



Northern Ponca Housing Authority

1501 Michigan Avenue · Norfolk, NE 68701

402-379-8224 · 800-367-2320

FAX: 402-379-8557



The Home Ownership Home Improvement Assistance (HOHIA) program is provided by the Northern Ponca Housing Authority (NPHA), a designated entity by the Ponca Tribe of Nebraska and funded by the US Department of Housing and Urban Development (HUD). HOHIA provides home improvement grants to eligible low-income, enrolled Native Americans living in the 15 service areas (Nebraska: Boyd, Burt, Douglas, Hall, Holt, Knox, Lancaster, Madison, Platte, Sarpy, Stanton, and Wayne counties; Iowa: Pottawattamie and Woodbury counties; and South Dakota: Charles Mix county).

A HOHIA application and support documentation must be submitted to the NPHA office for certification. To ensure that your application is processed without delays make certain the application is completed in full and all of the following required documentation is provided when returning the application:

- ❖ Privacy Act Notice Release (enclosed): sign and return.
- ❖ Authorization to Release Information (enclosed): sign and return
- ❖ Copy of proof of enrollment (Tribal ID or enrollment card).
- ❖ Copy of last 30 days pay stubs.
- ❖ Copy of most recent tax return.
- ❖ Copy of Proof of Ownership (Warranty Deed).
- ❖ Copy of last 3 months child support statement, if applicable.
- ❖ Copy of Social Security Administration statement, if applicable.

It is the responsibility of the applicant to submit all necessary information for the certification process. Once NPHA staff has received your application completed in full and all of the necessary supporting documentation, your application will be reviewed and verified for eligibility. Once your application has been certified as eligible, you will be placed on the waiting list and ranked at the next award review. Being on the waiting list does not mean you have been awarded the funds, but that you are eligible at the next award review period.

At the award review all eligible applications on the waiting list will be reviewed and ranked according to current policy. Dependent on available funding and other factors, awards will be made based on current policy. If you are not granted an award, you will remain on the waiting list until the next award review.

The applicant must keep their files current, therefore, if you have changes in your family composition, income or other information notify the NPHA as soon as possible to update your file. You will also be required to update your file prior to each award review.

If you are selected for an award, you will sign a conditional grant agreement which states that if sell your house within 5 years of receiving the HOHIA award, you will repay the award.

Your home will be inspected and NPHA staff will work with you to develop a scope of work to bid out to contractors. The award can only be used to pay for NPHA approved work done by NPHA approved contractors. Once the award work has been completed, a subordinate mortgage (lien) will remain on your home for 5 years. Once the 5 years have been reached, NPHA will release the subordinate mortgage.

The HOHIA policy is enclosed for your review. If you have any questions or concerns please contact me at 402-379-8224 or 800-367-2320.

Thank you for your interest!

Beverly Wright
Home Ownership Home Improvement Assistance (HOHIA) Program

CC: File

Enc: HOHIA Policy, HOHIA Application, Privacy Act Notice Release, & Release of Information Form

**NORTHERN PONCA HOUSING AUTHORITY
HOME OWNERSHIP HOME IMPROVEMENT ASSISTANCE APPLICATION**

- All questions in this application must be answered. Read instructions before completing this form
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

Application Date: _____

A. Application Information

1. Name: _____
Last First MI Maiden Name (if any)

2. Current Address: _____
Street Address P.O. Box # (if any)

City State Zip Code

3. Telephone Number: _____

4. Date of Birth: _____

5. Social Security Number: _____

6. Tribe: _____

7. Enrollment Number: _____

Reservation/Rancheria: _____

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

If you checked "Other", please explain. _____

Information About Spouse:

9. Name: _____
Last First MI Maiden Name (if any)

10. Date of Birth: _____

11. Social Security Number: _____

12. Tribe: _____ **Enrollment Number:** _____

B. Family Information

List all other persons living in household on a permanent basis. Start with the oldest and provide Social Security Numbers for those over age 18.

