

107 NORTH KIMBERLY
P.O. Box 425
SHAWNEE, OKLAHOMA 74802-0425



HOME REHAB ASSISTANCE PROGRAM

YOU MUST PROVIDE THE FOLLOWING COPIES WITH YOUR APPLICATION:

- Tribal Enrollment Card and/or CDIB (for all Native American household members)
- Social Security Cards (all household members)
- Birth Certificate (all household members)
- Proof of ownership/Deed
- Any Additional Information Request from ASHA (if, applicable)

ATTENTION! OUR OFFICE WILL ONLY ACCEPT COMPLETE APPLICATIONS. INCOMPLETE APPLICATIONS WILL BE RETURNED OR FILED INACTIVE.

PHONE: 405.273.1050

FAX 405.275-0678

WWW.ASHOUSINGAUTHORITY.COM



APPLICATION FOR HOME REHAB ASSISTANCE

First Name:	MI:	Last Name:
Tribe Roll#		
Street Address:		
City:	State:	Zip:
Home Phone#	Work Phone#	
Message Phone#		
Are you age 55 or older and/or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMPLETE THE INCOME SECTION ONLY IF YOU ARE CURRENTLY A HOMEBUYER PARTICIPANT WITH ABSENTEE SHAWNEE HOUSING AUTHORITY

Income Status:

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name:	
Address:	Phone#
Do receive other forms of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list here:	

Part A. FAMILY COMPOSITION

List all person(s) living in the household on a permanent basis.

	Name	Relationship	Date of Birth	Social Security#
1.		Applicant		
2.				
3.				
4.				
5.				
6.				
7.				
8.				



OPTIONAL INFORMATION:

Does anyone in the household, who is a permanent resident listed on this application, have a severe health problem, handicap or permanent disability? Yes No

if yes, provide name of person(s) _____ and attach doctor's statement.

Have you ever participated in a tribal housing program? Yes No

If yes please list: _____

Part B. REHAB ASSISTANCE REQUESTED

THIS ASSISTANCE CANNOT REMODEL, RENOVATE OR MODERNIZE FOR HOME IMPROVEMENTS, THE PROGRAM IS STRICTLY TO RESTORE A SUBSTANDARD HOME TO A DECENT, SAFE AND SANITARY CONDTION OR REMOVE BARRIERS AND/OR REMEDIATE SAFETY HAZARDS

Please check all that apply:

<input type="checkbox"/> Plumbing	<input type="checkbox"/> Heating & Air	<input type="checkbox"/> Roof
<input type="checkbox"/> Electrical	<input type="checkbox"/> Windows	<input type="checkbox"/> Foundation
<input type="checkbox"/> Handicap Access	<input type="checkbox"/> Storm Shelter	
<input type="checkbox"/> Other. List additional repairs below.		

Have you ever received assistance through Absentee Shawnee Housing Authority?

Yes No If yes, when? _____

Is there an existing mortgage on your home? Yes No

Is the land restricted or trust land? Yes No

Is this a Mutual Help Home? Yes No

How long have you lived in the home? _____

In what year was the house constructed (estimate the date, if unknown): _____

Detailed directions: _____

Work Assessment

An initial inspection will be conducted by the Field Service Office to determine the level of repairs and priority needs for the home rehab program.

A pre-meeting will be conducted before any work is performed on your home. You will be given a list of the repairs the Housing Authority is eligible to perform during the meeting. The scope of work is prepared by ASHA and cannot be modified once it is finalized and approved by the Executive Director. NOTE: The home assessment performed does not guarantee eligibility for the home rehab program.



Part C. RELEASE OF INFORMATION, PUBLIC DISCLOSURE, RELEASE OF INFORMATION

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the ASHA to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the ASHA if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

PUBLIC DISCLOSURE STATEMENT

Section 1000.30 and 1000.32 of the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996, mandates that a public disclosure regarding conflicts of interest must be made for selected applicants who have immediate family ties (mother, father, husband, wife, daughter, son, brother, sister, mother-in-law, father-in-law, daughter-in-law, son-in-law) to any employee of the ASHA, BOC member or elected Tribal Official.

To ensure that all applicants are treated fairly, a public disclosure will be done before you are permitted to participate in the program.

Do you have an immediate family tie to any of the above-mentioned individuals?

Yes No

If, yes please list their names and their relationship to you.

I/We certify that the information given is true and correct to the best of my knowledge. I/We understand that making any false statements is punishable under federal law. I/We understand that furnishing false statements or information is grounds for denial or termination of the Home Rehab Assistance Program.

Signature Date

Signature Date

ASHA OFFICIAL CERTIFICATION

ASHA Staff Member:

Signature: _____ Date: _____



I/We fully understand that, although the maximum individual grant amount under this Program is **\$15,000.00**, I/We are not automatically entitled to receive that amount and will not receive that amount if a smaller grant will address the needs identified in this application and verified upon inspection by the ASHA.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

If I/We sell the house within five (5) years following the date of completion of repairs, the grant will be voided, and I/We will repay the full amount of the grant at the time of settlement to the ASHA.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

I/We understand that the ASHA shall not be liable for any damage to person or property caused by any action, omission or negligence of the ASHA or any of its employees or agents. Further, I/We agree to hold the ASHA harmless from any claim, obligation, liability, loss, damage or expense, including without limitation attorney's fees and court costs, arising from implementation of the Program.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

Privacy Act Statement

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under HUD and BIA-assisted programs. Additional disclosures of the information may be to a HUD or BIA employee in the conduct of a program review or audit, or to a federal law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.