

TRIBAL HOUSING IMPROVEMENTS PROGRAM



Absentee Shawnee Tribe of Oklahoma
2025 S. Gordon Cooper Dr
Shawnee, OK 74801
Telephone (405) 214-4235----Fax (405) 878-4701

TRIBAL HOUSING IMPROVEMENTS APPLICATION

The Tribal Housing Improvement Program's goal is providing sanitary, safe, and decent housing for its members by utilizing the following criteria to select the most "in need" tribal members with homes that are in disrepair but are still suitable for rehabilitation. All applicants must meet the following criteria, which is approved by the Absentee Shawnee Tribe. Submit completed application to the above address.

DOCUMENTS NEEDED BEFORE APPLICATION WILL BE COMPLETED:

1. Copy of Absentee Shawnee Tribe enrollment card (CDIB)
2. Social Security Card
3. Provide copy of one of the following (occupant must be living in the home for at least one (1) year prior to the date of requesting assistance):
 - Owner (Copy of a filed stamped Warranty Deed)
 - Buying (Recorded Warranty Deed)
 - Lease (Official BIA Recorded AST Lease or a Signed Notarized Usage Agreement)
 - Other (Explain)
4. Income Verification (attach verification such as Tax Returns and most recent 2 paystubs)
5. Award letter for income such as Social Security, SSI, Disability, Unemployment Benefits, Workman's Comp, etc.

THIP list all applicants by a priority list:

- a. Handicapped/Disabled and Elderly
- b. Income
- c. Family Size/Overcrowded Living Conditions
- d. Condition of Home

All applications must be updated once a year

HOMES UNDER THE MANAGEMENT OF ANY HOUSING AUTHORITY AND HAVE NOT BEEN PAID OFF DO NOT QUALIFY FOR ASSISTANCE

- ✓ All questions in this application must be answered. If a question is not applicable, write "N/A".
- ✓ This application is subject to the Privacy Act of 1974, P.L. 93-579.
- ✓ Read the certification carefully before you sign and date the application. All signatures must be in ink.

Date Revised: January 16, 2008

Income Eligibility Calculator

Effective January 18, 2007

Use the chart below to determine your eligibility for the Tribal Housing Improvements Program. Household income is defined as the gross annual income of the householder(s) and other individuals over the age of 18 who occupy the dwelling on a permanent basis. All sources of household income such as salary, total wages, dividends, interest, royalties, annuities, pensions, VA compensation, alimony, child support, public assistance, disability payments, social security benefits, unemployment compensation, trust income, and income made from business or investments will be considered to determine eligibility for the THIP. To be eligible for Housing assistance you must meet the Low (80%) income limits.

CLEVELAND COUNTY Median Income: \$53,600								
INCOME LEVEL	HOUSE HOLD SIZE							
	1	2	3	4	5	6	7	8
80%	\$30,150	\$34,500	\$38,800	\$43,100	\$46,550	\$50,000	\$53,450	\$56,900
50%	\$18,850	\$21,550	\$24,250	\$26,950	\$29,100	\$31,250	\$33,400	\$35,550
30%	\$11,300	\$12,900	\$14,550	\$16,150	\$17,450	\$18,750	\$20,050	\$21,300
POTTAWATOMIE COUNTY Median Income: \$44,400								
80%	\$29,450	\$33,700	\$37,900	\$42,100	\$45,450	\$48,850	\$52,200	\$55,550
50%	\$18,400	\$20,100	\$23,650	\$26,300	\$28,400	\$30,500	\$32,600	\$34,700
30%	\$11,050	\$12,650	\$14,200	\$15,800	\$17,050	\$18,350	\$19,600	\$20,850
OKLAHOMA COUNTY Median Income: \$53,600								
80%	\$30,150	\$34,500	\$38,800	\$43,100	\$46,550	\$50,000	\$53,450	\$56,900
50%	\$18,850	\$21,550	\$24,250	\$26,950	\$29,100	\$31,250	\$33,400	\$35,550
30%	\$11,300	\$12,900	\$14,550	\$16,150	\$17,450	\$18,750	\$20,050	\$21,300

