Section 1: Cover Page

(1) Grant Number: 55IH0402180
(2) Recipient Program Year: 1/1/2026 - 12/31/2026
(3) Federal Fiscal Year: 2026
(4) ☐ Initial Plan (Complete this Section then proceed to Section 2)
(5) ■ Amended Plan (Complete this Section and Section 8 if applicable)
(6) ☐ Annual Performance Report (Complete items 27-30 and proceed to Section 3)
(7) ☐ Tribe
(8) ■ TDHE
(9) Name of Recipient: Hopi Tribal Housing Authority
(10) Contact Person: Kimberly Kahe Corkin
(11) Telephone Number with Area Code (999) 999-9999: 928-737-2800
(12) Mailing Address: PO Box 906
(13) City: Polacca
(14) State: AZ
(15) Zip Code (99999 or 99999-9999): 86042-0906
(16) Fax Number with Area Code (999) 999-9999: 928-737-9270
(17) Email Address ekalemsa@htha.org
(18) If TDHE, List Tribes Below:
■ Hopi Tribe
(19) Tax Identification Number: 860223702
(20) UEI Number: G7TLDG1NN564
(21) CCR/SAM Expiration Date (MM/DD/YYYY): 01/10/2026
(22) IHBG Fiscal Year Formula Amount: $15,074,646
(23) Name of Authorized IHP Submitter: Elfina Kalemsa
(24) Title of Authorized IHP Submitter: COO
(25) Signature of Authorized IHP Submitter:
(26) IHP Submission Date (MM/DD/YYYY): 04/24/2026
(27) Name of Authorized APR Submitter:
(28) Title of Authorized APR Submitter:
(29) Signature of Authorized APR Submitter: Elfina Kalemsa
(30) APR Submission Date (MM/DD/YYYY):

Certification: The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed $10,000 for each violation.

Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

(1) Type of Need: Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

	Check All That Apply	
(A) Type of Need	**(B) Low-Income Indian Families**	**(C) All Indian Families**
(1) Overcrowded Households	X	
(2) Renters Who Wish to Become Owners	X	
(3) Substandard Units Needing Rehabilitation	X	
(4) Homeless Households	X	
(5) Households Needing Affordable Rental Units	X	
(6) College Student Housing	X	
(7) Disabled Households Needing Accessibility	X	
(8) Units Needing Energy Efficiency Upgrades	X	
(9) Infrastructure to Support Housing	X	
(10) Other (specify below)	X	

(2) Other Needs. (Describe the "Other" needs below. Note: this text is optional for all needs except "Other."):
None

(3) Planned Program Benefits. (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs *NAHASDA § 102(b)(2)(B)):*
The Indian Housing Plan is developed to address housing shortage in the Hopi Services area with the construction of Rental and Homeownership Units. Rehabilitating private homes to safe, decent, and sanitary conditions, assist families with Rental Mortgage Buy Down Assistance

(4) Geographic Distribution. Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. *NAHASDA § 102(b)(2)(B)(i)):*
Navajo County: all housing programs will be available to low-income families in this county and Program 2026-02 for over income of two (2) families. Coconino County-All housing programs will be available to low-income families residing within the Village of Moenkopi which is in this county. In all other areas of County, the HTHA will assist low-income Veteran Hopi families with HUD

VASH. Rental and Mortgage Buy Down Assistance. Apache and Maricopa counties the HTHA will assist low-income Veteran Hopi families with HUD VASH. Rental and Mortgage Buy Down Assistance. HUD VASH assistance only in Yavapai County to low-income Hopi Veteran families.

Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than $2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at https://www.hud.gov/sites/documents/DOC_8814.PDF.

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTCfunded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

Eligible Activity May Include (citations below all reference sections in NAHASDA)

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

IHP: PLANNED PROGRAM YEAR ACTIVITIES(NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

APR: REPORTING ON PROGRAM YEAR PROGRESS

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year. (NAHASDA § 404(b))

1.1. Program Name and Unique Identifier: 2026-01:Operation of NAHASDA Units

1.2. Program Description*(This should be the description of the planned program.)*:

HTHA assists NAHASDA (84) Homeownership program unit and ninety-six (96) rentals with management maintenance inspection, warranty follow up work, routine maintenance on rental units, providing counseling when needed, collect payments, oversee equity accounts, ensure compliance with housing policies are followed.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(6) Assist affordable housing for low income households

