



**Keweenaw Bay Indian Community  
Housing Department**

220 Main Street • Baraga, Michigan 49908  
Fax 906-353-7623 • Phone: (906) 353-7117  
Email: carla@kbic-nsn.gov  
Website: www.kbic-nsn.gov

**APPLICATION FOR  
HOME OWNER ASSISTANCE PROGRAM**

Name: \_\_\_\_\_

Street and Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # where you can be contacted: \_\_\_\_\_

**1. Family Composition**

<b>Name(s) of Your Family Members</b>	<b>Relationship To You</b>	<b>Date of Birth</b>	<b>Tribal Member Y/N</b>	<b>Social Security Number</b>

**B.** Are you, or a member of your family, an enrolled member of the Keweenaw Bay Indian Community?  Yes  No  
(Provide copy of enrollment card)

**C.** Are you, or a member of your family, an enrolled member of any other Tribe?  Yes  No  
(Provide copy of enrollment card)

**D.** Is head of household or spouse recognized as permanently disabled?      Yes      No  
 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  
 Land: leased/owned

**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)

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**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

**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)*

