



HEALTHY HOMES PROGRAM APPLICATION

The Tohono O'odham Ki:Ki Association Healthy Homes Program is intended to assist Low- and Very-Low Income households with restoring healthy living environments by alleviating Health and safety issues in and around their home.

ELIGIBILITY CRITERIA

- Homeowner/Applicant must be a registered member of the Tohono O'odham Nation.
- Housing unit must be primary residence of applicant.
- Household income does not exceed 80 percent of the Median Family Income limits.
- Presence of a child, elder or person(s) with disabilities, living in or visiting the unit on a regular basis
- Presence of mold or other health and safety hazards effecting the well-being of the residents

For Additional Information on the program or to check the status of an application, Contact:

Barbara Havier, Program Manager
TOKA – Healthy Homes Program
PO BOX 790
Sells, AZ 85634
Office Phone: (520)383-2202
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TOHONO O'ODHAM KI:KI ASSOCIATION
 PO BOX 790, SELLS, AZ 85634

HEALTHY HOMES PROGRAM APPLICATION

Today's Date: _____

Name: _____ Tribal Enrollment #: _____ D.O.B.: _____
(Homeowner)

Address: _____
PO BOX # or Street Address City State Zip Code

Community: _____ District: _____

Contact No.: _____ Message No.: _____

HOUSEHOLD INFORMATION:

Indicate Number of: _____ Adults (Age 18-54) _____ Children (Age 17 and under)
 _____ Elderly (Age 55 or older) _____ Handicapped
 Total in household _____

	YES	NO
Do any members of your household have a history of documented health issues such as asthma or respiratory issues?		
Has any member of your household been determined to have had Lead exposure?		
Has anyone in this home had unintentional injuries due to safety hazards in the home?		
Does any member of your household have allergies, skin integrity issues such as rashes or any other health issues possibly related to the home?		

INFORMATION ON HOME:

Location of home: _____ Do you own the home? YES _____ NO _____
(Community)

What type of home is this?
 _____ TOKA built _____ Mobile Home _____ Self-Built _____ Traditional

Is there concern of any of the following in your home?	YES	NO
1. Mold		
2. Asbestos		
3. Pests (Cockroaches, Bed Bugs, etc.)?		
4. Roof Damage		
5. Plumbing (ie. Leaks, drainage, etc.)		
6. Electrical (exposed wiring, etc.)		
7. Broken or missing windows		
8. Broken, unsecure or missing doors		
9. Heating/Cooling		
10. Other:		

HOUSEHOLD INCOME:

Please report all sources of income currently being received or will be received by ALL MEMBERS OF THE HOUSEHOLD. Below please check either YES or NO and indicate the total amount for each.

YES	NO	Type of Income	Weekly	Monthly	Annually
		General Assistance			
		Temporary Assistance to Needy Families (TANF)			
		Food Stamps			
		Social Security Benefits (SS or SSD)			
		Supplemental Security Income (SSI)			
		Day Labor or Odd Jobs			
		Unemployment Benefits			
		Worker's Compensation Benefits			
		Veteran's Administration Benefits			
		Private Retirement or Pensions			
		Child Support			
		Military Pay and Allowances			
		Death Benefits			
		Insurance Settlements (Life Insurance, etc.)			
		College Grants			
		College Work Study			
		Income from Business or Property			
		Lump Sum Receipts (Inheritances, Lottery, etc.)			
		Person Property held as Investment			
		Other Income			
		Employment (Name & Address of Employer) _____ _____			
		Does anyone outside your household pay for any bills or give you money?			

I/we certify that the information provided in this application is true and accurate to the best of my ability.

Signature of Homeowner

Date

I/we understand that I am required to cooperate in supplying all information needed to determine my eligibility or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that failure or refusal to do so will result in denial of eligibility.

Signature of Homeowner

Date

