



***WHITE EARTH  
RESERVATION  
HOUSING  
AUTHORITY***  
***3303 US Hwy 59 S  
Waubun, MN 56589  
Tel: 218-473-4663  
Toll Free: 800-726-4016  
Fax: 218-473-2910***

## **APPLICANT:**

**Thank you for your interest in the White Earth Reservation Housing Authority Home Owner Rehabilitation Programs.**

**In order for us to complete your application we need you to provide verification of the following:**

- 1. Legal Land Description**
- 2. Proof of Home Ownership**
- 3. Income Verification**
- 4. Social Security Numbers**
- 5. Enrollment Numbers**
- 6. Proof of who resides in the home**

**Thank you,  
Dean Bellanger  
Coordinator**

*Willingness to participate in knowledge & success, rather than leaving to the fear of change and paradox.*

**T.D.H.E. APPLICATION FOR HOUSING  
REHABILITATION PROGRAM  
FOR HOME OWNERS**

A. Applicant Information:

NAME \_\_\_\_\_  
Last
First
Middle
Maiden (if applicable)

Street Address or P.O. Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Tribe & Enrollment No. \_\_\_\_\_

Have you ever participated in a (WHITE EARTH RESERVATION TDHE) housing Program?  Yes  No

Marital Status:  Married  Single  Widowed  Other  
 (If you checked "Other", please explain. \_\_\_\_\_  
 \_\_\_\_\_)

Spouse's Name \_\_\_\_\_  
Last
First
Middle
Maiden  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Tribe & Enrollment No. \_\_\_\_\_

**Family Information:**

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>	<u>Social Security #</u> (*)	<u>Tribe &amp; Enrollment #</u>

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

Are you or your spouse a person with a disability  Yes  No  
 Are any other members of your family who will live in your home, persons with Disabilities?  Yes  No  
 If yes, which family members \_\_\_\_\_  
 \_\_\_\_\_

**B. Estimated Family Income (for next 12 months):**

**Income From Employment:**

Family Member	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year

**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, any other regular source of income. Please do not list income that cannot be anticipated with certainty.

Total family income for next 12 months:

\$ \_\_\_\_\_

Please attach copies of the most recent IRS 1040 forms and most recent pay stubs for all applicable member of the family.

**C. Present Housing Condition and Rehabilitation Needs:**

Location of present housing (give accurate directions to this house). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide brief description of housing assistance for which you are applying and the type of house for which you are applying for the assistance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If repair assistance is needed, do you \_\_\_\_\_ own \_\_\_\_\_ rent this house (check one). If renting, Is the owner Indian \_\_\_\_\_ yes \_\_\_\_\_ no, if yes provide name/address of owner/owners:  
\_\_\_\_\_  
\_\_\_\_\_

Is electricity available: \_\_\_\_\_ yes \_\_\_\_\_ no.  
Name of Power Company \_\_\_\_\_

Sewer System: \_\_\_\_\_ City Sewer \_\_\_\_\_ Septic Tank

\_\_\_\_\_ Chemical Toilet      \_\_\_\_\_ Outhouse  
Water Source    \_\_\_\_\_ City System      \_\_\_\_\_ Private Well  
                         \_\_\_\_\_ Community Tank      \_\_\_\_\_ Other  
If you checked "Other", please describe: \_\_\_\_\_  
\_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Size of house \_\_\_\_\_ Sq. Feet

Bathroom facilities: \_\_\_\_\_ Flush Toilet      \_\_\_\_\_ Tub  
                         \_\_\_\_\_ Lavatory/Sink

D. Land Information:

Do you own the land on which your present housing is located:  
\_\_\_\_\_ yes \_\_\_\_\_ no. If no, provide name/address of owner or owners:  
\_\_\_\_\_

What status is the land currently listed in:  
\_\_\_\_\_ Individual Trust      \_\_\_\_\_ Tribal Trust  
\_\_\_\_\_ Individually restricted      \_\_\_\_\_ Tribally Restricted  
\_\_\_\_\_ Tribal Fee Simple      \_\_\_\_\_ Fee Patented (Privately Owned)  
\_\_\_\_\_ Other, Please describe  
\_\_\_\_\_

If privately owned, are the property taxes paid and current?  
\_\_\_\_\_ yes \_\_\_\_\_ no. If no, what is the amount past due? \_\_\_\_\_

If you do not own the land, do you have: Leasehold Interest \_\_\_\_\_ Use Permit \_\_\_\_\_  
Indefinite assignment or joint ownership \_\_\_\_\_. If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

E. General Information:

To your knowledge, has the house for which you are asking repair assistance, ever been  
provided housing assistance before? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, indicate amount, to  
whom and when. \_\_\_\_\_  
\_\_\_\_\_

What program did you receive the assistance from? \_\_\_\_\_  
\_\_\_\_\_

Do you own any other house not occupied by your family? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes  
State where the house is located and by whom it is occupied by: \_\_\_\_\_  
\_\_\_\_\_

Does anyone in your family who is a permanent resident listed under Parts A & B of this  
Application have a severe health problem, handicap or permanent disability? \_\_\_\_\_ yes  
\_\_\_\_\_ no. If yes, provide a brief description of such with certified documentation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Signature and consent to release information:

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the (WHITE EARTH/TDHE) to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the (WHITE EARTH/TDHE) if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Date application received by the (WHITE EARTH/TDHE): \_\_\_\_\_

Signature/Job Title of (WHITE EARTH/TDHE) employee receiving application:

\_\_\_\_\_

**ELDERLY AGE 55 AND ABOVE**

Age of single, elderly living alone: \_\_\_\_ 3 points per year beginning at 55 \_\_\_\_ to age 70, 5 points per year starting at age 70 and above \_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Point Awarded \_\_\_\_\_

**Aged Elderly Couple**

- 1). Age \_\_\_\_ 2 points per year beginning at 55 \_\_\_\_ to age 70, 3 points per year starting at age 70 and above \_\_\_\_.
- 2). Age \_\_\_\_ 2 points per year beginning at 55 \_\_\_\_ to age 70, 3 point per year starting at age 70 and above \_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Combined Total Point Awarded \_\_\_\_\_

**Family Composition Factor**

Use 50% of calculated points for the aged who are permanent members of a household \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disability and Handicap**

Use .5 point per each degree of disability and, or handicap with supporting documentation from a Doctors Certificate, Veterans Administration Determination. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Square Footage Occupancy Standard**

Points will correspond equally to percentage determined by overcrowding in living space per dwelling. (1% = 1 point)

Comments: \_\_\_\_\_  
\_\_\_\_\_

All applicants and household members shall be permanent members of the grouping and not of temporary arrangement.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_