

# ALL MISSION INDIAN HOUSING AUTHORITY

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



## APPLICATION FOR OWNER OCCUPIED SITE IMPROVEMENTS

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

Please Check One:

HUD HOME REHAB (AMIHA HOME)

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)

#### Existing Site Conditions

In what year was your home constructed (approximate)? \_\_\_\_\_

Do you have excessive soil erosion within your site?  YES  NO

Have you made an attempt to plant a ground cover or vegetation to reduce erosion?  YES  NO

Following a significant rainfall, is there ponding up against the exterior of your home?  YES  NO

Following a significant rainfall, are there low spots within your site where water ponds?  YES  NO

Is there a large amount of water flowing through your site during a significant rainfall?  YES  NO

Do you believe your site is in need of a retaining wall?  YES  NO

If yes, approximately how many linear feet? \_\_\_\_\_

Please give a brief description of your concerns regarding your current site condition:

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Please use the space below to provide a site drawing showing your home and identifying your concerns/issues:



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.*

**HUD / AMIHA Homeowners – STOP HERE**

**NON-HUD Homeowners, Please continue to page 3**

**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.

2022 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 | \$ 72,900 | \$ 83,300 | \$ 93,700 | \$ 104,100 | \$ 112,450 | \$ 120,800 | \$ 129,100 | \$ 137,450 |

2022 HUD Household Income Limits for **Riverside County**

|                  | 1 Person  | 2 People  | 3 People  | 4 People  | 5 People  | 6 People  | 7 People  | 8 People  |
|------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Low (80%) Income | \$ 49,300 | \$ 56,350 | \$ 63,400 | \$ 70,400 | \$ 76,050 | \$ 81,700 | \$ 87,300 | \$ 92,950 |

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: | \$ _____                |

\*\*\*\*\*  
**AMIHA OFFICE USE ONLY**  
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**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