HIP CHECK LIST FOR APPLICATIONS WITH REQUIRED DOCUMENTATION
Call #964-6761 with questions; fax #964-6900, PO Box 590, Eagle Butte, SD 57625
Everyone must update the applicant eligibility criteria requirements pursuant to 25 CFR 256.14(d)(2).

FY-12 CLOSING DATE: unknown at this time!

Applications must be complete with all documentation!

___ Housing Assistance Application (Form Enclosed - BIA Form 6407 complete & return, expires 08-31-11)

___ Tribal membership documentation i.e. Certificate of Degree of Indian Blood or copy of Tribal membership (per 25 CFR 256.13 subpart (d)). 605-964-6612/fax # @ 605-964-6614

___ Privacy Act Notice (Form Enclosed – sign and return)

___ Authorization for Release of Information (Form Enclosed – Notarize & return) All family member over the age of 18 years old must complete an authorization release of information form

___ SIGNED 2010, 1040 Income Tax Return for all Permanent Members of the household, including W-2’s and all other attachments. NOTE: If you or other household members did not file a tax return, you must submit a signed notarized certification statement explaining why you did not file. (Form Enclosed - Notarize & return) This applies to all family members over the age of 18 years old must complete this form.

___ Submit documentation that you have no other resource for housing assistance. A written letter with your signature and date can be submitted or use the (Enclosed letter to HUD/CRST Housing Auth.) 605-964-4265.

___ Proof of other income for January to December 2010 from all permanent members of the household (18 yrs & older). This includes unearned income like Social Security 1-800-772-1213 or 605-226-7231, GA, Retirement, Unemployment Benefits, TANF, or VA (per 25 CFR 256.13 subpart (e)) (2). If no income, please get proof from the BIA General Assistance Office @ 964-8998/fax # @ 964-8077 and/or TANF office @ 964-8240/fax # @ 964-1200; VA @ 605-336-3230/fax# @ 333-5316; Unemployment office @ 605-626-2452/fax# @ 626-3172.

___ Submit your January to December 2010 - IIM annual trust income statement of your Individual Indian Money account for royalty, lease, and other monies from. NOTE: If you do not have an account, you must furnish a statement from the BIA-IIM Dept. to this affect; please get proof. 964-7707.

___ Proof of ownership of the residence. (Title, Gift Deed, Bill of Sale) If homeless get a notarized letter.

___ Proof of ownership of land. Call BIA Land Operations @ 605-964-7747

a. For fee patent property, you must provide a copy of a fully executed Warranty Deed, which is available at your local county court house.

b. For trust property, you must provide certification from the Cheyenne River Agency BIA Realty Office.

c. For Tribally owned land, you must provide a copy of a properly executed Tribal Assignment, certified by the Cheyenne River Agency BIA Realty Office.

d. For multi-ownership property, you must provide a copy of a properly executed 25 Yr. lease Cheyenne River Agency BIA Realty Office.

___ Statement from two (2) different sources of the PERCENTAGE of disability for each disabled person in the household. This may include a Physician’s certification, Social Security or Veterans Affairs determination, or similar determination from a Doctor’s office, clinic or hospital on official letterhead that is signed and dated by the appropriate medical person that is recognized as being medically qualified to issue this opinion (per 25 CFR 256.14 subpart (b), (2). (Form Enclosed - Doctors Statement) VA-Ft. Meade #1-800-743-1070 or 1-800-827-1000.
A. APPLICANT INFORMATION

1. Name: ___________________________ _______________ ____________ MI Maiden Name (if any)
   Last First

2. Current Address:
   Street Address ___________________________ P.O. Box # (if any) _______________
   City ______________________ State __________________ Zip Code

3. Telephone Number: (____) __________________________

4. Date of Birth: ______________ 5. Social Security Number: __________________________

6. Tribe: _______________________________ Roll Number: __________________
   Reservation/Rancheria: _______________________________

7. Marital Status: ____Married  ____Single  ____Widowed  ____Other
   If you checked “Other”, please explain. ______________________________________

Information about Spouse:

8. Name: ___________________________ _______________ ____________ MI Maiden Name (if any)
   Last First

9. Date of Birth: ______________ 10. Social Security Number: __________________________

11. Tribe: _______________________________ Roll Number: ______

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Social Security Number, and Relationship to Applicant, and Tribe/Roll Number.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Social Security #</th>
<th>Relationship to Applicant</th>
<th>Tribe/Roll Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

If you need more space, use a blank sheet of paper.

