

Applicant Name: _____

*****OFFICE USE ONLY*****

DO NOT WRITE IN THIS SPACE

Date Submitted: _____

Time Submitted: _____

Received by: _____



Yakama Nation Housing Authority Elder Minor Home Repair Program

Please make sure your application has all of the items listed in the boxed area complete before turning it into YNHA. Your application will not be processed without the following information and considered incomplete. ****Documents & Verification must be submitted****

_____ Name, mailing address/physical address and phone numbers

_____ Social Security #'s and Birthdates must be filled in on application (copies of s.s. cards for all listed on application will also be needed)

_____ Yakama Enrollment Verification (enrollment cards or CIB document from Enrollment office)

_____ Provide all income for 18 years of age and older or sign a Statement of Zero Income
Verification of income must also be provided. If you do not have proof of income for SS Benefits or SSI you can call 1-800-772-1213 to have a copy of your benefits mailed to you.

_____ Signatures

All 18 years and older need to sign their name on designated areas of the application, including the "Release of Information Form"

_____ Copy of Title Status Report (TSR), Documentation of Homeownership (Copy of Title or Mortgage)

_____ Documentation of needed repairs and estimate of costs

Preference Information and Verification: If you feel that you qualify to receive this one-time assistance, please provide documents. Please check all that apply.

_____ Elder 55 years of age or older

_____ Disabled Family-Documentation provided

_____ Enrolled Yakama Head of Household

_____ Low Income Family under HUD Requirements

Screening: Your application will go through a screening process to confirm eligibility according to HUD regulations. If any derogatory information is found, you will receive a "Disapproved Notice" in the mail.

_____ Total Household Income

_____ Previous Tenant History with Unpaid Debt

Please contact the Yakama Nation Housing Authority at 611 S. Camas Avenue, Wapato WA 98951 or call 509-877-6171 for questions or assistance with this application.

PLEASE PRINT IN BLACK OR BLUE INK ONLY

How many bedrooms does your home have: 1 2 3 4 5

Applicant:	Home Phone:
Mailing Address: City/State/Zip:	Cell Phone:
Physical Address: City/State/Zip:	Message Phone:
E-Mail Address:	Work Phone:

This form MUST BE COMPLETED IN FULL. You must use the correct LEGAL NAME for each of your household members as it appears on the Social Security Card. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN ALL DESIGNATED AREAS & SUBMIT ALL INCOME DOCUMENTATION. Social Security cards & Enrollment verification must be submitted for all in your household.

List all persons who will be occupying your home:

Head of Household	Date of Birth	Relationship to Head of Household	Tribal Affiliation & Enrollment Number	Social Security #	Place of Birth
Others:					

TOTAL HOUSEHOLD INCOME

MUST BE COMPLETED FOR ALL 18 YRS OF AGE & OLDER

IF EMPLOYED or SELF EMPLOYED, PLEASE COMPLETE THIS SECTION & SUBMIT VERIFICATION

Household Member	Occupation / Job Title	Employer	Pay Schedule (weekly, bi-weekly or monthly)	Hours Per Week	Hourly Rate	Tips or Commission

OTHER HOUSEHOLD INCOME *VERIFICATION MUST BE SUBMITTED

Income Source	Applicant	Spouse	Other Adult	Other Adult
Unemployment Benefits				
Labor & Industry Benefits				
Retirement/Pension Benefits				
Veteran's Benefits				
Social Security Benefits				
Social Security Income (SSI)				
Child Support or Alimony				
Lease Income				
TANF				
General Assistance				
Per Capita Payments				
Other Income				

Statement of No Income

If there are any adults 18 yrs of age or older that do not receive any type of income, he/she must sign this statement.

I _____ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature

Date

Social Security #

ASSETS

Answer the following questions:

	No	Yes	If yes, please explain (use additional of sheet if needed)
1. Do you or any household member own or have an interest in any real estate, boat and/or mobile home?			
2. Do you have a savings account? If yes, give bank name & bank account amounts.			
3. Do you own a car? License plate #:			Make / Model / Year
4. Do you own a second car? License plate #:			Make / Model /Year
5. Have you or any other adult members ever used any name(s) or social security number(s) other than the one you are currently using?			
6. Have you or any household member lived in any assisted housing?			Where & When?
7. Have you or anyone in your household ever been convicted of any crime other than traffic violations?			Where & When?
8. Have you or anyone in your household ever committed of fraud in any Federal or State Assisted Program or been requested to repay money for knowingly misrepresenting information for such programs?			Where & When?

