NEZ PERCE TRIBAL HOUSING AUTHORITY
REHAB APPLICATION

Dear Applicant,

Enclosed is the Nez Perce Tribal Housing Authority's application for all of our Rehab Programs. All applicants must be enrolled Nez Perce Tribal Members who own their home. Please include the following with your complete & signed application:

–Copy of Tribal ID for the applicant & Co-applicant

-Copy of Social Security Cards for all household members

-Copy of ownership documentation (TSR, Bill of Sale, etc.)

-Copy of household income (check stubs, benefit letters, etc.)

If you need assistance completing your application, contact the Lapwai or Kamiah NPTHA Office. The NPTHA Senior Rehab and ICDBG Home Repair Programs are restricted to Low Income Families. ICDBG recipients are required to take the Home Owner's Maintenance Class prior to receiving assistance.

PO Box 188
Lapwai ID 83540
(208)843-2229 Lapwai
(208)935-2144 Kamiah

Nez Perce Tribal Housing Authority

P.O. Box 188
Lapwai, ID 83540

Lapwai (208)843-2229 Fax:(208)843-2973 Toll Free 1-888-334-5167
Kamiah (208)935-2144 Fax: (208)935-2845

NPTHA REHAB APPLICATION

Applicant:_____ **Co-Applicant:**_____

Mailing Address:_____ **City:** _____ **State:** ____ **Zip:** _____

Physical Address:_____ **City:** _____ **State:** ____ **Zip:** _____

Phone #:_____ **Message #:**_____

Contact Person:_____ **Phone #:**_____

***Directions to Home*:**

_____

_____

HOUSEHOLD INFORMATION

List names of applicant and all household members.

Name *First, Middle Initial, Last*	Relationship to Applicant	M/F	Social Security Number	Tribe #	Disabled Y or N	DOB
	Applicant					

DESCRIPTION OF REPAIR NEEDS: (include any handicap accessibility needs and energy efficient upgrades)

_____

_____

_____

_____

_____

_____

PROPERTY INFORMATION

1	Is this your Primary Residence?	❒ YES	❒ NO
2	Will you continue to occupy this home for at least 5 years?	❒ YES	❒ NO
3	Do you own any other homes?	❒ YES	❒ NO
4	Have you been assisted in the past 3 years by NPTHA Sr. Rehab or Elder home repair?	❒ YES	❒ NO
	If yes, when? _____		
	What repairs were completed? _____	❒ YES	❒ NO
	Do you owe any amount to NPTHA?		
5	What type of home? ❒ stick built wood frame ❒ manufactured ❒ single wide trailer		
6	What year was your home built? _____		
7	Utility Company Name: ❒ Clearwater Power Company ❒ AVISTA ❒ Idaho Power		
	What is your primary heat source? _____		
	Do you have a wood stove?	❒ Yes	❒ NO
8	Has your home been weatherized by Community Action?	❒ Yes	❒ NO
	If yes, what repairs were completed? _____		
9	Do you have Homeowner's insurance?	❒ Yes	❒ NO
	Do you have flood insurance?	❒ Yes	❒ NO

INCOME INFORMATION

Household member	Source of Income	Monthly Amount	Annual Amount

Total Household Income:

SIGNATURE CLAUSE

I understand that NPTHA is relying on this information to prove my eligibility for the Rehab Program Application. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have NPTHA staff verify the information contained in this application for purposes of proving my eligibility for assistance. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my request for assistance must be fully documented prior to NPTHA rendering a decision pertaining to my application.

All Applicants (18 & over) must sign below:

_____ _____

Applicant Date

_____ _____

Co-Applicant Date

A COMPLETE application will include the following:

- ☐ Copy of Tribal ID
- ☐ Copy of Social Security Card
- ☐ Copy of Ownership Documentation
- ☐ Copy of Household Income

OFFICE USE ONLY

❒ **Senior Rehab** ❒ **Elder Home Repair**

❒ **ICDBG** ❒ **Elder Home Repair (HC Ramp & Emergency)**

NPTHA Verification of home location on Flood Plan Maps:

❒ **In Flood Plain** ❒ **Not in Flood Plain** **Signature** _____ **Date**_____

Date Maintenance Class completed: _____

Nez Perce Tribal Housing Authority
P.O. Box 188
Lapwai, ID 83540
(208) 843-2229 Fax (208) 843-2973

Employment Income Verification

Employers Name: _____ Phone #: _____

Address: _____ Fax #: _____

_____ _____

The Applicant/Tenant named below has applied for occupancy in one of our homes or is a current tenant. Due to the requirements of our various funding sources, we must verify all income and assets for this person and their household to determine eligibility. Please complete the following information and return it as soon as possible to the NPTHA Office via mail or fax.

NPTHA Representative: _____ Date: _____

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____ Social Security #: _____

I hereby authorize the release of the following information in order to determine my eligibility for occupancy in a unit managed by the Nez Perce Tribal Housing Authority. Please complete this form in full and return to the NPTHA at your earliest convenience.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please do not leave any sections blank; enter zero "0" or N/A.

Employee Name: _____ Job Title _____

Presently Employed: ☐ Yes Date first employed: _____ ☐ No Last Date of Employment: _____

Currently Wages/Salary : $ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

Average # of regular hours per week: _____ Year-to-date earnings: $ _____ from _____ (mm-dd-yy) through _____ (mm-dd-yy)

Overtime Rate: $ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: $ _____ per hour Average # of differential hours per week: _____

Commissions, bonuses, tips, other: $ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

_____

_____ _____ _____

Employer's Signature Employer's Printed Name Date

General Income Verification

Source's Mailing Address:		**Phone #:**	( )
		Fax #:	( )
Requestor:		**Date:**	

The applicant named above has applied for housing assistance to be provided through the Nez Perce Tribal Housing Authority Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible to the NPTHA Office.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement:

Applicant/Tenant Name:		**Date:**	

I hereby authorize the release of the following information in order to determine my eligibility for the Nez Perce Tribal Housing Program. Please complete this form in full and return it to the NPTHA at your earliest convenience.

Signature:		**Social Security #:**	

Check the type(s) of income received, the GROSS amount CURRENTLY receiving and date began receiving benefit:

	Income Type	Amount	Frequency	Date First Started
❑	**Earned Wages**	$		
❑	**General Assistance**	$		
❑	**Unemployment**	$		
❑	**Veteran's Benefit, Retirement Pay or Annuity**	$		
❑	**Disability/SSI**	$		
❑	**TANF**	$		
❑	**Income from Real Estate/Lease**	$		
❑	**Child Support, Alimony, Etc.**	$		
❑	**Per Capita**	$		
❑	**Income from Real Estate/Lease:**	$		
❑	**Other:**	$		
	(Please list type)			

Signature of Source:

Date Completed Form:		**Phone #:**	

NPTCP Use Only:

Comments: