

KBIC HOUSING

HOME REPAIR APPLICATION

Complete, sign and return application to
KBIC Housing Department, Attn: Natalie Mleko
220 Main St.
Baraga, MI. 49908

The following information is required:

- Copy of Tribal enrollment card
- Proof of disability if permanently disabled
- Veteran Documentation- (if applicable)
- Copy of Deed, Title showing home ownership
 - Copy of Lease or Land Description
 - Copy of Home Owner Insurance
 - Verification of savings account
 - Verification of any other assets
- Copy of Federal & State Income Taxes (1040 forms included)
 - Copy of w-2s
- Three bids for proposed repair project (if approved for funding)
- Signed Binding Commitment Agreement (if approved for funding)

KBIC Housing Department

220 Main St

Baraga, MI. 49908

Attn: Natalie Mleko

Phone (906)353-7117 ext.112

Fax (906)353-7623

APPLICATION FOR KBIC HOUSING
HOME OWNER ASSISTANCE PROGRAM

The information in this application is collected to identify eligible families or individuals to participate in the KBIC Housing Department Home Owner Assistance Program and will be used to determine priority for funding. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

Name: _____

Street and Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone # where you can be contacted: _____

1. Family Composition

A. Persons who live in your home

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

*Social Security number is required for all family members who are 6 years of age or older

B. Are you an enrolled member of the Keweenaw Bay Indian Community? Yes No
(Provide copy of enrollment card)

C. Are you an enrolled member of any other Tribe? Yes No (Provide copy of enrollment card)

Name of Tribe: _____

D. Is head of household or spouse recognized as **permanently disabled**? ____ If yes provide verification such as certified documentation from a doctor, Veterans Administration, Social Security Administration, or other agency documentation: _____

E. Are you a veteran? Yes No (If yes, provide documentation)

2. Housing Information

A. Have you or anyone in your household ever received any type of housing assistance from the KBIC Housing Department? Yes No

If yes, indicate **type of assistance, date and amount:** _____

B. Do you own or lease this home and property? (Provide copy of deed, title and lease or land description)

Home: leased/owned (circle one)

Land: leased/owned (circle one)

C. Is this home your primary residence? Yes No

D. Is this home covered by Home Owners Insurance? Yes No (Provide Copy of Insurance)

E. Is this a wood frame ____ (Year Built) mobile home ____ (Year), or other type of construction ____ (Year Built)?

3. Family Income (For all household members 18 years old and older)

A. Income from employment

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year
1.		\$		
2.		\$		
3.		\$		
4.		\$		

B. Other income

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

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

C. Total family income: _____

D. Assets:

- a) Does any member have a savings account? Yes No
If yes, **provide verification.**
- b) Does any member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? Yes No
If yes, **provide verification.**
- c) Do you or any household member own real-estate? Yes No
If yes, **provide copy of deed.**
- d) Have you or any member of your household sold or given away real property or other assets in the past two years? Yes No
- e) Do you own any other home or property? Yes No If yes, **provide copy of deed.**

E. Please attach **SIGNED** copies of your 2017 IRS 1040 forms and tax return statement with the adjusted gross income included for all applicable members of the family.

4. Present housing condition and home repair needs (homeowner will be required to submit three bids if approved for funding)

5. Signature and consent to release information

I understand that this application is not a contract and is not binding in any manner and that I am **required to submit three bids for proposed repairs if approved.** I hereby authorize the KBIC Housing Department to obtain any information necessary for verifying the statements made above. I also understand that it is my responsibility to inform the KBIC Housing Department if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

Applicant Signature

Date

Signature of Homeowner Service Department employee receiving application:

Date