



Regional Housing Authority

**Bureau of Indian Affairs (BIA)
Housing Improvement Program (HIP)**

The BIA Housing Improvement Program is a home repair, renovation, replacement, and new housing grant program for American Indians and Alaska Native (AI/AN) individuals and families who have no immediate resource for standard housing and is administered by the Bureau of Indian Affairs (BIA) and federally recognized Indian Tribes.

To be eligible for BIA HIP assistance, you must meet the following requirements:

- ✓ Be tribal citizen of a federally recognized American Indian/Alaska Native nation;
- ✓ Reside in an approved tribal service area community that THRHA can serve (see list below);
- ✓ Have an income that does not exceed 150% of the U.S. Department of Health and Human Services (DHHS) Poverty Guidelines (see matrix below);
- ✓ Have present housing that is substandard, as defined by regulation;
- ✓ Have no other resource for housing assistance; and
- ✓ Have not acquired your present housing through a federally sponsored housing provider.

BIA HIP Communities

- Angoon
- Kasaan
- Petersburg
- Wrangell
- Juneau
- Klawock
- Saxman

** Interested in applying but your community is not listed above? Contact your local tribe or BIA Housing Office.*

2021 DHSS Poverty Guidelines for AK—published January 15, 2021

Persons in Family/ Household	Income Limit
1	\$24,135
2	\$32,655
3	\$41,175
4	\$49,695
5	\$58,215
6	\$66,735
7	\$75,255
8*	\$83,775

** For families/households with more than 8 persons, add \$5,680 for each additional person.*

Eligible Categories

- Category (A)
 - a. Provides up to \$7,500 in housing repairs for conditions that threaten the health and/or safety of the occupants.
- Category (B)
 - a. Provides up to \$60,000 in repairs and renovation to improve the condition of a homeowner's dwelling to meet applicable building code standards.
- Category (C)
 - a. Provides a modest new/replacement home if a homeowner's dwelling cannot be brought to applicable building code standards.
- Category (D)
 - a. Provides down payment assistance for individuals to use with Tribal housing programs and/or other participating lenders.

Application Period

THRHA accepts BIA HIP applications year-round and will submit complete applications to BIA near the end the calendar year for the next year's funding allocation.

- BIA HIP applications not funded can be carried over, or pooled, for up to three years.
- BIA HIP application must be updated every year to remain in the application pool.

Frequently Asked Questions

- *Can I apply if I am renting?*
 - No, you must own the home that you are applying to repaired.
- *Do I have to own my land to build a modest home?*
 - You may be eligible if you are the owner or leaseholder of land suitable for housing and the lease is for not less than 25 years at the time assistance is received.
- *Do I need a preapproval letter from the bank/USDA before applying for Category D?*
 - No, you can put "in progress" for bank financing when applying for down payment assistance.
- *What should I send to THRHA right away?*
 - BIA HIP Application—*attached*
 - Proof of federally-recognized Tribal citizenship
 - Proof of income for all household members—*earned & unearned*
 - Proof of homeownership—*only for Category A, B, & C applicants*
 - BIA HIP Authorization to Release Information—*attached*

THRHA Point of Contact

Client Services Navigator

(907) 780-6868 Office

(907) 780-6895 Fax

info@thrha.org

**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. Tribe: _____ Roll Number: _____
 Reservation/Rancheria: _____
6. Marital Status: ___ Married ___ Singled ___ Widowed ___ Other
 If you checked "Other", please explain. _____
7. Are you Homeless? ___ No ___ Yes 8. Are you or spouse a Veteran? ___ No ___ Yes

Information About Spouse. _____

9. Name: _____
 Last First MI Maiden Name (if any)
10. Date of Birth: _____
11. 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, Relationship to Applicant, and Tribe/Roll Number .

Name	Date of Birth	Relationship to Applicant	Tribe/Roll Number

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

Date of this application: _____

C. INCOME INFORMATION

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 Unearned Income	Source of Income

Total **annual** unearned 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.	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):
18.	Are you living in Overcrowded Conditions? ___ No ___ Yes
19.	Is the condition of the home in a dilapidated state? ___ No ___ Yes

Date of this application: _____

HOUSING INFORMATION, continued.

20.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.				
21.	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	<input type="checkbox"/> Other (Please describe):
22.	No. of Bedrooms ____ a Approximate Age of Home: _____				
23.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]		
24.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

E. LAND INFORMATION

25.	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): _____			
26.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other:
27.	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
28.	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: _____		
29.	Do you own any other house not occupied by your family? 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 (HUD) funds?		
31.	Is the HUD project still under operation of an Indian Housing Authority?		
32.	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.		
33.	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: _____		
34.	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: _____

[Print](#)

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.

I read and understand the PRIVACY ACT STATEMENT above.

Applicant's Signature: _____

Date: _____

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: _____

**BUREAU OF INDIAN AFFAIRS
HOUSING IMPROVEMENT PROGRAM (HIP)**

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release to Tlingit Haida Regional Housing Authority (THRHA)
for verification purposes, any and all information concerning the following:

Int Employment history dates, title, income, hours worked, etc.

Int Banking, savings, and IIM accounts of record.

Int General Assistance income.

Int Any other information requested as deemed necessary to verify our application.

Int

This information is for the CONFIDENTIAL use of _____
_____, in
evaluating your application for Housing Improvement Program (HIP) financial assistance.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature (s) of the undersigned) may be deemed to be equivalent of the original and may be used as a duplicate original.

FULL NAME: _____ PARENT/GUARDIAN _____
(SIGNATURE) (IF REQUIRED - SIGNATURE)

FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

SUBSCRIBED AND SWORN TO ME, THE UNDERSIGNED NOTARY PUBLIC

THIS _____ DAY OF _____, 20 ____ .

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

Please send information to:

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THRHA Tribal Services
5446 Jenkins Drive
Juneau, AK 99801
Fax. (907) 780-6895
Email. info@thrha.org
Phone. (907) 780-6868