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

HTHA will assist households with income at or below 80% of US Median Income living in NAHASDA Rental and Homeownership programs.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Families will assist with tracking of rental and home buyer payments, tracking of equity accounts, compliance with home ownership occupancy, grievance and collection policy, training or counseling in compliance with the home ownership agreement, and routine maintenance of rental units. Homebuyer aye at 15 and Rentals are calculated at 30%. Maintenance Technicians will provide Technical Assistance to Homebuyer units with establishment of homeownership annual work plans development from annual inspections.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 178	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-02:Operation of NAHASDA Units-Over Income 80-100%

1.2. Program Description*(This should be the description of the planned program.)*:

Assist the families under the NAHASDA home ownership program with management and maintenance inspection, and warranty work, extra-ordinary maintenance on their home. Address other occupancy issues as needed, provide counseling for financial literacy and maintenance on homebuyer's home. Track homebuyer payments and tracking of equity accounts.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome*(Only if you selected "Other" above):*

Assist affordable housing for over income (80-100%) home ownership households.

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Families with income between 80-100% of Median Income.HTHA will use 10% of the IHBG amount planned for the tribal program year for families who are 80-100% of the median income.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Families will be assisted with tracking of home buyer payments, tracking of equity accounts, compliance with home ownership occupancy, grievance, collection policy, training or counseling in compliance with the home ownership agreement and routine maintenance. . Homebuyer payments are calculated at 15% per policy. Non low-income families will not receive the same benefits provided to the low income Indian families per 1000-110.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-03:Operation of 1937 Housing Units

1.2. Program Description*(This should be the description of the planned program.)*:

Operation of 1937 Housing Units, including administrative costs of inspecting, re-certification process, routine and non routine maintenance is provided as required.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(2) Operation of 1937 Act Housing [202(1)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(6) Assist affordable housing for low income households

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

The HTHA will assist households with income at or below 80% of US Median Income, living in CAS LR and Mutual Help units.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Assist qualified households of affordable housing assistance, housing application intake, move-in, housing inspection re-certification, and maintenance is provided for the rental units. Rentals are calculated at 30%.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 33	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-04:Modernization of 1937 Housing Units

1.2. Program Description*(This should be the description of the planned program.)*:

Modernization dwelling units constructed under the 1937 Housing Act, with assistance on mechanical system, electricity and lighting, structural system, upgrade of building materials to ensure safe and energy efficient units, update homes for accessibility for handicap and elderly clients.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(1) Modernization of 1937 Act Housing [202(1)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(3) Improve quality of substandard units

Describe Other Intended Outcome*(Only if you selected "Other" above)*:

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above)*:

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

The HTHA will assist households with income at or below 80% of US Median Income.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Based on annual housing inspections and work orders, the families will be assisted in upgrade of homes to ensure the homes are safe and energy efficient. Modernization will be performed on 33 rental units and at no cost if we should do mods on their homes.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 33	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-05:Crime Prevention

1.2. Program Description*(This should be the description of the planned program.)*:

Community based program will provide physical security improvements, safety equipment, security personnel and provide computer services for internet to help with school, employment, public communication to lessen crime protect tenants in affordable housing Establishment of MOA with Hopi Tribe Small Animal Control department, to assist with animal control.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(21) Crime Prevention and Safety [202(5)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(11) Reduction in crime reports

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

The HTHA will assist households with income at or below 80% of US Median Income

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Provide physical improvements to enhance security (ie. Fences, speed bumps, monitors, locks, additional lighting), employ security personnel, shelter and equipment for security personnel for affordable housing units in the CAS/Low Rent and NAHASDA rentals. At no cost to residents.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-06:Mortgage Buy Down

1.2. Program Description*(This should be the description of the planned program.)*:

This program enables families who are low-income families that meet eligibility criteria to finance a home or manufactured home to be used as the primary place of residence. The family must meet all the lender's requirements associated with obtaining a mortgage or loan approval documents with assistance that can range from $5,000 to $25,000.00

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(13) Down Payment/Closing Cost Assistance [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(2) Assist renters to become homeowners

