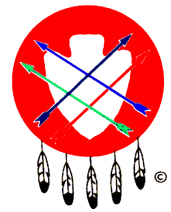


# Housing Authority of the Peoria Tribe of Indians of Oklahoma

3606 Sencay Avenue  
Miami OK 74354

PH 918.542.1873 Fax 918.542.4285



## APPLICATION INSTRUCTIONS FOR THE PEORIA TRIBE ARPA-HOUSING IMPROVEMENT PROGRAM

This one-time program is established to provide assistance for eligible Peoria members and other eligible Native Americans for housing repairs and rehabilitation. The scope of work will be limited to rehabilitation to help with homeowner displacement. Examples of this type of work would be roof, heating & air, plumbing & hot water tanks.

***Applicant must reside in and be the home owner. The home must be located within a 50 mile radius of the Peoria Tribal Headquarters located at 118 S. Eight Tribes Trail Miami, OK. 74354.***

**Required Documentation:** Complete the application that is attached to this document.  
The following information and documentation must accompany the application:

❖ <b><u>Proof of Age</u></b> State issued birth certificate for all family members.
❖ <b><u>Tribal membership card of all tribal members</u></b> – must be enrolled with a Federally Recognized Tribe
❖ <b><u>Social Security Cards</u></b> – for all family members
❖ <b><u>Year home was built and square footage</u></b> must be provided.
❖ <b><u>Proof of Homeownership Including Legal Description</u></b> in the form of a deed.
❖ <b><u>Proof of Homeowner’s Insurance on property</u></b>
❖ <b><u>Proof of Residency</u></b> in the form of a current utility bill for the residence in the name of the applicant and bearing the address of the residence. <i>(The address that is listed must be the same as is on the application.)</i>

### Processing:

❖ PHA shall review all applications for completeness and eligibility. If it has been determined that the application is incomplete, the PHA will not accept the application until deemed complete.
❖ Upon receipt of complete application, the PHA will make a determination of eligibility within ten (10) business days. Applicants determined to be eligible shall be notified in writing and placed on the waiting list, should the applicant be determined to be ineligible he/she will be notified in writing with documentation as to the reasons for ineligibility.
❖ The applicant next on the list shall be notified through telephone contact that they have been selected, at which time PHA staff shall set up a home visit to identify the necessary scope of work needed

**Funding Requirements:** PHA utilizes federal funds and therefore must comply with federal guidelines associated with the expenditure of these funds. Following are required steps and associated timelines that will affect your final service date for non-emergency services:

❖ Lead Base Paint Test for homes built before 1978, requirement of 24 Code of Federal Regulations (CFR) Part 1000.40. Testing and lab results can take up to 60 days to receive.
❖ Environmental Review, requirement of Native American Housing and Self Determination Act (NAHASDA) Section 105. Requires a minimum of 30 days and, depending on the level of review required, this could take 90 days or longer.
❖ This is a multi-step process that requires some or all of the following steps: Completion of a scope of work; Solicitation of price quotes; Award of contract; Notification for contractor to proceed; and Final inspection. Depending on the work to be done this could take 30 days or longer.

1. **Preference and Grant Limit:** The Peoria Tribe ARPA-Housing Improvement Funds Program is a grant, subject to Useful Life restrictions for six months (6 months) providing a maximum of \$10,000 in assistance with preference given to enrolled Peoria Tribal members and then to other federally recognized Tribal members.
2. **Mobile Homes or Doublewide Home:** Home must not be a mobile home or doublewide home. Modular homes are acceptable.
3. **Insurance Requirements:** Participants are required to have and maintain insurance to cover damage to the property during the 6 months including flood insurance, if applicable, after completion of work.
4. **Home Ownership:** Participants are required to maintain ownership of the home as their primary residence for at least 6 months after completion of work. Failure to do so will result in demand of repayment at a pro-rated rate to the PHA.
5. **Benefit Period:** *This is a one-time program – no person may participate more than one time.*
6. **Limited Scope:** This program is limited in scope based on allocated program funds and is not intended to completely eliminate all health and safety issues that may be present in the home nor is it intended to provide cosmetic improvements or remedy overcrowded situations.
7. **Final approval is subject to availability of funds.**

**INCOMPLETE APPLICATIONS ALONG WITH REQUIRED DOCUMENTATIONS WILL NOT BE PROCESSED**

**Personal Information:**

HIP Applicant:	
Name:	Birth Date:
Mailing Address:	
Physical Address:	
City/State/Zip:	
Directions to Home:	
Home Phone#:	Cell Phone#:
Email Address:	

**Household Composition:**

NAME: (LAST, FIRST, MI)	RELATIONSHIP TO HEAD	ETHNICITY/TRIBE	GENDER	BIRTH DATE	SOCIAL SECURITY #
	<b>Head</b>				
	<b>Spouse</b>				

Are you or any member of your family handicapped or disabled? \_\_\_\_\_

Please state Disability: \_\_\_\_\_

Wheel Chair required? Circle One Yes/No

**Information Regarding Your Home:**

1. Year House Was Built: \_\_\_\_\_ Square Foot of Home: \_\_\_\_\_
2. Number of Bedrooms: \_\_\_\_\_ Number of Persons living in Home: \_\_\_\_\_
3. Type of heat (Circle One):    Propane      Natural Gas      Electric
4. Type of Water (Circle One):    Rural      City      Private Well
5. Type of Sewer (Circle One):    City      Septic System      Lagoon
6. Name of Electric Company: \_\_\_\_\_

Eligible repairs are those that enhance habitability through:

- ❖ Repair assistance by remedying water, sewage, sanitation service, electrical or heating or cooling issues.
- ❖ Basic housing repairs to assist in meeting life and safety building code compliance standards including home safety issues.
- ❖ Minor renovation to adapt housing to special needs.

Please give a brief description of the issue(s) you are having within the home. **Note:** PHA staff shall set up a home visit and will determine the necessary scope of work needed based on the appropriate international building code, habitability and safety standards, and ADA standards.

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*Peoria Housing Authority  
3606 Sencay Avenue  
Miami, OK 74354 Phone 918-542-1873*

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I understand that the PHA will place a temporary lien on my property that will be automatically removed six months (6 months) after the date of filing lien. If I sell the property within six months (6 months) of ownership I will be required to repay the grant money to the PHA at a prorated amount.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_