

**INFRASTRUCTURE ASSISTANCE APPLICATION**

Powerline     House Wiring     Bathroom Addition     Other

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: \_\_\_\_\_

IS THE HOUSE WIRED? \_\_\_\_\_

WHEN WAS THE HOUSE WIRED? \_\_\_\_\_

IS THERE WATER? \_\_\_\_\_

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 INFRASTRUCTURE FUNDS BEFORE?  
 YES  NO \_\_\_\_\_ (NAME) RECEIVED HOUSING  
ASSISTANCE IN \_\_\_\_\_ (DATE) FOR CONSTRUCTION OR  
IMPROVEMENT AT \_\_\_\_\_ (LOCATION).

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.

THE INFRASTRUCTURE FUNDS DOES NOT ASSISTANCE WITH THE FULL QUOTE. FUNDING IS  
DEPENDENT ON AVAILABILITY OF FUNDS AND THE TYPE OF ASSISTANCE YOU ARE  
REQUESTING. PLEASE SIGN BELOW TO VERIFY THAT YOU UNDERSTAND THIS STATEMENT.

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)