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

HTHA will assist households with income at or below 80% of US Median Income

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Provide down payment assistance in accordance with the policy set on a tier to establish a cost of assistance provided to the purchase of a home. Most homes have liens as they work with realtor/lender. Grant is forgiven over time, applicant must provide insurance on the home for the useful life period per policy. Grant amount ranges from $5,000 - $25,000 dependent on purchase price of home. Allocation amount paid directly to 3rd party on applicants behalf. If homes don't have a lien they are outright going to purchase the home. Although we haven't provided assistance to a client who outright purchased to date.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-07:Tenant Based Rental Assistance

1.2. Program Description*(This should be the description of the planned program.)*:

Management and assistance of Tenant Based Rental Assistance for eligible participants with a private landlord's acceptance to terms of contract for one-year. Program can be used up to four (4) years.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(17) Tenant Based Rental Assistance [202(3)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(6) Assist affordable housing for low income households

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

HTHA will assist households with incomes at or below 80% of US Median Income

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Assistance will be provided to families that qualify for rental assistance at 30% of adjusted income and does not include assistance for utilities or deposits. Service areas include Navajo, Coconino, Maricopa Apache counties. Contracts will be signed between landlord and HTHA and paid directly to landlord on client's behalf. Dollar amount will vary based on monthly rental charge but will not exceed county's FMR per bedroom size. Assistance can be provided to families up to 4 years that qualify for rental assistance based on eligibility.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 21	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-08:VASH - Veteran Affairs Supporting Housing

1.2. Program Description*(This should be the description of the planned program.)*:

To serve eligible veteran clients with Tenant Based Rental Assistance vouchers to private landlord with VA referral and case management through a one-year contract fifteen (15) vouchers granted.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(17) Tenant Based Rental Assistance [202(3)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(5) Address homelessness

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

HTHA will assist Veteran households with income at or below 80% of US Median Income.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Rental Assistance for veterans. Resident will not pay more than 30% of monthly adjusted income.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-09:BIA-HIP Supplement Replacement

1.2. Program Description*(This should be the description of the planned program.)*:

Assist with up to 2, Replacement costs to privately owned homes who were approved under the BIA Home Improvement Program (HIP). Homeowners must provide proof of insurance to be satisfied per useful life period.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(12) Acquisition of Homebuyer Units [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(3) Improve quality of substandard units

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Low income native families 80% or less who applied for assistance under the BIA home program.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Replacement of up to 2 homes for LMI families at no cost to resident.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-10:Home Rehabilitation Program

1.2. Program Description*(This should be the description of the planned program.)*:

Rehabilitation of eligible privately owned housing units with a cap of $125,000.00 allocation for labor and materials.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(3) Improve quality of substandard units

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

The HTHA will assist households with income at or below 80% of US Median Income.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Provide moderate rehabilitation including roof reconstruction, wall reconstruction on traditional homes, installation of flooring, installation of plumbing, kitchen and bathroom, upgrading of windows and providing physical accessibility for disabled persons. Relocation assistance will be provided. Assistance is not limited to traditional homes. At no cost to resident.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 8	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-11:Winslow 40 Rental Housing Rehabilitation and Home Improvement

1.2. Program Description*(This should be the description of the planned program.)*:

Site civil engineering construction of foundation repairs, interior, exterior work and exterior site draining, channeling. Includes street lighting, fencing and landscaping. 40-unit subdivision with only five (5) units will be rehabilitated.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(5) Rehabilitation of Rental Housing [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(4) Improve quality of existing infrastructure

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Assist households with income at or below 80% of US Median Income living in NAHASDA rental units.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Improvement for existing rental housing and rehabilitation. Units will be rehabilitated to address cracks and foundation settlement issues within framing, drywall and flooring. Also includes site grading for proper drainage away from the buildings and provide for new concrete spillways to divert run-offs as part of the exterior work.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 5	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-12:Winslow 40 Rental Units Infrastructure & Streets

1.2. Program Description*(This should be the description of the planned program.)*:

Improvements additions to roads and streets, , water line upgrade to rental units. Ongoing from FY 2025.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(24) Infrastructure to Support Housing [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(4) Improve quality of existing infrastructure

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Assist households with income at or below 80% of Median Income. All Families are LMI. HTHA will be leveraging funds for completion with Abandoned Mine Lands funds.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Improve existing infrastructure (roads, community water/sewer lines etc.) For all LMI families.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-13:First Mesa Youth Center Operation

1.2. Program Description*(This should be the description of the planned program.)*:

To provide utility services and assist with operation and maintenance while building is getting rehabilitated.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(18) Other Housing Services [202(3)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome*(Only if you selected "Other" above):*

Pay for maintenance and operation costs on the building while under construction.

