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Housing Department
Assistance Programming & Services
 Pine Creek Reservation—2221 1 ½ Mile Rd., Fulton, MI 49052
 (269) 729-5151 Fax: (269) 729-5920

Home Repair/Renovation & Weatherization Assistance Programs

This application is subject to the Privacy Act of 1974, P.L. 93-579

Please check the appropriate box for the program section/service you are applying:

<input type="checkbox"/>	Home Repair/Renovation Assistance	<input type="checkbox"/>	NA	<input type="checkbox"/>	Home Weatherization Assistance
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A. APPLICANT INFORMATION:

NAME (Last name, first name, middle name, and maiden name (if app.)):	
ADDRESS:	
DATE OF BIRTH:	HOME TELEPHONE :
	WORK TELEPHONE:
SOCIAL SECURITY NUMBER:	MARITAL STATUS:
	() MARRIED
	() SINGLE
TRIBAL ENROLLMENT NUMBER:	() WIDOWED

B. SPOUSAL INFORMATION:

NAME (Last name, first name, middle name, and maiden name (if app.)):	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
TRIBAL ENROLLMENT NUMBER (if app.):	

C. **FAMILY INFORMATION:** List all other persons living in your household on a permanent basis.

	Name	Date of Birth	Last 4 digits, SSN	Relationship	Enroll. #
1					
2					
3					
4					
5					

D. **INCOME INFORMATION:**

1. **EARNED INCOME** (E.g. wages, self employment earnings, etc.): Start with applicant and spouse (if app.), then list all permanent adult household members from Part C. above *who possess earned income*. Verification of income required; for adult household members not possessing income, use "0" under Annual Income column and complete attached Zero Income Form.

	Name	Annual Income	Source of Income
1			
2			
3			
4			
5			
TOTAL ANNUAL EARNED INCOME:			

2. **UNEARNED INCOME** (E.g. SSDI/RSDI/SSI, DHS Cash Assistance, unemployment benefits, child support/alimony, etc.): Start with the applicant and spouse (if app.), then list all permanent adult household members from Part C. above *who possess unearned income*. Verification of unearned income required.

	Name	Annual Income	Source of Income
1			
2			
3			
4			
5			
TOTAL ANNUAL UNEARNED INCOME:			

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S. C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the above program(s) or other Federal agency requiring it in the performance of their duties.

Applicant (signature) _____

Date _____

Spouse (signature, if app.) _____

Date _____

NHBP ASSISTANCE PROGRAMMING & SERVICES

Zero Income Form

To determine your eligibility for NHBP Assistance Programming and Services, applicants must furnish proof of household income.

If applicant or any adult household member had no income for the past 30 days, please complete the following (to be completed and signed by specified household member):

1. What was your income for the past three months?

Adult Household Member	Source	Amount

2. If you have shelter expenses (for ex., rent, mortgage), how do you pay for them?

3. If you have home energy and/or utility expenses, how do you pay them?

4. How do you acquire food for your household?

I hereby certify that the information detailed above represents my household's circumstances and that adult household members listed above presently possess no income.

Signature

Date