

HOUSING APPLICATION
FOR HOUSING DISCRETIONARY FUNDING

NAME: _____ SOCIAL SECURITY NUMBER: _____

CENSUS NUMBER: _____ SPOUSE'S NAME: _____

PERMANENT ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

NAME OF ANY RELATIONS YOU HAVE WHO ARE EMPLOYED BY THE CHAPTER OR SERVE AS ELECTED OFFICIALS: _____

NAMES OF PERSONS LIVING IN THE HOUSEHOLD ON A PERMANENT BASIS: _____

INCOME INFORMATION OF ALL PERSONS OVER 16 YEARS OF AGE LIVING IN THE HOUSEHOLD BEGINNING WITH THE APPLICANT'S INCOME (ATTACH W-2 FORMS, WAGE STUBS, SOCIAL SECURITY STUBS, RETIREMENT STUBS, UNEMPLOYMENT STUBS, AWARD LETTERS, ETC.): _____

TOTAL ANNUAL INCOME: _____

LOCATION OF HOUSE TO BE REPAIRED, INCLUDING DIRECTIONS TO THE HOUSE: _____

IS ELECTRICITY AVAILABLE? _____ NAME OF UTILITY COMPANY: _____

SEWER SYSTEM: [] COMMUNITY LAGOON [] SEPTIC SYSTEM [] OUT HOUSE

FLUSH TOILET? [] Yes [] No BATHTUB OR SHOWER? [] YES [] NO

WATER SYSTEM? [] COMMUNITY WATER TANK [] PRIVATE WELL [] OTHER

NAME OF SEWER AND WATER UTILITY COMPANY: _____

NUMBER OF BEDROOMS: _____ SIZE OF HOUSE (IN FEET): _____

DO YOU OWN THE LAND ON WHICH YOU WISH TO RENOVATE OR BUILD? [] YES
[] NO, THE NAME OF THE OWNER IS: _____

THE LAND IS CURRENTLY: [] INDIVIDUAL TRUST [] TRIBAL TRUST
[] INDIVIDUALLY RESTRICTED [] TRIBAL RESTRICTED [] TRIBAL FEE SIMPLE
[] FEE PATENTED [] OTHER

THE LAND IS POSSESSED PURSUANT TO A: [] LEASEHOLD INTEREST [] USE PERMIT
[] INDEFINITE ASSIGNMENT OR JOINT OWNERSHIP AS DESCRIBED: _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED HOUSING DISCRETIONARY FUNDS
BEFORE? [] YES [] NO _____ (NAME) RECEIVED
HOUSING ASSISTANCE IN _____ (DATE) FOR CONSTRUCTION
OR IMPROVEMENT AT _____ (LOCATION).

HAS THE HOUSE FOR WHICH YOU ARE ASKING FOR CONSTRUCTION OR REPAIR FUNDING
EVER HAD CONSTRUCTION OR REPAIRS FUNDED BY HOUSING DISCRETIONARY FUNDS? []
NO [] YES _____ (NAME) RECEIVED HOUSING
ASSISTANCE IN _____ (DATE) IN THE AMOUNT OF \$ _____

DO YOU OWN ANY OTHER HOUSE? [] YES [] NO THE HOUSE IS LOCATED AT:
_____ AND OCCUPIED BY: _____

HAVE YOU APPLIED FOR ASSISTANCE FROM AN INDIAN HOUSING AUTHORITY, TRIBAL CREDIT
PROGRAM, OR PRIVATE LENDING INSTITUTION? [] YES [] NO, I APPLIED ON
_____ (DATE) AND WILL ATTACH PROOF OF DENIAL FROM THESE SOURCES TO THIS
APPLICATION.

DOES ANY MEMBER OF YOUR PERMANENT HOUSEHOLD HAVE A SEVERE HEALTH PROBLEM,
HANDICAP, OR PERMANENT DISABILITY? [] YES [] NO, _____
(NAME) HAS _____ (BRIEF DESCRIPTION) AND I WILL ATTACH
PROOF TO THIS APPLICATION DESCRIBING THE CONDITION.

I CERTIFY THAT ALL THE ANSWERS GIVEN ARE TRUE, COMPLETE AND CORRECT TO THE BEST
OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPOUSE (If applicable)

SCOPE OF WORK

1. Please list what materials will be needed for this project. _____

2. What type of work will be done for this project? _____

Note: Mexican Springs Chapter requires before and after pictures of housing work project.