



# 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 of our programs give first preference to Nez Perce Tribal member Home Owners. We do have limited Avista funds that can assist other Indian Families with energy construction repairs. We have a variety of Programs with a variety of eligibility. Your application will be processed and placed on a waiting list for each program that you are eligible. 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.

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

# NPTHA REHAB APPLICATION

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Message #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Directions to Home:**

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## HOUSEHOLD INFORMATION

List names of applicant and all household members.

Name <i>First, Middle Initial, Last</i>	Relationship to Applicant	Social Security Number	Tribe #	Disabled Y or N	DOB
	Applicant				

## Home Repairs Needed to Prevent Displacement OR Risks Health & Safety

Please list *prioritized* repairs needed for your home, reason for repairs, and your best estimated costs of these repairs

	Repairs needed:	Reason for repairs:	Estimated Costs:
Example	Need electrical repairs	Fire hazard, lights Flicker	\$7,000
1.			
2.			
3.			
4.			
5.			
6.			
7.			

### PROPERTY INFORMATION

1	Is this your Primary Residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Will you continue to occupy this home for at least 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Do you own any other homes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you been assisted in the past 3 years by NPTHA Home Repair? If yes, when? _____ What repairs were completed? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Do you owe any amount to NPTHA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	What type of home? <input type="checkbox"/> stick built wood frame <input type="checkbox"/> manufactured <input type="checkbox"/> single wide trailer		
7	What year was your home built? _____		
8	How many bedrooms? _____      How many bathrooms? _____		
9	Utility Company Name: <input type="checkbox"/> Clearwater Power Company <input type="checkbox"/> AVISTA <input type="checkbox"/> Idaho Power What is your primary heat source? <input type="checkbox"/> wood stove <input type="checkbox"/> baseboard <input type="checkbox"/> central furnace Do you have a wood stove? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
10	Has your home been weatherized by Community Action? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, what repairs were completed? _____		
11	Do you have Homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> NO Do you have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> NO		

### SUPPLEMENTAL INFORMATION

	New	Good	Needs Repair	Urgent	Describe
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kitchen Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathroom Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steps/ Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handicap Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heating/ Cooling System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weatherization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utility Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**INCOME INFORMATION**

Household member	Source of Income	Monthly Amount	Annual Amount
<b>Total Household Income:</b>			

**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.

_____	_____
Applicant	Date
_____	_____
Co-Applicant	Date

A COMPLETE application will include the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Tribal ID            | <input type="checkbox"/> Copy of Ownership Documentation |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Copy of Household Income        |
| <input type="checkbox"/> Copy Current Utility Bills   |  |

**OFFICE USE ONLY**

- |  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Senior Rehab          | <input type="checkbox"/> IDA    | <input type="checkbox"/> HIP      |
| <input type="checkbox"/> ICDBG                 | <input type="checkbox"/> Avista | <input type="checkbox"/> IHBG-ARP |
| <input type="checkbox"/> Refer HAF Application |                                 |                                   |

NPTHA Verification of home location on Flood Plan Maps Attached  Yes  NO

Date Maintenance Class completed: \_\_\_\_\_

- |                                    |                                  |   |
|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> 80 % MNMI | <input type="checkbox"/> 80 %AMI | <input type="checkbox"/> Above Income Guide |
|------------------------------------|----------------------------------|---|