

ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590
* Phone 951-760-7390 * Fax 951-760-7394 * www.amiha.org *



OWNER OCCUPIED HOUSING REHABILITATION APPLICATION

** Completing this application does not guarantee assistance through the NAHASDA program **

Please Check One:

- MUTUAL HELP HOME REHAB (PRE 1998 CONSTRUCTION)
 NAHASDA HOME REHAB (POST 1998 CONSTRUCTION)
 PAID OFF AND NON-HUD HOME REHAB

NAME OF APPLICANT: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

PHONE NUMBER: _____ WORK NUMBER: _____

EMAIL ADDRESS: _____

IS APPLICANT A TRIBAL MEMBER? YES NO TRIBE: _____

Property Condition / Pre-Assessment

(Please answer each question to the best of your knowledge)

Electrical

Do you suspect any faulty electrical wiring in the house? YES NO

Is there any temporary wiring such as extension cords used for permanent wiring? YES NO

Are all light switches and electrical outlets covered with plates? YES NO

Water / Septic

Are there any water leaks inside the home? YES NO

Are all toilets, sinks (bath & kitchen), and tub/showers in working order? YES NO

Do you have any issues with your septic tank or leach lines? YES NO

How old is your Water Heater? (years) _____ Are there any leaks at the Water Heater? YES NO

Heating / Air Conditioning

Does your home have a working Heater? YES NO

Does your home have a working Air Conditioner? YES NO

Is the Air Conditioner a "roof-top" unit? YES NO

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Exterior

- Does your home have any broken windows? YES NO
Are there screens missing from the windows? YES NO
How old is the roof? (years) _____ Have you noticed any leaks? YES NO
Is there any visible dry-rot or missing exterior siding? YES NO

Interior

- Are there smoke detectors inside each bedroom? YES NO
Is there a Carbon Monoxide detector inside the home? YES NO
Is the house currently occupied by anyone with disability needs? YES NO

If "Yes" please explain: _____

Is the house in need of any ADA accessible renovations? YES NO

If "Yes" please explain: _____

Do you suspect there to be mold in the property? YES NO

If "Yes" please explain: _____

Please provide a list of any additional items/issues you would like to be addressed:

If your application is approved and you receive funding, you may be required to sign a *Useful Life/Binding Commitment Agreement* based on the amount of funding received.

SIGNATURE OF APPLICANT

DATE

HUD / AMIHA Homes only:

Before NAHASDA funds use is allowed, AMIHA must ensure that the homeowner's account is current or is current on an executed payback agreement and that the homeowner is in compliance with AMIHA policies.

AMIHA HOMES BUILT PRIOR TO 1998 – STOP HERE
AMIHA HOMES BUILT AFTER 1998 & NON-HUD Homeowners, Please continue to page 3

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Preliminary Income Verification

For the purposes of this program, AMIHA is required to collect your household annual gross income. In order to qualify for assistance using NAHASDA funds, households must be at or below 80% of the area's median income for household size. Annual gross income is the total of income received including but not limited to salary, social security, child support, unemployment benefits, etc., "**before taxes**", for all household members 18 years or older.

2020 HUD Household Income Limits for **San Diego County**

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Low (80%) Income	\$ 64,700	\$ 73,950	\$ 83,200	\$ 92,400	\$ 99,800	\$ 107,200	\$ 114,600	\$ 122,000

2020 US Median Income Household Income Limits- Use for **Riverside County**

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Very Low (80%) Income	\$ 43,960	\$ 50,240	\$ 56,520	\$ 62,800	\$ 67,824	\$ 72,848	\$ 77,872	\$ 82,896

FAMILY COMPOSITION:

NAME (Include Applicant)	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	OCCUPATION	SOCIAL SECURITY #
1.	Applicant					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

HUD regulations mandates that every household member over the age of six (6) provide proof of Social Security Numbers.

2. **HOUSEHOLD INCOME:** (Wages, Social Security, AFDC, TANF, Unemployment, etc.) any income the household is receiving.

