



## WEATHERIZATION / REHAB PROGRAM

-or-

### Home Improvement Program

#### Monacan Indian Nation

111 Highview Dr, Madison Heights, VA 24572

434-363-4864 or Housing@monacannation.com

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address or P.O. Box #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
CONTACT PHONE NUMBER: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Tribal Enrollment Number \_\_\_\_\_

**Do you or any member of your household have a family or business relationship with an employee of the Monacan Indian Nation Housing Authority, or any Tribal Council Member?** ☐ Yes ☐ No

### 1. Family Composition

#### A. Persons who live in your home

Family Member Number	Name(s) of Family Members	Relationship to You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					

\*Social Security Number is required for all family members who are 6 years of age or older



## 2. Estimated Family Income (for next 12 months)

### A. Income from employment

Family Member Number	Employer Name and Address	Rate per hour	Rate per week	Yearly Income
1.				
2.				
3.				
4.				

### B. Other income

Source:	Rate per month	Total per year
TANF		
Social Security		
SSI		
Unemployment		
Pensions		
Leases		
Self-Employment		
Other		

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

Have you received any other federal subsidy? \_\_\_\_ If yes, please explain.

### ADDITIONAL ASSETS: (CHECK THOSE THAT APPLY)

	Value
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stocks / Bonds	
<input type="checkbox"/> Yes <input type="checkbox"/> No Checking / Savings	
<input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate	
<input type="checkbox"/> Yes <input type="checkbox"/> No Other	

If OTHER, PLEASE EXPLAIN:

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### ASSISTANCE REQUESTED

Please list work requested in order of priority

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



## ELIGIBILITY & ADDITIONAL SUBMISSIONS

Indians are eligible for this program, but a participating Household must have income that is less than eighty percent (80%) of the Area Median Income. Please also note that when making awards of these funds, priority is given to households that have incomes less than fifty percent (50%) of the Area Median Income.

### **Required Documentation to Complete File:**

*\*Tribal Enrollment Card if applicable \*Picture I.D. \*SS Card or Birth Certificate\* Proof of Disability (if applicable) \*Proof of Income; 2 most recent pay stubs -or- Most recent 1040 Tax Return For – or- Social Security and/or Disability Award Letter -or- 2 months Bank Statements, Proof of Homeowners insurance and ownership. Other documents may be used on a case-by-case basis provided they show annual income or predicted annual income.*

### **Other Documentation:**

*\*Copy of Deed or Filed Lifetime Rights (If Applicable); \*Copy of Power of Attorney (if applicable);*

## OTHER INFORMATION

☐ Please check this box if you have previously provided an application for this Homeowners Assistance Funding, whether to MIN or another assistance provider. This is being asked of you, in part, because there is a limit on how much financial assistance an individual Household can receive from this particular program.

The applicants agree that all funding must be used for the purposes intended. The program requires that all assistance provided must be deposited into proper accounts and used only for approved purposes. If the funds are sought and used for improper purposes, the applicants shall become indebted to, and shall be required to pay back, those amounts to the U.S. Treasury Department and Monacan Indian Nation. Additionally, applicants promise and guarantee that all of the representations that they have made in this Application are accurate, truthful, and complete.

### **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Monacan Indian Nation to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the MINHD if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

## Certifications:

**Recipient:** I certify that my household is drug free. I understand that falsification of this information may result in denial or repayment of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recipient:** I certify that the information provided on this form is true and complete to the best of my knowledge. In addition, I consent to allow The Monacan Indian Nation to request and obtain information for the purpose of verifying my eligibility for Housing/Assistance Programs, which may include a credit and/or background check. Furthermore, I understand that falsification of any information may result in denial or repayment of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Check the following that apply: Points will apply.

*\*Head of Household is the applicant.*

- ☐ Enrolled MIN Member who is Head of Household (6 pts.)
- ☐ Enrolled MIN member spouse of the Head of Household Member (3 pts.)
- ☐ Enrolled MIN members who are not Head of Household or spouse (3 pts.)
- ☐ Elderly person who is the Head of Household (62 years of age or older)  
(4 pts.)
- ☐ Member of household who is elderly person other than the Head of Household (62 years of age or older)  
(2 pts.)
- ☐ Veteran who is Head of Household (not HUD-VASH) (3 pts.)
- ☐ Disabled family (3 pts.)
- ☐ Single Parent (with one or more children in household)  
(3 pts.)
- ☐ Full- time college student (3 pts.)