Date of this application: __________________________
C. INCOME INFORMATION

12. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual Earned Income</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Total annual earned income: $ ______________________

13. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual Unearned Income</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Total annual unearned income: $ ______________________

14. TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned + unearned): $ ______________________

D. HOUSING INFORMATION

15. Location of the house to be repaired renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**

<table>
<thead>
<tr>
<th>Address</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

16. Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.

<table>
<thead>
<tr>
<th>Problem Description</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

17. To your knowledge, has HIP assistance ever been provided for this house or have you ever received HIP assistance?
   No.
   Yes. If yes, indicate amount: $ ________________, to whom: ____________________________, And when: ________________.

18. If repair assistance is needed, do you own or rent this house?
   If renting, is the owner Indian? No Yes
   If yes, provide name of owner(s): ____________________________

Date of this application:
**HOUSING INFORMATION continued.**

19. Is electricity available?  
   - No  
   - Yes  
   If yes provide name of electric company: ____________________________.

20. Type of Sewer system:  
   - City Sewer  
   - Septic Tank  
   - Chemical Toilet  
   - Outhouse

21. Water Source:  
   - City Water  
   - Private Well  
   - Community Water Tank  
   - Other (Please describe): ____________________________.

22. No. of Bedrooms ______________

23. House Size: __________ (Square Feet)  
   [ LENGTH ______ ft/in]  
   [ WIDTH ______ ft/in]

24. Bathroom facilities in existing house:  
   - Facility  
   - Yes  
   - No  
   - Flush toilet  
   - Bathtub  
   - Sink/ lavatory

**E. LAND INFORMATION**

25. Do you own the land on which you wish to renovate or build this home?  
   - Yes  
   - No  
   If no, provide the name of the owner(s):

26. What is the current status of the land?  
   - Fee  
   - Tribal Fee  
   - Native/Restricted  
   - Individual trust land  
   - Tribal trust land  
   - Public Domain  
   - Individually restricted  
   - Tribally restricted  
   - Other:

27. If you do not own the land, do you have:  
   - Leasehold interest?  
   - Use permit?  
   - Indefinite assignment or joint ownership?  
   - If so, please explain:

**F. GENERAL INFORMATION**

28. Have you or anyone in your household ever received Housing Improvement Program assistance?  
   - Yes  
   - No  
   If yes, give amount received $________; the year it was received: ________; and the location of the house:

29. Do you own any other house not occupied by your family?  
   - Yes  
   - No  
   If yes, state where the house is located: ________________ and who occupies it: ________________.

30. Do you live in a house built with Housing and Urban Development (HUD) funds?  
   - Yes  
   - No

31. Is the HUD project still under operation of an Indian Housing Authority?  
   - Yes  
   - No

32. If you are requesting assistance for a new housing unit, have you applied for assistance from:  
   - Indian Housing Authority?  
   - Tribal Credit Program?  
   - Other?  
   - From who:  
   - If yes, provide date of application:

33. 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?  
   - Yes  
   - No  
   If yes, provide name of family member ________________ and brief description of condition. (Your servicing housing office will advise you if you must provide statements of condition from two sources, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).

Date of this application: ____________________________.
G. 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.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant’s Signature: ____________________________ Date: ______________

Spouse’s Signature (if appropriate) ____________________________ Date: ______________

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct all comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer - Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.


Date of this application: ______________
PRIVACY ACT NOTICE

Pursuant to the Privacy Act of 1974, as amended, as codified in 5 U.S.C. 552a (e) (3), individuals furnishing information on this form are hereby advised as follows:

1. The authority for solicitation of the information is 5 U.S.C. 522a(e) and the Bureau of Indian Affairs “Housing Improvement Program” regulations, Title 25 Code of Federal Regulations, Chapter 1, Part 256.4 Information Collection.

2. The information collected requirements contained in Part 256.13 have been approved by the Office of Management and Budget under 44 U.S.C. 3507 et. Seq. and assigned clearance number 1076-0084. The information will be used to determine eligibility to participate in the Housing Improvement Program (HIP)

3. The information contained in this application may be made available to authorized sources upon request.

4. Failure on the part of the applicant to provide the requested information may preclude this applicant form eligibility this applicant from eligibility in obtaining housing assistance under the Housing Improvement Program.

5. The disclosure of your social security number is optional. However, failure to disclose the social security number for you and all other permanent household members may result in a delay and/or denial of this grant.

I have read the above statement and agree to provide the required information and authorize the use of such information to the extent of the uses specified in the notice.