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

HTHA will assist households with income at or below 80% of US Median Income.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

The building will be closed while rehabilitation work is completed.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-14:Kykotsmovi Multi Purpose Building - Rebuild/Construction

1.2. Program Description*(This should be the description of the planned program.)*:

New construction of the multi-purpose building to be used for affordable housing activities. Ongoing from 2025.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(22) Model Activities [202(6)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome*(Only if you selected "Other" above):*

Provide a new community, youth and elderly center for low-income families that reside in the Village of Kykotsmovi located in Third Mesa.

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

HTHA will assist household with income at or below 80% of US median income.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Assist the Village Kykotsmovi in Third Mesa for a place to carry out activities to benefit low income household residents.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-15:HTHA Administration Remodel Project

1.2. Program Description*(This should be the description of the planned program.)*:

Re-stabilization and rehabilitation to Administration Buildings. Ongoing from 2025.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(22) Model Activities [202(6)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome*(Only if you selected "Other" above):*

For rehabilitation of existing Administration Buildings to bring up to standard with minor retrofits.

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

For the health and safety of LMI families that come to the office for HTHA Service and the HTHA staff working in the office.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

HTHA will assist the community members, households with income at or below 80% of US Median Income.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-16:Winslow Inn Public Rental New Construction

1.2. Program Description*(This should be the description of the planned program.)*:

Construction of sixteen (16) new rental apartments and administration office in the City of Winslow.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(4) Construction of Rental Housing [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(7) Create new affordable rental units

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

HTHA will assist households with income at or below 80% or below U.S. Median Income

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Low Income Rental Housing for eligible families rents not to exceed 30% of monthly adjusted income. Homes will be constructed accordingly to 2024 TDC.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 16	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-17:First Mesa Youth Center Rehabilitation

1.2. Program Description*(This should be the description of the planned program.)*:

Minor Rehabilitation of Youth Center to include leveling, electrical, plumbing, drywall, taping, and painting. Includes repair of exterior fencing and site grade. Model activities that have been approved previously by ONAP, including those listed below, will be reviewed, and approved at the Area ONAP level. Notice PIH 2024-08pihn: 2024-08pihn. pdf No. 2013-09(R).

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(22) Model Activities [202(6)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(4) Improve quality of existing infrastructure

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Low Income households

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Low income households and LMI families.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-18:Homeownership Roof Rehabilitation Project

1.2. Program Description*(This should be the description of the planned program.)*:

To replace damaged roofs located across the Hopi reservation. These units are managed by HTHA.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(3) Improve quality of substandard units

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

(9) LMI families assistance made available to families whose incomes are below 80% LMI.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

LMI and low-income Native American households. The maximum amount to serve an eligible family for this roof repair is $19,500.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 9	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-19:Acquisition of Duplex Units

1.2. Program Description*(This should be the description of the planned program.)*:

Acquire (2) Duplex Units located in Winslow, AZ.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(3) Acquisition of Rental Housing [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(6) Assist affordable housing for low income households

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Qualified LMI Native American families.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Rental Housing Program for qualified LMI families at no cost.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 4	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-20:New Construction of Manufactured Units

1.2. Program Description*(This should be the description of the planned program.)*:

Purchase of (3) Manufactured Units to assist qualified LMI Native American families.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(11) New Construction of Homebuyer Units [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(6) Assist affordable housing for low income households

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Qualified LMI and low-income Native American families.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Replacement of dilapidated home with new manufactured home. Purchased units will not exceed the current TDC limits identified for the Hopi Tribe based on bedroom size.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 3	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-21:Acquisition of Relocation Units

1.2. Program Description*(This should be the description of the planned program.)*:

Acquisition of (2) units for relocation of families to be used during rehabilitation of their existing unit.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(18) Other Housing Services [202(3)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome*(Only if you selected "Other" above):*

To minimize displacement of LMI families during rehabilitation of their existing unit.