HOMEOWNER MUST COMPLETE THIS SECTION

9. Do you have ownership of your own land? [] Yes [] No
Which of these does your land fall under? [] Trust [] Non-Trust [] Fee
Attach a copy of your TSR or your DEED of Land.
10. Did you inherit this land from another family member? [] Yes [] No
If yes, state your interest, or share amount entitled to you. _____
11. If needed, will you be able to obtain a gift deed, long-term lease, partitionment, etc., to acquire sole ownership of this land? [] Yes [] No
12. Town closest to location: _____
13. Do you have the Title, Bill of Sale, or Mortgage for proof of Homeownership? [] Yes [] No

****READ CAREFULLY, ALL ADULTS MUST SIGN THIS AREA****

All adults 18 years of age and older must read carefully & sign:

I do hereby swear and attest that all of the information given about me and my household is true and correct. I also understand that ***ALL CHANGES in the income of any household member as well as ANY CHANGES in the household members*** must be reported to the Housing Authority in writing immediately.

I also agree that I know that ***I am required to cooperate*** in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. ***I understand failure or refusal to do so may result in delay of assistance and/or disapproval of my application.***

I also understand that knowingly providing false, incomplete or inaccurate information is punishable under Federal, State, or Tribal criminal law. ***I understand that knowingly giving false, incomplete, or inaccurate information is grounds for immediate termination of my assistance from YNHA.***

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Authorization for the Release of Information

U.S Dept. of Housing & Urban Development
 Office of Housing
 Office of Public and Indian Housing

PHA requesting release of information: (Name, Address & Phone Number) YAKAMA NATION HOUSING AUTHORITY P.O. BOX 156 WAPATO, WA 98951 (509) 877-6171	This form can not be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for Copy of TAX Form.
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Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Provider of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuities
 - Schools and Colleges
 - U.S. Social Security Administration
 - U.S. Department of Veterans Affairs
 - Utility Companies
 - Welfare Agencies
 - Chemical Dependency Programs

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10 (C) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to

eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental Agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Signature, Printed Name of Head of Household	Signature, Printed Name of Other Adult Member of the Household
Signature, Printed Name of Other Adult Household Member	Signature, Printed Name of Other Adult Member of the Household

Original is retained by the requesting organization.

Form HUD 9886 (4/91) ref. Handbooks 4350.3, 7420.7, 7465.1

Yakama Nation Housing Authority Elder Minor Homeowner Repair Program

Use this page for documentation of the needed repair(s) to the dwelling and attach a copy of the cost estimate for the repair(s):

Yakama Nation Housing Elder Minor Home Repair Program Information Page

The YNHA Elder Minor Home Repair program was adopted by the YNHA Board of Commissioners to provide elders and individuals with disabilities with financial assistance to make their home safe, healthy, and accessible. **This is an once-in-a-lifetime grant per tribal member per home** that does not require repayment, provided there is compliance with the Grant Acceptance Agreement. The grant amount will not exceed \$10,000 per project. Funding may not be used to make changes to the dwelling for cosmetic purposes. This program applies to privately-owned homes of elderly enrolled members of the Yakama Nation.

Requirements for Eligibility:

Enrolled member of the Yakama Nation

Elder Person or a Disabled Family member (if requirements are met)

Low-Income Family- Annual Income does not exceed 80% of the Median Family Income

Applicant has not already received funding under the Elder Minor Home Repair Program

Must not have any unpaid debts to YNHA

Eligible Properties:

The property must be the primary and permanent residence of the applicant

Property must be located on or near the Yakama Reservation

Cannot be located in an area identified by FEMA as having a special flood hazard area

Demonstrate ownership interest in the property and living full-time in the home

May not be a rented house

Property & home must not be under YNHA management

Use of Funds:

Installation/repair of sanitary disposal systems and related plumbing and fixtures

Energy conservation such as insulation, weatherization, or other energy efficient measures

Repair/replacement of windows and doors

Repair/replacement of heating system

Minor electrical wiring

Repair/replacement of roof

Replacement of deteriorated siding where energy efficiency is a concern

Mobile/Manufactured Homes:

Home must not be older than 25 years old & must provide title verifying manufacture date

Applicant owns and occupies the home prior to filling out an application

Home is on a permanent foundation with skirting and anchoring tie-downs

Modifications may be made to make the home accessible and usable for a person with a disability

Disallowed Use of Funds

Will not assist in the construction of a new dwelling

Will not make repairs on a dwelling in such poor condition that after repairs the home continues to present a hazard to health & safety

Will not move a mobile/manufactured home from one site to another

Will not refinance any debt or obligation

Will not make cosmetic changes or changes for convenience include, but not limited to: painting, paneling, carpeting, closets/shelving, kitchen cabinets, air conditioning, and landscaping