

ALL MISSION INDIAN HOUSING AUTHORITY

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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)

NON-HUD HOME REHAB

NAME OF APPLICANT: _____

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

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

PHONE NUMBER: _____ WORK NUMBER: _____

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:

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.

2016 HUD Household Income Limits for **San Diego County**

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Very Low (50%) Income	\$ 29,750	\$ 34,000	\$ 38,250	\$ 42,500	\$ 45,900	\$ 49,300	\$ 52,700	\$ 56,100
Extremely Low (30%) Income	\$ 17,850	\$ 20,400	\$ 22,950	\$ 25,500	\$ 28,440	\$ 32,580	\$ 36,730	\$ 40,890
Low (80%) Income	\$ 47,600	\$ 54,400	\$ 61,200	\$ 68,000	\$ 73,450	\$ 78,900	\$ 84,350	\$ 89,800

2016 HUD Household Income Limits for **Riverside County**

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Very Low (50%) Income	\$ 22,400	\$ 25,600	\$ 28,800	\$ 31,950	\$ 34,550	\$ 37,100	\$ 39,650	\$ 42,200
Extremely Low (30%) Income	\$ 13,450	\$ 16,020	\$ 20,160	\$ 24,300	\$ 28,440	\$ 32,580	\$ 36,730	\$ 40,890
Low (80%) Income	\$ 36,792	\$ 42,048	\$ 47,304	\$ 52,560	\$ 56,765	\$ 60,970	\$ 65,174	\$ 69,379

FAMILY COPOSITION:

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

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