SOURCE OF INCOME:	PROJECTED ANNUAL INCOME
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
TOTAL GROSS INCOME:	
	\$ _____

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Employer's Report to the All Mission Indian Housing Authority (Rehab Application Department)

Please complete the top section of this form for each household member 18 years and older and return it to AMIHA with your application. AMIHA will forward this form to your employer.

Applicants Name _____

Employee Name

Employer Name

Employer's Address

I hereby give permission to my employer to release information to the All Mission Indian Housing Authority regarding my employment income.

(Print Name - Employee)

(Signature - Employee)

(Date)

This portion to be completed by Employer

Dear Employer: Federal Regulations mandate that Housing Authority applicant's and their adult household member's income must be verified annually. This information is held in strict confidence and is only used in establishing eligibility.

Please complete the following and submit the information to:

AMIHA, 27368 Via Industria, Suite 113, Temecula Ca 92590

Employee Start Date: _____ Hourly Pay Rate: _____

Approximate hours worked per month: _____

Total anticipated gross earnings for the next twelvemonths: _____

Employer's Signature

Title

Employer's Telephone #

Date

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Verification of Per Capita/Revenue Sharing Income

Please complete the top section of this form *for all household members 18 years and older* and return it to AMIHA with your application. AMIHA will forward this form to your Tribe.

Applicants Name: _____

Tribe: _____

Tribe's Address: _____

I hereby authorize the _____ Tribe to release information relating to my income to the All Mission Indian Housing Authority.

Applicant/Participant Signature

Date

To whom it may concern:

Federal Regulations mandate that income for Tribal members requesting assistance through the use of federal funds be verified prior to approval. The information received is held in strict confidence for use only in establishing eligibility.

All Mission Indian Housing Authority Representative

This portion to be completed by your tribe.

Please complete the following information and return to our officeat:

Fax: (951) 760-7694 or
AMIHA, 27368 Via Industria, Suite 113, Temecula Ca 92590

Total anticipated Per Capita/Revenue Sharing for the next 12 months: _____

Signature

Title

Telephone Number

Date

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Request for Information from Department of Public Welfare/T.A.N.F.

Please complete the top section of this form and return it to AMIHA with your application. AMIHA will forward this form to the Dept. of Public Welfare/T.A.N.F.

Case Name:..... Eligibility Worker:.....

SSN:..... Date of Birth:..... Case No.

I hereby authorize and request the Department of Public Welfare to furnish the All Mission Indian Housing Authority with information, pursuant to law, regarding my eligibility for Welfare Benefits. I understand that the Housing Authority will maintain all information in the strict confidence as authorized by Section 34332(c) of the Health and Safety Code.

Dave Shaffer, Executive Director
All Mission Indian Housing Authority

Signature of Applicant/Participant

This portion to be completed by the Dept. of Public Welfare/T.A.N.F.

To: The All Mission Indian Housing Authority

Re: Case No:.....

This is to verify that..... is currently receiving Welfare/T.A.N.F. benefits.

Type of Benefit:

- Aid to Families with Dependent Children \$.....
- General Relief \$.....
- Other, Specify..... \$.....

Number of persons on grant:

If grant varies please indicate last 6 months of grant amount:

Month:	Amount: \$...
.....	\$...
.....	\$...
.....	\$...
.....	\$...
.....	\$...
.....	\$...
6 Months Total	\$...

Eligibility Worker Signature:..... Date:.....

Address:..... Phone #:

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AMIHA OFFICE USE ONLY

INCOME ELIGIBILITY DETERMINATION:

INCOME FINDINGS:

\$ _____

\$ _____

\$ _____

Totals: \$ _____

DEDUCTIONS:

\$ _____

\$ _____

\$ _____

Totals: \$ _____

TOTAL ADJUSTED ANNUAL INCOME: \$ _____

TOTAL ADJUSTED MONTHLY INCOME: \$ _____

INCOME ELIGIBLE: YES NO

I CERTIFY THAT THE APPLICANT IS INCOME ELIGIBLE/INELIGIBLE (AS INDICATED ABOVE) TO PARTICIPATE IN THE NAHASDA REHAB PROGRAM BASED ON ALL CRITERIA SET FORTH IN THE HOUSING AUTHORITY POLICIES.

SIGNATURE OF WAITING LIST STAFF

DATE