



RED CLIFF CHIPPEWA HOUSING AUTHORITY

37645 New Housing Road Bayfield, WI 54814
(715) 779-3744 (715) 779-5044 Fax

BIA- Housing Improvement Program (HIP) **Accepting Applications until 12/3/2021**

Two (2) funding streams: *(note: BIA-HIP assistance is a once-in-a-lifetime benefit)*

- **ARPA BIA-HIP – No income limits; set funding allocation**
- **Regular BIA-HIP – 150% Poverty Income Guidelines**

To be eligible for HIP assistance, you must be a member of a federally recognized American Indian Tribe or be an Alaska Native; live in an approved tribal service area; have an income that does not exceed 150% of the [U.S. Department of Health and Human Services \(DHHS\) Poverty Guidelines\(link is external\)](#) - *this applies to the regular BIA-HIP program only*. Your present housing must be substandard, as defined by the regulations; you must have no other resource for housing assistance; and have not acquired your present housing through a federally sponsored housing program that includes such housing assistance. Complete application and submit with all items on checklist to Liz Boyd.

HIP Home Repair, Renovation, Replacement Categories

Category	Description of Eligible Services	Funding Cap
Category A Minor Repairs	Minor housing repairs that threaten health and/or safety. No payback agreement.	\$7,500
Category B Renovation	Renovations/Repairs to improve the condition of a homeowner's dwelling to building code standards. 10-year useful life payback agreement	\$60,000
Category C-1 Replacement	Modest replacement home if a homeowner's dwelling cannot be brought up to applicable building code. Old house has to be demo-ed. 20 year useful life payback agreement	
Category C-2 New Housing	Modest new home if you do not own a home. Lease must be for 25 years or more. 20-year useful life payback agreement	
Category D Down Payment Assistance	Provides assistance to those applying for financing from Tribal, Federal or other sources of credit; but have inadequate income or limited financial resources to meet the lenders requirements. 5 year useful life payback agreement.	\$20,000 or 15% of contract sales price; whichever is less

Program Contact: Liz Boyd, Homebuyer-Homeowner Program Mgr. – ext. 3518 or eboyd@redcliffhousing.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
	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 _____.			
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: _____

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: _____

CHECKLIST FOR HIP APPLICATIONS**Name:** _____**Category:** _____**Tribe:** _____**FY:** _____

HOUSING IMPROVEMENT PROGRAM (HIP) individual ELIGIBLE APPLICANTS ARE required to have the following documents on file with their application, per 25 CFR 256.13:

1. BIA form 6407, completed APPLICATION signed and dated by each applicant. _____
2. PRIVACY ACT STATEMENT form signed and dated by applicant. _____
3. Each applicant shall furnish (copy) documentation of the following:
 - a) Proof of Tribal Membership – examples of acceptable documentation; enrollment certificate, tribal membership card, and/or Certificate of Degree of Indian Blood (CDIB). _____
 - b) 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. _____
 - c) 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. _____
 - d) Disability Claims, please provide a Doctor's statement or other documents verifying disability. _____
 - e) Proof of Veterans status, provide a copy of Veterans Card, Discharge papers, etc. _____
 - f) Denial Letter, please provide a denial letter from your Housing Authority, Bank Loan Institution or Credit Union showing you have been denied housing or loan. _____
 - g) HIP CERTIFICATION form signed and dated, attesting to the effect that the applicant has never received any HIP funds. _____
 - h) NEPA Clearance, please provide status of home site on C.E. or E.A. _____

Map showing HOME SITE location, provided by Servicing Office. _____

SCOPE OF WORK (SOW), DRAWING, COST ESTIMATE, provided by Servicing Office. _____

GRANT AGREEMENT form signed and dated by each applicant, before construction Proceedings begin and/or at the start of direct grant agreement. _____

Ensure the home is not in a FLOOD ZONE area. _____

Servicing Office is responsible for preparing and awarding project bids, progress inspections, Final inspection, photo documentation before and after construction, maintaining clients file, Punch list items, construction costs, any change orders and grant close out. _____

REVIEWED BY: _____**DATE:** _____**BY:** _____**DATE:** _____**REASON:** _____