

# Rehab Grant Application: Checklist



- REHAB GRANT
- Nantahala Grant
- Resale Form**
- Landowner Proof**

Client Name: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

We will attempt to contact you three times, after the third no response you will be removed from the waiting list.

Call Log:

Date	Time	Initial

Requested Service(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Current Address: \_\_\_\_\_ Community: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Valid Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Circle the answer for the following:

Are you over the age of 18? ( Yes / No ) Sex: ( Female / Male )

Marital Status? ( Single / Married / Widowed )

Information About Spouse:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Land Information

Do you own the land? ( yes / no )

If not, provide the name of the owner(s):

Joint Ownership? ( yes / no )

If so, provide the names of all owners: \_\_\_\_\_

If you DO NOT own the land, please provide a valid 10-year lease from BIA

Do you live in a Mutual Help House built with Housing and Urban Development (HUD) funds? (Qualla Housing Authority? ( yes / no )

Does anyone in your family, who is a permanent resident have a severe health problem, handicap, or permanent disability? ( yes / no )

If yes, name? \_\_\_\_\_

# Rehabilitation Agreement

The Tribal Rehab Grant Program includes the following provisions, herein stated, addressing turnover of the property through resale. Please read and initial on each line, sign and date.

\_\_\_\_\_ HCD may declare the full amount of the grant immediately due and payable if Homeowner sales, transfers the title of home or rents the home to anyone within 5 years of the disbursement of the grant funds.

\_\_\_\_\_ The home must be the primary residence of the applicant.

\_\_\_\_\_ homeowner can only be served once every 3 years. This will include the address of the home regardless of transfer or sale.

APPLICANT CERTIFICATION (Read this certification carefully before you sign and Date your application. Sign in ink.)

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 of 18 U.S.C. 1001.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouses Signature (if approved) \_\_\_\_\_ Date \_\_\_\_\_