Initials \_\_\_\_\_



\*\*\*\*\*OFFICE USE\*\*\*\*\*

Date and time application was received by the MINHD \_\_\_\_\_

Signature of MIN Chief/Assistant Chief/ MIN employee receiving application:

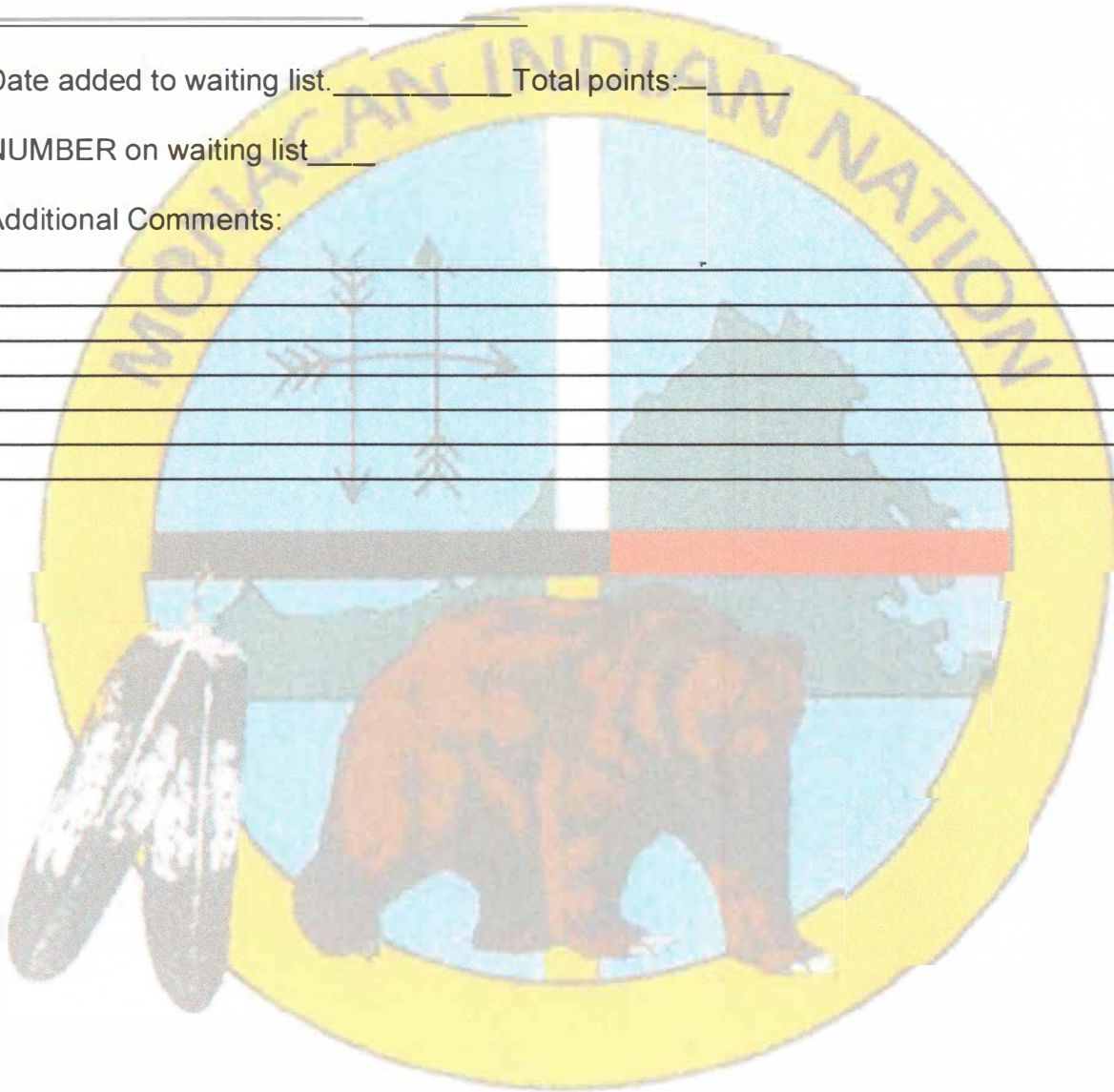
\_\_\_\_\_

Date added to waiting list. \_\_\_\_\_ Total points: \_\_\_\_\_

NUMBER on waiting list \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Initials \_\_\_\_\_