

HOPI TRIBAL HOUSING AUTHORITY

PUBLIC ANNOUNCEMENT

EMERGENCY HOME REPAIR ASSISTANCE FOR HOPI TRIBAL MEMBERS



HTHA will assist qualified families with Emergency Home Repair Assistance to private homeowners whose homes were damaged due to inclement weather conditions (such as from flooding, microbursts, windstorms, hailstorm, heavy rainstorms, and tornados) within approved budget amounts.

An individual or family must meet the following eligibility criteria to be eligible for Emergency Home Repair Assistance from the HTHA. Following requirements:

1. Applicant must submit the application for the Emergency Home Repair Assistance Program.
2. Be the Head of Household and enrolled member of the Hopi Tribe.
 - a. Provide Hopi Enrollment Membership Card and Social Security Card.
3. Reside within the Navajo and Coconino County (Hopi Reservation) Service as identified in the HTHA's Indian Housing Plan.
4. Be the owner of the home provide a notarized Proof of Ownership. (Applicant must have 2 witnesses sign the Proof of Ownership, incomplete document will not be accepted.)
5. Not reside in a Mobile Home manufactured before 2010.
6. The HTHA shall determine the eligibility of each applicant. Participation in the program is limited to eligible low-income families defined as those families that are at or below 80% of the current local median income level as established by the United States Housing and Urban Development's (HUD) most recent median income guidelines. **Income must be obtained from all household members ages 18 years of age or older.**
 - a. Provide two (2) recent check stubs or
 - b. Self-Employment Statement / Unemployment Statement or
 - c. Copy of 2022 Award letter for Social Security Income, Pension, and/or Annuity.
 - d. Any type of income received by household members.
7. HTHA will be responsible for all stages of procuring materials.

To obtain an application contact the HTHA at 928-737-2800 and submit application to HTHA P.O. Box 906, Polacca, AZ 86042, or at the Administration Office or drop box (located at main entrance). For more information or questions please contact HTHA at 928-737-2800 or Thana Leslie at 928-737-2802, 928-221-7069 or email tleslie@htha.org.

HOPI TRIBAL HOUSING AUTHORITY

P.O. BOX 906 POLACCA, ARIZONA 86042 FAX: (928) 737-9270 PH: (928) 737-2800

APPLICATION FOR EMERGENCY HOME REPAIR ASSISTANCE



Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Village Affiliation: _____

Telephone# where you can be contacted: _____

Alternate phone number: _____

Email Address: _____

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

If yes – what program: _____

1. **Family Composition**

A. Persons who live in your home including yourself. THIS SECTION MUST BE COMPLETED.

Family Member Number	Name(s) of Your Family members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*	Hopi Enrollment #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

*Social Security number is required for all family members who are 18 years of age or older.

Are you an enrolled member of the Hopi Tribe? Yes No

Are you or your spouse a person with a disability? Yes No

Are any other members of your family who will live in your home persons with disabilities?
Yes // No //

If yes, which family members _____

2. **Estimated Family Income (for next 12 months)**

A. Income from employment

Family Member Number	Employer Name(s), Address and Phone Number	Estimated Income Per Month	Total Income Per Year
1.			
2.			
3.			
4.			

B. Other Income

Source	Rate Per Month	Total Per Year
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Own Business	\$	
Other*	\$	

*Other sources of income include alimony, relief, service allotments, assistance from relatives, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

C. Total Family income for next 12 months \$ _____

D. Please attach copies of the most recent IRS 1040 forms and most recent pay stubs for all applicable members of the family.

3. **Present housing condition and rehabilitation needs**

A. Do you own the home? ____ Yes ____ No

B. If you do not own the home, who is the homeowner? _____

C. What is the physical address of the home (Include a map or drawing)?

E. What year was this home built in? _____

F. Date of damage(s)? _____

What are the damages that occurred?

4. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the HTHA 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 HTHA if there is any change in my household composition such as address/phone numbers.

Signature

Date



FOR OFFICE USE ONLY:

Date application received by the HTHA _____

Signature of HTHA employee receiving application: _____

DISPOSITION:

Eligible:

Ineligible (State Reason)

Signature/Date of Resident Services Specialist

APPROVED _____ DISAPPROVED _____

Signature: _____

HTHA EMERGENCY HOME REPAIR PROGRAM
PROOF OF OWNERSHIP

Date:

Hopi Tribal Housing Authority
HTHA Emergency Home Repair Program
P.O. Box 906
Polacca, AZ 86042

I, _____, acknowledge the said home located
(name)
_____ of _____ belongs to me.
(Direction) (Village)

I, _____, do hereby authorize the Hopi Tribal Housing Authority to make
(Name)
any renovations, and/or additions.

Applicant's Signature

Signature of Witness

Signature of Witness

.....
State of _____

County of _____

Subscribed and sworn to and before me on this _____ day of _____,

20____ by _____.

Notary Public

My Commission Expires: