**Penobscot Nation Housing Department**
12 Wabanaki Way | Indian Island, Maine 04468

Telephone 207-817-7370
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**EQUAL HOUSING OPPORTUNITY**

# Housing Assistance Application

Housing Improvement Program (HIP)

*All questions in this application must be answered. The requested information is self-explanatory. Information you provide is confidential and will be used only to determine eligibility for housing assistance.*

Date of this application

## A. APPLICANT INFORMATION

Last name | First name | MI | Maiden name (if any)

Street address | P.O. Box # (if any)

City | State | Zip code

Telephone number | Date of birth | Social Security number

Tribe | Roll / census number | Reservation / Rancheria

Marital status: ☐ Married ☐ Single ☐ Widowed ☐ Other

If you checked 'Other', please explain

Are you homeless? ☐ Yes ☐ No

Are you or your spouse a veteran? ☐ Yes ☐ No

### Information about spouse

Last name | First name | MI | Maiden name (if any)

Date of birth | Social Security number | Tribe | Roll / census number

## B. FAMILY INFORMATION

List all other persons living in the 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. If you need more space, attach a separate sheet of paper.

| Name | Date of Birth | Social Security # | Relationship to Applicant | Tribe / Roll # |
|---|---|---|---|---|
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## C. INCOME INFORMATION

### 14. Earned income

Start with the applicant, then list all permanent family members (including all listed in Parts A and B) who have earned income. Provide a signed copy of your 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 the applicant, then list all permanent family members (including all listed in Parts A and B) who 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 ledgers, etc. for verification.

| Name | Annual Unearned Income | Source of Income |
|---|---|---|
| | | |
| | | |
| | | |
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Total annual unearned income ($)

### 16. Total combined annual household income (earned + unearned)

Total combined annual household income ($)

## D. HOUSING INFORMATION

17. Location of the house to be repaired, renovated, or constructed (give address and detailed directions to the house)

Map or additional directions (optional – you may also attach a hand-drawn map)

18. 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 this house ☐ Rent this house

If renting, is the owner Indian / Native American? ☐ Yes ☐ No

If yes, name of owner(s)

20. Are you living in overcrowded conditions? ☐ Yes ☐ No

21. Is the condition of the home dilapidated? ☐ Yes ☐ No

22. Is electricity available? ☐ Yes ☐ No

If yes, name of electric company

23. Type of sewer system: ☐ City sewer ☐ Septic tank ☐ Chemical toilet ☐ Outhouse

Water source: ☐ City water ☐ Private well ☐ Community water tank ☐ Other

Other (please describe)

| 24. Number of bedrooms | 25. House size – square feet | Length (ft/in) | Width (ft/in) |
|---|---|---|---|
| | | | |

### 26. Bathroom facilities in existing house

| | | |
|---|---|---|
| Flush toilet | ☐ Yes | ☐ No |
| Bathtub | ☐ Yes | ☐ No |
| Sink / lavatory | ☐ Yes | ☐ No |

## E. LAND INFORMATION

27. Do you own the land on which you wish to renovate or build this home? ☐ Yes ☐ No

If no, can you provide proof that you can obtain land? ☐ Yes ☐ No

Name of the owner(s)

28. 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: ☐ Leasehold interest ☐ Use permit ☐ Indefinite assignment or joint ownership

If so, please explain

## F. GENERAL INFORMATION

30. Have you or anyone in your household ever received Housing Improvement Program assistance? ☐ Yes ☐ No

Amount received ($) | Year received | Location of the house

31. Do you own any other house not occupied by your family? ☐ Yes ☐ No

Where is the house located? | Who occupies it?

32. Do you live in a house built with Housing and Urban Development (HUD) funds? ☐ Yes ☐ No

33. Is the HUD project still under operation of an Indian Housing Authority? ☐ Yes ☐ No

34. Are you seeking down payment assistance? ☐ Yes ☐ No

If yes, have you applied with USDA Rural Development or another 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 an Indian Housing Authority? ☐ Yes ☐ No

Date of application

Tribal credit program? ☐ Yes ☐ No

Date of application

Other? ☐ Yes ☐ No

From whom? | Date of application

36. Does anyone in your family who is a permanent resident listed in Parts A and B of this application have a severe health problem, handicap or permanent disability? ☐ Yes ☐ No

Name of family member | Brief description of condition

*The Housing Department will advise you if you must provide a statement of condition (for example, a physician's certification or a Social Security or Veterans Affairs determination).*

## TRIBAL EMERGENCY HOUSING IMPROVEMENT PROGRAM ADDENDUM

16a. Describe the problem or emergency that you are trying to address. Please number your problems in order of priority for emergency assistance, assigning a separate number to each emergency.

*Example: 1) When plugging in an iron, a circuit blew. I checked the breaker, but the outlets in my bedroom still don't work. I saw a spark and am worried something serious may be wrong. 2) A section of my foundation is falling in. The floor joists have no support, and I am unable to keep the cold out of the cellar.*

16b. Explain how each problem or emergency noted above meets our definition of an emergency: 1) something of recent origin, 2) a condition that threatens the health and/or safety of the occupant, and 3) a situation where the homeowner has no resources to address the problem.

*Examples of an emergency include a failed furnace, an unsafe electrical condition or hazard, and the need for handicap access due to a recent handicap. Each problem listed in 16a must be discussed for each of the three criteria above.*

## G. APPLICANT CERTIFICATION

*Read this certification carefully before you sign and date your application.*

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 confidential information. No record will be shared with anyone or any agency unless requested in writing by the applicant, or unless an officer or employee of the housing program or another agency requires it in the performance of their duties.

Applicant's signature

Date

Spouse's signature (if appropriate)

Date

## OFFICE USE ONLY

Date application received

Time received

Received by (Housing staff signature)

## AUTHORIZATION FOR RELEASE OF INFORMATION

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Penobscot Nation Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, 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.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries 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 Activity

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.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Past and Present Employers
- Veterans Administration
- Courts and Post Offices
- State Unemployment Agencies
- Retirement Systems
- Schools and Colleges
- Social Security Administration
- Banks and other Financial Institutions
- Law Enforcement Agencies
- Medical and Child Care Providers
- Credit Providers and Credit Bureaus
- Support and Alimony Providers
- Dept. of Human Services
- Utility Companies

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. 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 that information. HUD 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 Personnel Management; the U.S. Postal Service; the Social Security Administration; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year and one month from the date signed.

### Signatures

| Head of Household – signature | Printed / typed name | Date |
|---|---|---|
| | | |

| Spouse – signature | Printed / typed name | Date |
|---|---|---|
| | | |

| Adult Member – signature | Printed / typed name | Date |
|---|---|---|
| | | |

| Adult Member – signature | Printed / typed name | Date |
|---|---|---|
| | | |

| Adult Member – signature | Printed / typed name | Date |
|---|---|---|
| | | |

***WARNING:*** *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.*