Name	Date of Birth	Social Security Number	Relationship to Applicant	Tribe/Roll Number

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

C. Income Information

13. Earned Income: Start with applicant, then list all permanent family members at least 18 years old who are listed under Part B and have earned income. Provide signed copy of SF_1040 (Income tax return, W-2 forms, pay stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

14. Unearned Income: Start with applicant, then list all permanent family members at least 18 years old who are listed under Part 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 Unearned Income	Source of Income

Total annual unearned income: \$ _____

15. Total combined annual household income (earned + unearned): \$ _____

D. Housing Information

16. Do you own your home? _____ Yes _____ No

17. How many liens (mortgages) against your property? _____

18. Was your house constructed before 1978? _____ Yes _____ No

19. Has your house been tested for lead based paint? _____ Yes _____ No

Explain: _____

20. Location of the house to be repaired renovated or constructed. (Provide address and service area.

21. Provide brief description of the problems you are experiencing with your home or the type of housing assistance for which you are applying.

22. To your knowledge, has home improvement assistance ever been provided for this home or have you ever received home improvement assistance?

23. Is electricity available? _____ No _____ Yes If yes please provide the name of the electric company.

24. Type of Sewer system: _____ City Sewer _____ Septic Tank
_____ Chemical Toilet _____ Outhouse

25. Water Source: _____ City Water _____ Private Well
_____ Community Water Tank

26. Number of Bedrooms: _____

27. House Size: _____ (Square Feet) Length _____ ft/in Width _____ ft/in

28. Bathroom facilities in existing house:

Facility	Yes	No
Flush toilet		
Bathtub		
Sink/lavatory		

E. Land Information

29. Do you own the land on which you wish to renovate or build this home?

_____ Yes _____ No

If no, provide the owner(s) name: _____

30. What is the current status of the land?

_____ Native/Restricted _____ Individual trust land
_____ Fee _____ Tribal trust land
_____ Individual restricted _____ Tribal Fee
_____ Tribally restricted _____ Public Domain
_____ Other

31. If you do not own the land do you have any of the following:

_____ Leasehold interest? _____ Use permit?
_____ Indefinite assignment or joint ownership?

If so please explain: _____

F. General Information

32. Have you or anyone in your household ever received Housing Improvement Program Assistance? _____ Yes _____ No

33. Do you own any other house not occupied by your family?

_____ Yes _____ No

If yes, state where the house is located and who occupies the home:

34. Do you live in a Mutual Help House building with Housing and Urban Development (HUD) funds? _____ Yes _____ No

35. Is the HUD project still under operation of an Indian Housing Authority?

_____ Yes _____ No

36. If you are requesting assistance for a new housing unit or purchase of an existing standard unit, have you applied for assistance from any of the following:

Indian Housing Authority _____ Yes _____ No
Date of application _____
Tribal Credit Program: _____ Yes _____ No
Date of application _____
Private Lending Institution: _____ Yes _____ No
Date of application _____

37. If yes please provide written proof of denial from these sources or any other sources not listed.

38. 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 the name _____ and a brief description of condition with certified documentation from doctor, Department of Veterans Affairs, others.

G. Applicant Certification

(Read this certification carefully before you sign and date your application.)

I certify that all of 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 made 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 U.S.C. 1001.

Applicants Signature: _____ Date: _____

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



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RELEASE OF INFORMATION AUTHORIZATION

I/We authorize the above named agency to obtain information about me or my household that is pertinent to eligibility for participation in assisted housing programs.

This may include rental history, financial and credit reports, private or public benefit information, criminal activity reports, employment verification, medical or child care expenses, family composition, or handicapped assistance expenses.

I/ We agree this Authorization may be photocopied and used up to one year from the date above for the following items: recertification for public housing or rental assistance programs.

If I/we do not sign this Authorization, I/we also understand that my/our program assistance may be denied or terminated.

(Note: Each member of your household who is 18 years of age or older must sign this release form.)

HEAD OF HOUSEHOLD

SOCIAL SECURITY NUMBER

DATE

CO-HEAD OF HOUSEHOLD

SOCIAL SECURITY NUMBER

DATE

OTHER ADULT MEMBER OVER 18

SOCIAL SECURITY NUMBER

DATE

OTHER ADULT MEMBER OVER 18

SOCIAL SECURITY NUMBER

DATE

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.