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Qualified LMI Native American families.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Relocation Unit for qualified LMI Native American families at no cost.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 2	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-22:Tawaovi Turquoise Wells Homes

1.2. Program Description*(This should be the description of the planned program.)*:

New Homeownership Housing Construction located in Turquoise Wells Site

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(11) New Construction of Homebuyer Units [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(1) Reduce over-crowding

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Qualified LMI Native American Homeownership Units.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

LMI Native American families will be constructed within current TDC limits based on bedroom size.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 6	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-23:Tuuvi Village

1.2. Program Description*(This should be the description of the planned program.)*:

New Construction of (6) Fourplex Buildings - Rental Units located at Moenkopi, AZ.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(4) Construction of Rental Housing [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(7) Create new affordable rental units

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Qualified LMI Native American families.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

New Construction of Rental units for LMI Native American families will be constructed within current TDC limits based on bedroom size.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 24	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-24:Low Income-Housing Tax Credit (LIHTC) #2 Project (20 units)

1.2. Program Description*(This should be the description of the planned program.)*:

As part of the community revitalization efforts, the HTHA is also committed to investing in non-housing infrastructure, amenities, and services as demonstrated in recent investments and community services on the Hopi Reservation. Further, the tribe continually invests in workforce development, wellness services, and social services for tribal members. Acritical component of the community revitalization plan is the development of affordable housing. HTHA proposes the development of its second Low- Income Housing Tax Credit (LIHTC) project. HTHA will construct approximately twenty rental units on the Hopi reservation. The development of this project would directly contribute to the IHP's stated goals of reducing overcrowded housing, assisting homeless households, creating housing for households needing affordable units and investing in infrastructure to support housing. The geographically defined community revitalization area is the Hopi reservation.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(4) Construction of Rental Housing [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(7) Create new affordable rental units

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Qualified Low Income Native American families.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Assistance to Low-income Native American families will be constructed within current TDC limits based on bedroom size.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 20	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-25:Home Roof Rehabilitation Program

1.2. Program Description*(This should be the description of the planned program.)*:

Rehabilitation of roofs for eligible privately owned housing units for labor and materials to close out carryover 2025 program activity.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(3) Improve quality of substandard units

Describe Other Intended Outcome*(Only if you selected "Other" above):*

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

The HTHA will assist households with income at or below 80% of US Median Income, not to exceed 30% of their monthly adjusted income.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Provide moderate rehabilitation including roof reconstruction, Assistance is not limited to traditional homes. At no cost to resident.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

1.1. Program Name and Unique Identifier: 2026-26:O&M of Winslow Duplex Units

1.2. Program Description*(This should be the description of the planned program.)*:

Operation and Maintenance of acquired duplex units in Winslow.

1.3. Eligible Activity Number*(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)*:

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)*:

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome*(Only if you selected "Other" above):*

Operate and maintain existing units at no cost to the occupants.

1.5 Actual Outcome Number*(In the APR identify the actual outcome from the Outcome list.)*:

Describe Other Actual Outcome*(Only if you selected "Other" above):*

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.)*:

Native American Families.

1.7. Types and Level of Assistance*(Describe the types and the level of assistance that will be provided to each household, as applicable.)*:

Provide adequate housing for Native American families.

1.8. APR*(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.)*:

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 4	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

1.10. APR*(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2)))*:

Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

(1) Maintaining 1937 Act Units*(NAHASDA § 102(b)(2)(A)(v))(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.)*

HTHA has plan for continuous regular inspections to identify maintenance needs as well as sustain the units for long term life expectancy of the rental units and provide adequate insurance for those units.

(2) Demolition and Disposition*(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:*

None

Section 5: Budgets

NAHASDA §§ 102(b)(2)(C), 404(b)

(1) Sources of Funding*NAHASDA § 102(b)(2)(C)(i), (404(b))* (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.)**

SOURCE	IHP				
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)
1. IHBG Funds	$32,246,882.00	$14,828,722.00	$47,075,604.00	$29,758,921.00	$17,316,683.00
2. IHBG Program Income	$0.00	$700,000.00	$700,000.00	$700,000.00	$0.00
3. Title VI	$0.00	$0.00	$0.00	$0.00	$0.00
4. Title VI Program Income	$0.00	$0.00	$0.00	$0.00	$0.00
5. 1937 Act Operating Reserves	$0.00		$0.00	$0.00	$0.00
6. Carry Over 1937 Act Funds	$0.00		$0.00	$0.00	$0.00
7. ICDBG Funds	$0.00	$1,500,000.00	$1,500,000.00	$625,000.00	$875,000.00
8. Other Federal Funds	$0.00	$7,612,762.00	$7,612,762.00	$4,612,762.00	$3,000,000.00
9. LIHTC	$0.00	$5,500,000.00	$5,500,000.00	$3,666,665.00	$1,833,335.00
10. Non-Federal Funds	$0.00	$1,500,000.00	$1,500,000.00	$750,000.00	$750,000.00
Total	$32,246,882.00	$31,641,484.00	$63,888,366.00	$40,113,348.00	$23,775,018.00
TOTAL Columns C and H(2 through 10)			$16,812,762.00		

