

# APPLICATION FOR

## PRIVATE HOME REHABILITATION PROGRAM

Your Name: \_\_\_\_\_

Street Address or P.O. Box #: \_\_\_\_\_

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

Phone # where you can be contacted: \_\_\_\_\_

Have you ever participated in a TDHE housing program?  Yes  No

When was the last time you lived in a Bad River Housing Authority unit? \_\_\_\_\_

Do you own your home?  Yes  No  
(Please provide copy of deed)

Do you have a mortgage  Yes  No  
(Provide copy of mortgage w/lien holder)

Do you own the land where your home is located?  Yes  No  
(If yes, please provide a legal description and proof of ownership)

Is the home to be rehabilitated on leased land?  Yes  No  
If yes, whom are you leasing from? \_\_\_\_\_ (Provide copy of the lease)

Do you own any other home or properties?  Yes  No (If yes, please provide proof)

### 1. Family Composition

A. Persons who live in your home:

Family Member Number	Name(s) of Your Family Members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

\*Social Security number is required for all family members who are 6 years of age or older

B. Are you/any family members enrolled members of the Bad River Tribe?  Yes  No

\_\_\_\_\_ Tribal Affiliation/Tribal I.D. Number

C. Are you or your spouse a person with a disability?  Yes  No

If yes, Please identify the person and their disability:

Head of Household: \_\_\_\_\_ Disability: \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Disability: \_\_\_\_\_

D. Are any other members of your family who will live in your home disabled?

Yes  No

If yes, which family members \_\_\_\_\_

**Family Income (for next 12 months)**

A. Income from employment: attach most recent tax return, 1099's, statements, etc.

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year
1.		\$		
2.		\$		
3.		\$		
4.		\$		

B. Other income from:

Source	Rate Per Month	Total Per Year
TANF/GA/Kinship Care/GA	\$	
Social Security (or SSDI)	\$	
Disability (short-term, long-term)	\$	
VA Benefits	\$	
Child Support/Alimony, etc.	\$	
Unemployment	\$	
Pensions/Annuity Payments	\$	
Rental Property	\$	
Child Care Provider Income	\$	
Per Capita Payments	\$	
Property or Real Estate Sale of a business, a building, a home, etc.	\$	
Own Business	\$	
Other* (i.e., Stocks, Bonds, Investment or other Payments)	\$	

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

C. Total family income (from all sources) for next 12 months

\$ \_\_\_\_\_

- D. Please attach copies of the most recent IRS 1040 forms (Income Tax Return), most recent pay stubs or award letters for ALL family members employed or receiving assistance.

**3. Present condition of the home to be rehabilitated:**

- a. Age of home? \_\_\_\_\_
- b. Type of Home: \_\_\_\_\_ (stick built, modular, pre-built, etc.)
- c. Size of Home: \_\_\_\_\_
- d. Describe the CURRENT CONDITION of the home to be rehabilitated?

- b. Prioritize and Describe the Rehabilitation needed? (Include Cost Estimate)

**4. Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the TDHE to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the TDHE if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Date TDHE received application: \_\_\_\_\_

Signature of TDHE employee receiving application: \_\_\_\_\_

**5. Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR GENERAL RELEASE OF INFORMATION**

I consent to allow HUD and/or the Bad River Housing Authority to contact and obtain information from various Tribal, Federal, State/local agencies, organizations, businesses, or individuals, for information to verify eligibility for HA programs:

- |                                  |                              |
|----------------------------------|------------------------------|
| Identity & Marital Status        | Employment                   |
| Income                           | Assets                       |
| Medical or Child Care Allowances | Residences & Rental Activity |
| Credit & Criminal Activity       |                              |

Release of information from groups may include:

- |   |                                      |
|---|--------------------------------------|
| Previous Landlords (Including Public & Indian Housing Agencies) |                                      |
| Courts & Post Offices   |                                      |
| Past & Present Employers  | Social Security Administration       |
| Medical & Child Care providers                                  | Veteran's Administration             |
| Utility Companies   | Support & Alimony Providers          |
| Welfare Agencies  | State Unemployment Agencies          |
| Retirement Systems  | Banks & Other Financial Institutions |
| Credit Providers & Credit Bureaus                               | Mortgage/Other Lending Agencies      |
| Federal & State Background Agencies                             |                                      |

This Consent form expires 15 months after signed.

**HEAD OF HOUSEHOLD:**

_____		_____	
Name (Please Print)		ADDRESS (City, State, Zip Code)	
_____		_____	
Applicant Signature	DATE	Social Security Number Date	

**Please List ALL other Family Members Over 18 with Social Security Numbers:**

_____	_____
_____	_____
_____	_____
_____	_____

**PRIVACY ACT NOTICE** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.