

**Home/ Utility Information**

Location of home to be repaired, constructed, including physical directions to the home.

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Is Electricity Available?      YES/ NO      Name of Utility Company: \_\_\_\_\_  
Water Available?              YES/ NO      Name of Utility Company: \_\_\_\_\_  
Bathroom/ Shower Available? YES/ NO

Circle one.

Sewer System?     City Sewer       Septic System       Outhouse  
Water System?    City Water       Private Well       Community Tank       OTHER

Do you own the land that you wish to renovate or build?      YES/ NO

If No, Please state owner's Name \_\_\_\_\_

The land is currently on

- |  |  |
|--|--|
| <input type="checkbox"/> Individual Trust      | <input type="checkbox"/> Tribal Fee Simple |
| <input type="checkbox"/> Individual Restricted | <input type="checkbox"/> Fee Patented      |
| <input type="checkbox"/> Tribal Restricted     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Tribal Trust          |  |

Number of Bedrooms      \_\_\_\_\_      Size of house in feet: \_\_\_\_\_

Does anyone in your household received the Housing Discretionary Funds before?    YES/ NO

If yes, who, what year, & amount funded? \_\_\_\_\_

Do you own any other house?    YES/ NO

If yes, where is the house located & occupied by who? \_\_\_\_\_

Does anyone in the household have a severe health problem, handicap, or permanently disabled? YES/ NO

if yes, who & when? \_\_\_\_\_

**BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION IS TRUE, AND COMPLETED TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

Please draw a map to location of home to be renovated or built, use HWYs, mileposts, county roads/ BIA number