SOURCE	APR					
	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at the end of 12-month program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12- month program year
1. IHBG Funds			$0.00		$0.00	
2. IHBG Program Income			$0.00		$0.00	
3. Title VI			$0.00		$0.00	
4. Title VI Program Income			$0.00		$0.00	
5. 1937 Act Operating Reserves			$0.00		$0.00	
6. Carry Over 1937 Act Funds			$0.00		$0.00	
7. ICDBG Funds			$0.00		$0.00	
8. Other Federal Funds			$0.00		$0.00	
9. LIHTC			$0.00		$0.00	
10. Non-Federal Funds			$0.00		$0.00	
Total			$0.00		$0.00	
TOTAL Columns C and H(2 through 10)			$0.00			

Notes:

a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). **For the APR, fill in columns F, G, H, I, J, and K (shaded columns)**.

b. Total of Column D should match the total of Column N from the **Uses of Funding table below**.

c.Total of Column I should match the Total of Column Q from the Uses of Funding table below.

d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below **Uses of Funding table below**.

(2) Uses of Funding*(NAHASDA § 102(b)(2)(C)(ii)* (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3.
Actual expenditures in the APR section are for the 12-month program year.)

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12- month program year (O+P)
2026-01: Operation of NAHASDA Units	$997,324.00	$200,000.00	$1,197,324.00	$0.00	$0.00	$0.00
2026-02: Operation of NAHASDA Units-Over Income 80-100%	$11,944.00	$175,000.00	$186,944.00	$0.00	$0.00	$0.00
2026-03: Operation of 1937 Housing Units	$292,974.00	$175,000.00	$467,974.00	$0.00	$0.00	$0.00
2026-04: Modernization of 1937 Housing Units	$292,974.00	$200,000.00	$492,974.00	$0.00	$0.00	$0.00
2026-05: Crime Prevention	$525,000.00	$739,136.00	$1,264,136.00	$0.00	$0.00	$0.00
2026-06: Mortgage Buy Down	$50,000.00	$0.00	$50,000.00	$0.00	$0.00	$0.00
2026-07: Tenant Based Rental Assistance	$350,000.00	$0.00	$350,000.00	$0.00	$0.00	$0.00
2026-08: VASH - Veteran Affairs Supporting Housing	$0.00	$400,000.00	$400,000.00	$0.00	$0.00	$0.00
2026-09: BIA-HIP Supplement Replacement	$92,000.00	$423,626.00	$515,626.00	$0.00	$0.00	$0.00
2026-10: Home Rehabilitation Program	$1,750,000.00	$0.00	$1,750,000.00	$0.00	$0.00	$0.00
2026-11: Winslow 40 Rental Housing Rehabilitation and Home Improvement	$80,000.00	$0.00	$80,000.00	$0.00	$0.00	$0.00
2026-12: Winslow 40 Rental Units Infrastructure & Streets	$750,000.00	$750,000.00	$1,500,000.00	$0.00	$0.00	$0.00
2026-13: First Mesa Youth Center Operation	$15,000.00	$0.00	$15,000.00	$0.00	$0.00	$0.00
2026-14: Kykotsmovi Multi Purpose Building - Rebuild/Construction	$4,697,675.00	$0.00	$4,697,675.00	$0.00	$0.00	$0.00
2026-15: HTHA Administration Remodel Project	$450,000.00	$0.00	$450,000.00	$0.00	$0.00	$0.00
2026-16: Winslow Inn Public Rental New Construction	$7,060,555.00	$0.00	$7,060,555.00	$0.00	$0.00	$0.00
2026-17: First Mesa Youth Center Rehabilitation	$400,000.00	$0.00	$400,000.00	$0.00	$0.00	$0.00
2026-18: Homeownership Roof Rehabilitation Project	$175,500.00	$0.00	$175,500.00	$0.00	$0.00	$0.00
2026-19: Acquisition of Duplex Units	$725,000.00	$0.00	$725,000.00	$0.00	$0.00	$0.00
2026-20: New Construction of Manufactured Units	$611,000.00	$0.00	$611,000.00	$0.00	$0.00	$0.00
2026-21: Acquisition of Relocation Units	$372,000.00	$0.00	$372,000.00	$0.00	$0.00	$0.00
2026-22: Tawaovi Turquoise Wells Homes	$746,000.00	$625,000.00	$1,371,000.00	$0.00	$0.00	$0.00
2026-23: Tuuvi Village	$1,360,000.00	$3,000,000.00	$4,360,000.00	$0.00	$0.00	$0.00
2026-24: Low Income-Housing Tax Credit (LIHTC) #2 Project (20 units)	$2,154,000.00	$3,666,665.00	$5,820,665.00	$0.00	$0.00	$0.00
2026-25: Home Roof Rehabilitation Program	$4,500.00	$0.00	$4,500.00	$0.00	$0.00	$0.00
2026-26: O&M of Winslow Duplex Units	$25,000.00	$0.00	$25,000.00	$0.00	$0.00	$0.00

