



**Iowa Tribe of Kansas and Nebraska  
3345 Thrasher Rd  
White Cloud KS 66094**

**HOUSING IMPROVEMENT PROGRAM**

This one-time program is established to provide assistance for eligible Iowa Tribe of Kansas and Nebraska members for housing repairs and rehabilitation. The scope of work will be limited to rehabilitation to help with homeowner displacement. There are no income restrictions with this funding opportunity.

**Qualifications:** Applicants requesting assistance shall meet the following criteria:

1. Applicant and home must be within the service area: Brown County, Doniphan County in Kansas. Richardson County in Nebraska and Holt County Missouri. The homeowner, whose name appears on the contract or Purchase agreement, must be a member of the Iowa Tribe of Kansas and Nebraska. Applicants must own the land and the house in order to qualify.
2. Applicant's home/primary residence shall be the home listed on the application and located within the Iowa Tribe of Kansas and Nebraska's established service areas at the time of project funding allocation. If the primary residence is uninhabitable due to the repairs that are being requested, the application for assistance may still be considered if applicant is living in temporary housing.

**Required Documentation:** Complete the application Form 6407 and the Authorization to Release Information. The following information and documentation must accompany the application:

1. A copy of Tribal enrollment cards for all tribal members living in the home
2. A copy of a driver's license or state issued ID for the homeowner
3. Proof of earned and unearned INCOME for all permanent members of the household – examples of documentation; current 1040 tax return, W-2's, Check Stubs, Social Security, retirement benefits, unemployment, general assistance, also any IIM account, royalty, lease and other recorded monies.
4. Provide proof of ownership of the residence and/or LAND. Fee patent provides executed Warranty Deed and tribally owned land a copy of executed tribal assignment.
5. Proof of Homeowner's Insurance on the property
6. Proof of residency in the form of current utility bill for the residence in the name of the applicant and bearing the address of the residence. The address listed must be the same as the state issued ID.
7. Disability Claims, please provide a Doctor's statement or other documents verifying disability. (if claiming disability status)
8. Proof of Veterans status, provide a copy of Veterans Card, Discharge papers, etc. (if claiming veteran status)
9. A Floodplain map that includes the applicant's home

**Processing:** ITKN shall review all applications for completeness and eligibility. If it has been determined that the application is incomplete, the ITKN will notify the applicant and not accept the application until deemed complete.

Upon receipt of complete application, the ITKN will determine eligibility within fifteen (15) business days. Applicants determined to be eligible shall be notified in writing and placed on the waiting list. Should an applicant be determined to be ineligible he/she will be notified in writing with documentation as to the reasons for ineligibility. The applicant next on the list shall be notified through telephone contact that they have been selected, at which time ITKN staff shall set up a home visit to identify the necessary scope of work needed.

**Types of Assistance:** The ITKN HIP will provide up to \$7,500 in safety or sanitation repairs to the house in which you live.



**C. INCOME INFORMATION** \_\_\_\_\_

14. 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: \$ \_\_\_\_\_

15. 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: \$ \_\_\_\_\_

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ \_\_\_\_\_

**D. HOUSING INFORMATION** \_\_\_\_\_

17.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). <b>**DRAW MAP ON BACK OF THIS PAGE**</b>
18.	Provide a 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 _____ or rent _____ this house?
	If renting, is the owner Indian? ___ No ___ Yes
	If yes, provide name of owner(s):
20.	Are you living in Overcrowded Conditions? ___ No ___ Yes
21.	Is the condition of the home in a dilapidated state? ___ No ___ Yes

Date of this application: \_\_\_\_\_

**HOUSING INFORMATION, continued.**

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

**E. LAND INFORMATION**

27.	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): _____			
28.	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: _____
29.	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
30.	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: _____		
31.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____.		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	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.		
35.	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: _____		
36.	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: \_\_\_\_\_

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.

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 \_\_\_\_\_  
for verification purposes, any and all information concerning the following:

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

Banking, savings, and IIM accounts of record.

General Assistance income.

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

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: \_\_\_\_\_