HASNOK
HOUSING AUTHORITY OF THE SEMINOLE NATION

EMERGENCY HOME REPAIR APPLICATION

Head of Household: _____ Tribal Affiliation _____

Elderly/ Handicapped? ☐Yes ☐ No Non-Elderly ☐Yes ☐ No (copy of tribal enrollment card)

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Telephone Number home: _____Work _____Message _____

Have you ever participated in a Housing Authority of the Seminole Nation housing program? ☐Yes ☐ No

Part A. Family Composition

List all person(s) living in the household on a permanent basis.

	Name	Relationship	Date of Birth	Social Security #
1.		Applicant		
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 Seminole Nation? ☐Yes ☐ No

OPTIONAL INFORMATION:

Does anyone in the household, who is a permanent resident listed on this application, have a severe health problem, handicap or permanent disability? ☐Yes ☐ No if yes, provide name of person(s) _____ and attached doctor's statement.

Part B. Family Income

1. Income

	Complete Employer Name(s) & Address	Per Hour	Per Week	Per Year
1.		$	$	$
2.		$	$	$
3.		$	$	$
4.		$	$	$

2. Other income

Source	Per Month	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 for next 12 months $_____

Part C. Present housing condition and rehabilitation needs

Specify the assistance requested: _____

_____

_____

_____

Have you ever received assistance for the BIA Home Improvement Program? Yes ☐ No ☐

If yes, when? _____

Have you ever received assistance from the HUD Home Program? Yes ☐ No ☐

Is there an existing mortgage on your home? Yes ☐ No ☐

Can you furnish a copy of the warranty deed in your name? Yes ☐ No ☐

Is the land restricted or trust land? Yes ☐ No ☐

Is this a Mutual Help Home? Yes ☐ No ☐ if yes, when was it constructed _____

Is this a mobile home? Yes ☐ No ☐ if yes, attach a copy of the title.

How long have you lived in the home: _____, attach copy of a utility bill.

Finding directions: _____

_____

_____

An initial inspection will be done by the Housing Authority Field Service Office to determine the needs of rehabilitation. **NOTE: This does not constitute that your application has been approved**.

Office Use Only

Minor Rehabilitation_____
Rehabilitation _____

HOUSING AUTHORITY OF THE SEMINOLE NATION OFFICIAL CERTIFICATION

_____

HA Representative Date Time

WAIVER
LEAD BASE PAINT

The Housing Authority of the Seminole Nation will visually inspect privately owned homes constructed prior to January 1, 1978, to determine if “Lead Base Paint” is present.

If a Lead Base Paint test is required and the finding is positive the Housing Authority of the Seminole Nation is not obligated to eliminate the lead base paint or provide rehabilitation services.

I acknowledge having read, understood and agreed to the above waiver.

Applicant (Print Name)	Signature	Date
Applicant (Print Name)	Signature	Date