Loan repayment - describe in 3 & 4 below	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Planning and Administration	$5,770,475.00	$0.00	$5,770,475.00	$0.00	$0.00	$0.00
TOTAL	$29,758,921.00	$10,354,427.00	$40,113,348.00	$0.00	$0.00	$0.00

Notes:

a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.

b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.

c. Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.

d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.

e. Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.

(3) Estimated Sources or Uses of Funding *NAHASDA § 102(b)(2)(C))* (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):
2026-08 VASH - $400,000.00,
2026-09 BIA-HIP/HIP ARP - $423,626.00,
2026-12 AML (Abandoned Mine Lands) - $750,000,
2026-23 IHBG - Comp- $3,000,000.00,
2026-22 ICDBG - $625,000,
2026-24 LIHTC - $3,666,665 = Total $8,865,291

(4) APR *(NAHASDA § 404(b))* (Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):

Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

(1) Useful Life/Affordability Period(s) *(NAHASDA § 205, 24 CFR § 1000.142)* (Describe your plan or system for determining the useful life/ affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

Assistance under $5,000 - 6 months coverage
$5,001-$15,000 - 5 years
$15,001-- $40,000 - 10 years
Over $40,000- 15 years
New Construction or acquisition of newly constructed housing - 20 years

2) Model Housing and Over-Income Activities*(NAHASDA § 202(6), 24 CFR § 1000.108)* (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

None

(3) Tribal and Other Indian Preference*(NAHASDA § 201(b)(5), 24 CFR § 1000.120)* If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?:**Yes**

If yes, describe the policy.**Our mission is to create affordable housing opportunities and safe, viable communities that enhance the quality of life for low- and moderate-income Hopi Tribal members and other Native American families residing with its jurisdiction.**

(4) Anticipated Planning and Administration Expenses *(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)*

Do you intend to exceed your allowable spending cap for Planning and Administration? **No**

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

(5) Actual Planning and Administration Expenses*(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)*

Did you exceed your spending cap for Planning and Administration?

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

(6) Expanded Formula Area - Verification of Substantial Housing Services *(24 CFR § 1200.302(3))*If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

If no, proceed to Section 7.

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

Section 7: Indian Housing Plan Certification of Compliance

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

(1) In accordance with applicable statutes, the recipient certifies that:

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes:**Yes**

(2) In accordance with 24 CFR 1000.328, the recipient receiving less than $200,000 under FCAS certifies that:

There are households within its jurisdiction at or below 80 percent of median income: **Not Applicable**

(3) The following certifications will only apply where applicable based on program activities.

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD: **Yes**

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA: **Yes**

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA: **Yes**

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA: **Yes**

Section 8: IHP Tribal Certification

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

(2) ☐ It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE

(3) ■ **It has delegated to such TDHE the authority to submit** an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe

(4) Tribe: **Hopi Tribe**

(5) Authorized Official's Name and Title: **Kimberly Corkin, CEO**

(6) Authorized Official's Signature: **Kimberly Corkin**

(7) Date (MM/DD/YYYY): **2025-10-15**

Section 9: Tribal Wage Rate Certification

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

(1) ☐ You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

(2) ■ You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.

(3) ☐ You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates: