

BAH-KHO-JE HOUSING AUTHORITY

335588 E. 750 Rd., Perkins, Ok 74059
Phone: (405) 547-2402, FAX: (405) 547-4364
"Equal Opportunity Housing Authority"

HOME EMERGENCY REPAIR APPLICATION

APPLICATION INFORMATION

I. NAME: _____
Last First M.I. Maiden (if any)

2. Current Address: _____
Street Address PO, Box # (if any)

_____ City State Zip Code

3. Telephone Number: (____) _____

4. Date of Birth: _____ Email (Optional): _____

5. Tribe: _____ 6. Roll Number: _____

7. Marital Status: Married _____ Single _____ Widowed _____ Other _____

Information About Spouse:

8. Name: _____
Last First M.I. Maiden (if any)

9. Date of Birth: _____

10. Tribe: _____ II. Roll Number: _____

FAMILY INFORMATION

List all other persons living in household on a permanent basis, Start with the oldest and provide Name, Date of Birth, Social Security Number, Relationship to Applicant, and Tribe/Roll Number.

Name	Date of birth	Relationship to applicant	Tribe/Roll #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Earned Income	Source of Income
_____	_____	_____
_____	_____	_____
Total annual earned 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: _____

17. If repair assistance is needed, do you own _____, or rent _____, this house? _____

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 knowledge 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 use 100 I. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the Housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

(If appropriate)

CONFLICT OF INTEREST

In accordance to 24 CFR 1000.30, no persons who participates in the decision-making process or who gains inside information with regards to NAHASDA assisted activities may obtain a personal or financial interest or benefit from such activities. Such persons include anyone with an interest in any contract, subcontract or agreement or proceeds there under, either for themselves or others with whom they have business or immediate family ties. Immediate families are determined by the Iowa Tribe of Oklahoma or Bah-Kho-Je Housing Authority in its operating policies.

Are you related to any employee of the Iowa Tribe of Oklahoma? _____

If yes, describe the employee(s) position and relationship to you? _____

The answers stated above are true to the best of my knowledge; any false information will result in my application being disqualified due to dishonesty.

Signature: _____

Date: _____

Emergency Repair Needed

Please give a brief description of the problems emergency repair needed for your home

Doors [] _____

Windows [] _____

Electrical [] _____

Water Heater [] _____

Plumbing [] _____

Sewer Line [] _____

Water Line [] _____

Heat/AC System [] _____

Other (list) [] _____