



Standing Rock Sioux Tribe

BIA 638 HOME IMPROVEMENT APPLICATION

TO BE ELIGIBLE:

- Must own your own home; verification must be attached (Deed, notarized bill of sale, or letter of conveyance).
- If you received assistance through Tribal HIP and/or BIA 638 HIP within the last five (5) years, you will not be eligible.
- Must be an enrolled member of the Standing Rock Sioux Tribe and live within the reservation boundaries of SRST to be eligible; verification must be attached.
- Must be currently living in your home for the past 12 months. Only primary residence will be eligible.
- Home must have adequate 24-hour heating system; unless requesting a furnace.
- Trailer homes must be blocked, anchored, and skirted.
- Requests for handicap ramps must include doctor's statement.
- Must complete attached application.
- All necessary documents must be attached such as; doctor's statement, ownership, most recent pay stubs, proof of enrollment, etc.

Any misleading information or false information will be grounds for non-approval of application and will be prosecuted in Tribal Court.

Standing Rock Housing Authority homes **are not** eligible. Scatter sites must have dates conveyed.

STANDING ROCK SIOUX TRIBE
BIA 638 HOME IMPROVEMENT PROGRAM

GENERAL INFORMATION:

NAME _____
FIRST MIDDLE LAST NAME MAIDEN NAME AKA

CURRENT MAILING ADDRESS: _____

PHYSICAL ADDRESS/DESCRIPTION TO DWELLING: _____

DISTRICT: _____

DAY TIME PHONE: _____ MESSAGE PHONE: _____

TRIBE ENROLLED: _____ ENROLLMENT NO.: _____

HAVE YOU RECEIVED TRIBAL HOME REPAIR FUNDS?
YES OR NO

IF SO, WHEN/APPROXIMATE DATE? _____

WHAT TYPE OF WORK WAS DONE? _____

HAVE YOU APPLIED FOR SRHA? YES or NO

YES or NO BACK RENT/EVICTION

ARE YOU ELIGIBLE FOR SRHA?

BRIEFLY DESCRIBE YOUR CIRCUMSTANCE AND WHY YOU ARE REQUESTING THESE FUNDS:

INFORMATION

Name	Date of Birth	Relationship to Applicant	Enrollment Number

	Yes	No
Have you or anyone in your household ever received assistance to repair your house from:		
• Child Care Assistance Program If yes, provide date of application: _____		
• HIP If yes, provide date of application: _____		
• Covid If yes, provide date of application _____		
• Other? From who: _____ If yes, provide date of application: _____		
Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Earned Income: Start with applicant, then list all permanent family members, including all who have earned income. Need to provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs. etc. for verification.

Name	Annual Earned Income	Source of Income

What type of housing? {Circle one) House BIA HIP Trailer Home o t h e r

Other Briefly describe: _____

Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____			
Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet
Water Source: City Water <input type="checkbox"/> Private Well <input type="checkbox"/> Community Water Tank <input type="checkbox"/> Other (Please describe): _____			
No. of Bedrooms _____			
House Size: __ (Square Feet)		[LENGTH __ ft./in]	[WIDTH __ ft./in]
Bathroom facilities in existing house:	Facility	Yes	No
	Flush toilet		
	Bathtub		
	Sink/lavatory		

Additional comments or information:

Application Certification:

I certify that all 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.

Applicant Signature: _____ Date: _____

Spouse/Co-applicant: _____ Date: _____

PLEASE ATTACH ALL NECESSARY DOCUMENTS OR YOUR APPLICATION WILL BE DEEMED INCOMPLETE.

FOR OFFICE USE ONLY		
FACTOR	RANK DESCRIPTION	POINTS AWARDED
Factor 1	AGE	
Factor 2	DISABLED	
Factor 3	DEPENDENT	
Factor 4	OTHER	
Factor 5	INCOME	

Date Stamp Application Received In Office

Approved 5/20/2024