



Pawnee Nation Housing Authority

P.O. Box 408, Pawnee, OK 74058 * Phone: 918-762-3454 * Fax: 918-762-2284
Email: pawneenationha@sbcglobal.net * website: www.pawneenationhousing.org

INDIAN HOUSING BLOCK GRANT (IHBG) HOME IMPROVEMENT PROGRAM (HIP) APPLICATION --OVER-INCOME HOUSEHOLDS--

The Pawnee Nation Housing Authority (PNHA) recognizes that there are Native American homeowners in the Pawnee community who need assistance to make repairs to their homes. The PNHA has several programs that can provide this type of assistance for income eligible applicants, as defined as being below the median income for our jurisdiction. The PNHA recognizes the need for this type of assistance for individuals and families who are categorized as being over-income. The Pawnee Nation Housing Authority has implemented a Home Improvement Program to assist these over-income homeowners with home improvements related to issues of health, safety, and welfare. **(When funds are available.)**

Applications will be reviewed and approved by the PNHA Executive staff based on need. Items to be considered are roofs, plumbing, electrical, heat & air, (all mechanical and electrical must be installed by a licensed contractor). An inspection will be made of the unit by the Housing Authority Project Manager to determine an approximate cost and condition of the unit. The unit must not be in a dilapidated condition.

Bids will be required for services, at least two (2) and contractors must have liability Insurance. All required documentation from contractors must be submitted to PNHA Finance before any work can begin. Payment for services will be made directly to companies or contractors upon completion of an inspection.

Eligibility:

1. First priority applicants will be enrolled members of the Pawnee Nation who are elderly, disabled or a Veteran (provide copy of CDIB).
2. Second priority will be members of any Federally Recognized Tribe (provide copy of CDIB).
3. Income verification for all members of the household over 18 years of age. Most recent payroll stub covering the previous 30-day period. Self-Employment – submit a signed and completed Federal Tax Return (including all schedules).
4. Retired or disabled provide a copy of award letters from all sources of income.
5. Proof of ownership of the residence by Deed and legal description.
6. Proof of homeowners insurance or a letter of intent that insurance will be purchased when repairs are made.
7. Applicant must not owe money to the Pawnee Nation Housing Authority.
8. Applicant agrees by signing to abide by all condition of the Pawnee Nation Housing Authority Home Improvement Application Policy conditions.



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HOME IMPROVEMENT PROGRAM APPLICATION

PLEASE COMPLETE THE APPLICATION AND RETURN WITH THE FOLLOWING REQUIRED DOCUMENTS IN ORDER TO PROCESS YOUR APPLICATION

- Identification: Copy of CDIB, Driver's License and Social Security Card for all household members (front and back of card(s)).
- Income verification:
 - Most recent payroll stubs for each household member (over the age of 18), covering the previous 30-day period.
 - Self-employment, please provide your signed and complete Federal Tax Returns (including all schedules).
 - Retired or Disability income, please provide copies of award letters from all sources of income.
- Insurance Verification: Please provide a copy of your homeowners insurance or letter of intent.
- Please be advised that additional documentation may be required prior to full approval.

=====
Name: _____ Date: _____
(Last, First, MI)

Social Security #: _____ Date of Birth: _____
(mm/dd/yyyy)

Physical Address: _____
Street City State Zip

_____ Cell Phone: _____ House/Message Phone: _____ Work Phone: _____

Tribal Affiliation: _____ Enrollment/Membership #: _____

Family Composition:

Last Name:	First Name:	Gender	Relationship	Date of Birth:	SS#



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Employment:

Employer Name: _____ Length of Employment: _____

Source of Income:

Type of Income	Wages	Retirement	SS/SSI	Self-Employment	Other
HEAD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SPOUSE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
RESIDENT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
RESIDENT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
RESIDENT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Income is received: ___ Weekly ___ Bi-weekly ___ Monthly

CERTIFICATION

I certify that all information is true and correct to the best of my knowledge. I consent to the Release of Information to/from necessary parties regarding my application.

Applicant Signature: _____ Date: _____

Spouse/Other Signature: _____ Date: _____

Executive Director: _____ Date: _____

OFFICE USE ONLY:

Approve _____ Deny _____ Date: _____

**PLEASE RETURN APPLICATIONS THROUGH EMAIL AT
PAWNEENATIONHA@SBCGLOBAL.NET OR AT OUR MAIN OFFICE LOCATION AT
126 EAGLECHIEF DRIVE**



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HOMEOWNER NEEDS ASSESSMENT

Please give a brief description of the need and rank improvements needed for home:
1 = High priority, 2 = Moderate Priority, 3 = Low Priority, 4 = No Improvement needed

Need:	Rank of Priority:	Comments:
Roof		
Ceiling		
Walls		
Flooring		
Foundation		
Doors		
Porch		
Electrical		
Cabinets		
Water Heater		
Plumbing		
Lavatories		
Sinks		
Water Line		
HVAC		
Other (List)		

Please list any comments:



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HOUSEHOLD INSPECTION REPORT (OFFICE USE ONLY)

Household Name: _____ # of Bedrooms: _____ Date of Inspection _____

Address: _____

KITCHEN		
	OK/NR	Repairs:
Ceiling		
Walls		
Doors		
Floors		
Electrical		
Windows		
Counter		
Sink		
Cabinets		

LIVING AND DINING ROOMS		
	OK/NR	Repairs:
Ceiling		
Walls		
Doors		
Floors		
Electrical		
Windows		

BEDROOM #1		
	OK/NR	Repairs:
Ceiling		
Walls		
Doors		
Floors		
Electrical		
Windows		

BEDROOM #2		
	OK/NR	Repairs:
Ceiling		
Walls		
Doors		
Floors		
Electrical		
Windows		

BEDROOM #3		
	OK/NR	Repairs:
Ceiling		
Walls		
Doors		
Floors		
Electrical		
Windows		

BEDROOM #4		
	OK/NR	Repairs:
Ceiling		
Walls		
Doors		
Floors		
Electrical		
Windows		

HEATING AND AIR		
	OK/NR	Repairs:
Filter		
Hot Water		
Thermostat		

BATHROOM		
	OK/NR	Repairs:
Ceiling		
Walls		
Doors		
Floors		
Electrical		
Bathtub		
Sink		
Commode/Stool		

Damages: Describe any MAJOR damage on reverse side

Inspector Signature

Housing Representative Signature