



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
Cell Phone: (520)993-0823
Email: bhavier@tokahousing.org



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

Tohono O’odham Ki:Ki Association
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Briefly describe the repairs needed or concerns in regard to the health and safety issue of your home:

Please be advised that all repairs and concerns will be taken into consideration but the final decision for assistance will be based on eligibility and at the sole discretion of the Tohono O’odham Ki:Ki Associations Healthy Homes Program.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

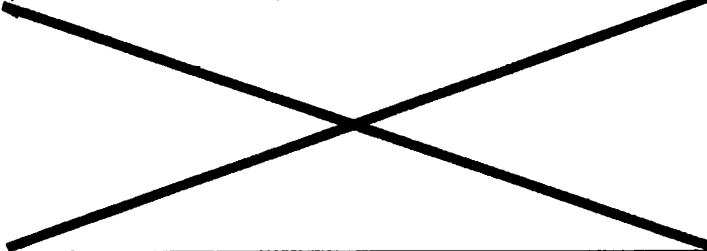
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Tohono O'odham Ki:Ki Association
P.O. Box 790
Sells, Arizona 85634

Date:

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income [i.e., interest and dividends]. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.