that is recognized as being medically qualified to issue this opinion.

____ Submit documentation no other resource for housing is available. A written letter with your signature and date can be submitted or use the (Enclosed letter & Return 605-964-4265); TAKE TO Housing Authority HUD

____ Tribal membership documentation i.e. Certificate of Degree of Indian Blood or copy of Tribal membership (per 25 CFR 256.13 subpart (d)). #964-6612; fax #964-6614; HWY 212 next to Western Dak. Bank

____ Must Provide Proof of other income for **CALENDAR YEAR 2023** Earned income for permanent household members (18 yrs. & older); this includes unearned income like: Social Security 1-800-772-1213 or 605-226-7231, GA, Retirement, Unemployment Benefits, TANF, or VA (per 25 CFR 256.13 subpart (e) (2). If no income, please get proof from the BIA general assistance office @ 964-8998 and/or TANF office @ 964-8240/fax # @ 964-1200; VA @ 605-336-3230/fax# @ 333-5316; Unemployment office @ 605-626-2452/fax# @ 626-3172.

____ Contact 964-7707 - **CALENDAR YEAR 2023**– IIM Individual Indian Monies for royalty, lease, annual trust income seem. NOTE: No account provides information reflecting as such.

____ Proof of ownership of the residence. (Title, Gift Deed, Bill of Sale) If homeless provide letter of proof

____ Proof of ownership of land. Call BIA Land Operations @ 605-964-7747 (Marty Ward)

- a. For fee patent property, you must provide a copy of a fully executed Warranty Deed, which is available at your local county court house.
- b. For trust property, you must provide certification from the Cheyenne River Agency BIA Realty
- c. For Tribally owned land, you must provide a copy of a properly executed Tribal Assignment, certified by the Cheyenne River Agency BIA Realty Office.
- d. For multi-ownership property, you must provide a copy of a properly executed 25 Yr. lease Cheyenne River Agency BIA Realty Office.

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. _____
8. Are you Homeless? ___ No ___ Yes 9. Are you or spouse a Veteran? ___ No ___ Yes

Information About Spouse: _____

10. Name: _____
Last First MI Maiden Name (if any)
11. Date of Birth: _____ 12. Social Security Number: _____
13. 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

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

Date of this application: _____

C. INCOME INFORMATION

14. **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: \$ _____

15. **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: \$ _____

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION

17.	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**
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	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):
20.	Are you living in Overcrowded Conditions? No Yes
21.	Is the condition of the home in a dilapidated state? No Yes

Date of this application: _____

HOUSING INFORMATION, continued.

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____				
23.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank	
Other (Please describe): _____					
24.	No. of Bedrooms _____				
25.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]		
26.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

E. LAND INFORMATION

27.	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, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s): _____			
28.	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:
29.	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
30.	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: _____		
31.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
35.	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: _____		
36.	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 a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

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.

Date of this application: _____