



Chilkoot Indian Association

Federally Recognized Tribe

P.O. Box 490 Haines, Alaska 99827 907.766.2323



HOUSING REPAIR/ASSISTANCE APPLICATION

This application is for the Repair/Assistance Program. Each applicant must meet certain eligibility requirements:

Applicant must provide Certificate of Degree of Indian Blood or a copy of a Tribal Enrollment Card.

IMPORTANT

Please utilize this checklist to ensure that your application is completed correctly and know that omission of these documents will unnecessarily delay your application submission.

Applicant, check this column to certify the document is enclosed

Check by Housing Department, when received

- | | | |
|---|--------------------------|--------------------------|
| 1. A signed copy of this Application
ALL Applicants (mandatory) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Promissory Note for Trailers in trailer courts OR
Deed of Trust Agreement (mandatory) Notarized | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Release and Agreement Not to Sue
ALL Applicants (mandatory) Notarized | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. A copy of a Warranty Deed or a Quit Claim Deed to your House or a copy of the Title to your Trailer. (mandatory) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. A copy of your certificate of Indian Blood, or a copy of your tribal enrollment card.
ALL Applicants (mandatory) | <input type="checkbox"/> | <input type="checkbox"/> |

For office use only:

Received by: _____

Applicable Grant: _____

HOUSING REPAIR ASSISTANCE APPLICATION

All questions in this application must be answered. Read instruction before completing this form. This application is subject to the Privacy Act of 1974, Public Law 93-579. Read the Certification carefully before you sign and date your application. (Sign in ink).

A. APPLICATION INFORMATION:

Name: _____			
Last	First	Middle	
Current Address: _____			
Email Address: _____		Phone: _____	
Date of Birth: _____		SSN#: _____	
Tribal Enrollment #: _____			
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed <input type="checkbox"/> Other
<i>If you checked Other, please explain below:</i>			

Spouse's Name: _____			
Last	First	Middle	
Date of Birth: _____		9. SSN#: _____	

B. FAMILY INFORMATION:

List all other persons living in household on a permanent basis starting with the eldest

Name	Date of Birth	Relationship to applicant	Tribal Roll Number (s)

If you need more space, use a blank sheet of paper.

C. EARNED INCOME:

Start with applicant then list all permanent family members who are list under part B and have earned income.

Name	Annual Income	Source
Total Annual Earned Income:		

D. HOUSING INFORMATION:

Do you own the house to be repaired Yes No

Location of the house to be repaired or purchased. (Give accurate directions to this house).

Provide brief description of housing repair for which you are applying:

ADDITIONAL INFORMATION:

Number of Bedrooms: _____ Size of house-Length: _____ Width: _____ Square feet: _____

Plumbing fixtures: Flush Toilet Yes No Kitchen Sink Yes No

Is electricity available? Yes No Name of Power Company: _____

Sewer System: City Septic Tank Chemical Toilet

Water Source: City Private Well Community Tank Other

E. LAND INFORMATION:

Do you own the land on which you wish to renovate or build this home? Yes No

If no, provide name of owner/owners: _____

What status is the land now listed in?

Individual Trust Tribal Trust Individually Restricted (*Allotment*)

Tribal Restricted Tribal Fee Simple Fee Patented Other

If other, please describe: _____

If you do not own the land, do you have: A 25 year leasehold interest Use Permit

Indefinite assignment of joint ownership If other please explain: _____

Mandatory Requirement: Include copies of warranty deed or Quit Claim. For Trailers, include copy of Title

F. GENERAL INFORMATION:

Do you own any other house that you do not live in? Yes No

If your answer is yes, explain where the house is located and why you do not use it.

Is this a rental Unit? Yes No

If a rental unit, you must provide verification of the following:

- 1). Letter from Landlord Authorizing repairs.
- 2). Income and Certificate of Degree of Indian Blood of the Landlord.

Does anyone in your family, who is a permanent resident listed under Parts A and B of this application have a severe health problem, handicap or permanent disability?

Yes No If Yes, provide name and brief description of such, with certified documentation.

G. APPLICANT'S CERTIFICATION:

Please note: *Housing rehabilitation participants are responsible for all general and routine maintenance of the property.* The Chilkoot Indian Association Rehabilitation Policies prevent expenditure of funding on maintenance activities, the Housing Committee reserves the right to make exceptions on a case by case basis.

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Anyone who knowingly makes false or fraudulent statements in this application is subject to the penalties provided by law (U.S. Code, Title 18, Section 1001).

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both. June 25, 1948, c 645, 62 Stat. 749.

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

Spouse's Signature: _____ **Date:** _____
(If applicable)

PLEASE RETURN COMPLETED FORMS TO CHILKOOT INDIAN ASSOCIATION EITHER BY MAIL OR DEPOSIT IN THE BOX ON THE PORCH AT THE CIA OFFICE

**CHILKOOT INDIAN ASSOCIATION
REPAIR PROGRAM
RELEASE AND AGREEMENT NOT TO SUE**

I/we, _____, hereby accept residence repair services offered by the Chilkoot Indian Association (CIA), under the Repair Program. The repairs will be made to my/our property known as: _____

Street address ("the Property")

Definition of CIA: As used herein, "CIA" means not only Chilkoot Indian Association but also its Tribal Council, employees, and agents.

Assumption of risk of loss: On my/our own behalf and on behalf of all owners of any interest in the Property and my/our heirs and assigns, I/we acknowledge that I/we am/are voluntarily participating in the Repair Program and agree to assume any risk of loss associated with the repairs, unless the loss is the result of CIA's gross negligence or recklessness.

Release and agreement not to sue: I/we hereby release, discharge and agree not to sue CIA for any injury to any person or damage or loss of value to any property, real or personal, arising from or in connection with CIA's residence repair service to the Property, from whatever cause, except CIA's gross negligence or recklessness.

I/WE HAVE CAREFULLY READ THIS RELEASE AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I/WE AM/ARE AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY/OUR OWN FREE WILL.

RESIDENCE OWNER(S):

SIGNATURE

DATE

SIGNATURE

DATE