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SECTION A: APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Tribe: _____ Roll#: _____ SSN: _____

Phone #: () _____ Message #: () _____

Date of Birth: _____ Elder (Age 55 or older): []

Marital Status: [] Married [] Single [] Widowed [] Other _____

Spouse Name: _____ Tribe: _____ Roll #: _____

Name of all permanent residents of the household:

NAME	DOB	M/F	TRIBE	ROLL #

(Please use the back of the sheet if more room is needed)

Does anyone in your home have any of the following? (attach verification)

[] A severe health problem [] Handicap [] Permanently disabled

If yes, please provide the name and a brief description of the person's health problem:

SECTION B: HOUSING/SITE INFORMATION

Which of the following home ownerships pertains to you?

Own Buying Lease Other _____

Land Status: Tribal Trust Fee

Are you a participant in multiple ownership? Yes No

(If yes, provide names of all co-owners and attach co-owner list)

FIRST NAME	LAST NAME

Type of Home: (Check one)

- Brick Home
- Frame Home
- Manufactured Home
- Mobile Home
- New Home
- Like New Home
- Mutual Help Home
- Other (explain) _____

If your home is a Mutual Help Home, is the home paid off? Yes No

(Mutual Help homes not paid off are not eligible for assistance, until paid in full)

Number of Bedrooms _____ Approximate Square Feet _____ Approximate Age _____

Do you have homeowners insurance? Yes No

If yes, provide name of Insurance Agency _____

Is your home considered the primary residence? Yes No

If no, please explain: _____

SECTION C: INCOME

Income for Employment: List below all jobs held by you and every member of your family who live with you. Report your full salary—not take-home pay. **List the present job first.** (Attach Verification)

First Name	Employers Name and Address	Dates Employed	Rate of Pay (wk/mo./yr.)	Hours per Week	Total Income Past 12 months

Other Income:

First Name	Social Security	Supplemental Security Income (SSI)	Public Assistance (TANF)	Pension	VA payments	Other Disability Income
	\$	\$	\$	\$	\$	\$
	Per month	Per month	Per month	Per month	Per month	Per month
	\$	\$	\$	\$	\$	\$
	Per month	Per month	Per month	Per month	Per month	Per month
	\$	\$	\$	\$	\$	\$
	Per month	Per month	Per month	Per month	Per month	Per month
First Name	Unemployment Insurance	Workman’s Compensation	Child Support/ Alimony	Other Income Not Listed		
	\$	\$	\$	\$		
	Per month	Per month	Per month	Per month		
	\$	\$	\$	\$		
	Per month	Per month	Per month	Per month		
	\$	\$	\$	\$		
	Per month	Per month	Per month	Per month		

Total Income: _____

I, _____, hereby certify and attest that the information provided within the text of this intake is true and correct to the best of my knowledge and belief. I understand that falsification of any information given herein may subject me to legal liabilities and/or prohibit my eligibility for assistance through the Tribal Housing Improvements Program.

Applicant’s Signature: _____ **Date:** _____

SECTION D: HOUSING ASSISTANCE REQUESTED

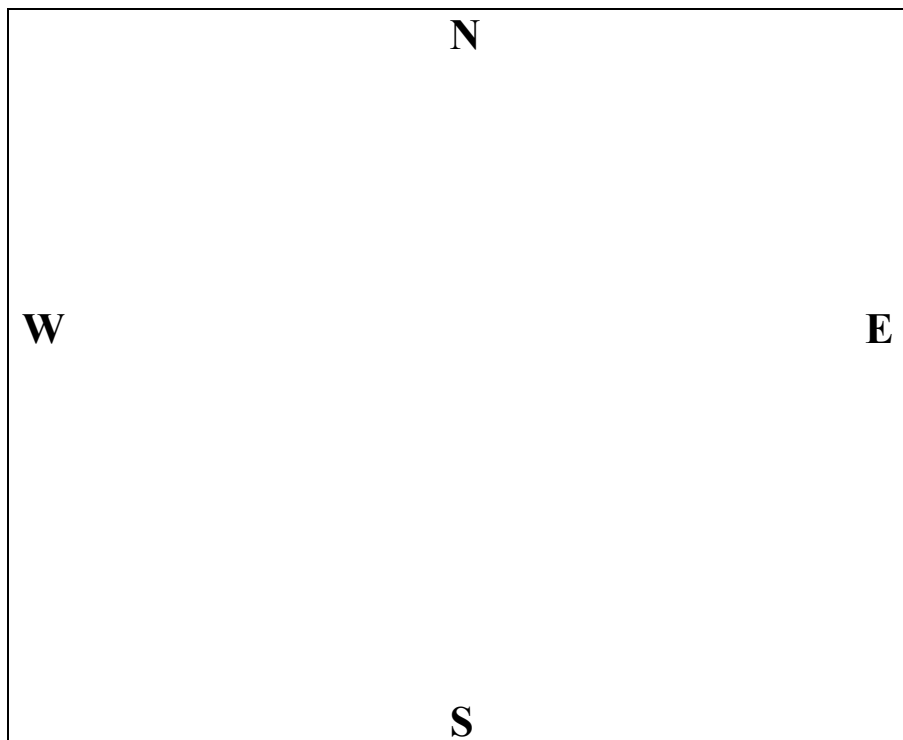
Provide a brief description of assistance you are requesting:

(The THIP Program does not provide assistance for simply cosmetic updates to home)

FINDING DIRECTIONS TO HOME

Finding Directions:

PLEASE DRAW MAP TO HOME



HOMEOWNERS RESPONSIBILITIES

The homeowner consents to obtain and provide copies of all easements necessary for construction, operation, and maintenance of required facilities to the Absentee Shawnee Tribe Housing Improvements Program prior to construction. The homeowner grants permission for the Tribal Housing Improvements Program and its representatives to enter upon across lands of the homeowner for the purpose of carrying out the project. The homeowner will assume responsibility for minor site clean up after the work is complete and equipment has been removed from the site. The homeowner will assume responsibility for the maintenance and repair of the installed facilities, so as to keep them in effective operating condition. _____ Initial

APPLICANT CERTIFICATION

I certify that I understand that I am fully responsible for the maintenance after rehabilitation which includes maintenance of any equipment that may be provided, as in HVAC/AC units installed by the Tribal Housing Improvements Program. _____ Initial

APPLICANT CERTIFICATION

I certify that I fully understand that the Tribal Housing Improvements Program is not an entitlement program and that I am not automatically entitled to receive housing assistance. I further understand that if I sell, convey, forfeit, or otherwise transfer ownership interest in the house within five (5) years following the date of completion of the rehabilitation of the home, the full amount of rehabilitation cost will convert to a loan and I will repay the full rehabilitation amount at the time of selling, conveyance, forfeiture or transfer of the ownership interest in the house

Applicant's Signature: _____ **Date:** _____

PRIVACY ACT STATEMENT

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals as to:

1. The authority (whether granted by statute, or by Executive Order of the President) which authorizes the solicitation of information and whether the disclosure of such information is mandatory or voluntary
2. The principle purpose for which the information is intended to be used
3. The routine uses which may be made of the information, as published pursuant to CFR 25 Chapter 1 Subchapter X, Part 265
4. The effects on him or her, if any, of not providing all or any part of the requested information.

The Absentee Shawnee Tribe operates the Office of Environmental Health and Engineering under the auspices of the P.L. 93-638, as amended by the P.L. 100-472, and the regulations contained in 25 CFR 256. In accordance with accountability required for the administration of funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required. The disclosure of such information of the part of the applicant is voluntary. Use of personal data will be available to authorized recipients of such data upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical information required of the Tribe. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining housing assistance under this program.

I have read the above statement and agree to provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant's Signature: _____ **Date:** _____