________________________________________  ____________
Applicant’s Signature                            Date

________________________________________  ____________
Spouse’s Signature (Include Maiden Name)          Date
AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

We hereby authorize you to release to the Housing Improvement Program, Cheyenne River Sioux Tribe for verification purposes, any and all information concerning the following:

1. Employment history date, titles, income, hours worked, etc.;
2. Banking, Savings, and IIM Accounts of record;
3. General Assistance Income, and/or TANF Benefits;
4. Specifically authorize Social Security Administration to release records;
5. Specify the information for SSA: Income for January thru December 2010 only
6. Specify to whom the record may be disclosed; H.I.P., Eagle Butte, SD 57625
7. State a time during which the record may be disclosed. If no time frame is given, assume the consent is for a one-time-only disclosure; 2011 year only
8. Any other information requested as deemed necessary to verify my/our application; to include
9. Tribal Enrollment(s)
10. Unemployment 605-626-2452 fax#626-3172, Veterans Affairs 605-336-3230 fax#333-5316

This information is for the CONFIDENTIAL use of the Housing Improvement Program (HIP) financial assistance. A photographic or carbon copy of this authorization being a photographic or carbon copy of the signature(s) of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

APPLICANT'S SIGNATURE (Full Name) ____________________________ DATE ____________

PARENT/GUARDIAN SIGNATURE (If required) ____________________________ DATE ____________

FULL NAME OF APPLICANT (Print) ____________________________ SOCIAL SECURITY NUMBER ____________________________

ADDRESS OF APPLICANT ____________________________ TELEPHONE NUMBER ____________________________

Subscribed and sworn to before me this ________ day of, ______________________ 2011.

_________________________________________________________ NOTARY PUBLIC
CERTIFICATION

I __________________________ hereby state and certify that I did not file a 1040 Income Tax Return for the 2010 tax year for the following reason(s).

___ Total amount of earned income for the 2010 tax year did not require me to file an income tax return.

___ Total amount of unearned income for the tax year did not require me to file an income tax return.

___ Unemployed in the 2010 tax year and I did not receive unemployment benefits.

___ other (specify)

____________________________________________________________

Signature (Sign)  __________________________  Date  ______________

Full Name (Print) __________________________  Social Security Number # (605)____________________

Address __________________________, SD  Telephone Number # __________________________

Subscribed and sworn to before me this ______ day of ________________________, 2011

____________________________________________________________

Notary Public
To: Executive Director, Cheyenne River Housing Authority

Re: Request for Housing Assistance
I am respectfully requesting housing assistance from the Cheyenne River Housing Authority

For extensive home repair/renovation or replacement.

--------------------------------------------------
Applicant/Homeowner       Date

Regretfully, your request for housing assistance is denied as the Cheyenne River Housing Authority currently does not have NAHASDA funds to assist private Tribal member home owners with home repair/renovation and not longer offers the mutual self help program to Tribal members.

--------------------------------------------------
Executive Director       Date
DOCTOR'S DISABILITY STATEMENT

DATE: ____________________

To Whom It May Concern:

This letter is in regards to: ________________________________

who was examined by me on this date: ____________________________

It is my professional opinion that he/she is suffering from the following permanent
medical and/or physical disability of: ________________________________

______________________________________________________________

Based upon my diagnosis I would assign a disability rating of __________% 

This rating may be used for any public physical assistance program that allows points for eligibility based on a permanent physical disability of handicap.

If additional information is necessary, please make a written inquiry at the below address:

Sincerely,

__________________________________________________________ MD

Housing Improvement Program
Cheyenne River Sioux Tribe
PO Box 590
Eagle Butte, SD 57625-0590
Work Phone: (605) 964-6761, Fax (605) 964-6900
Social Security Administration  
Attn: District Manager  
115 4th Avenue South East  
Aberdeen, South Dakota 57401  

Dear Mr. Kerry Wenbourne, District Manager:

The Cheyenne River Sioux Tribe is administering the Housing Improvement Program (H.I.P.) from the Bureau of Indian Affairs through a 93-638 contract. The program is providing standard housing through either (1) Category B renovation; or (2) Category C-1 and C-2 complete replacement, for the neediest of the needy Indians’ living within the service area for the Tribe. The funding process for this program involves an application rating system; whereas the ones with the highest rating are funded until all fiscal year funding is expended, which is usually around 30 projects, for the overall Tribes in the Great Plains Region. This rating process is in accordance to 25 CFR Part 256 HIP. The rating for the individual is derived from the following four (4) factors: (1) Annual Income; (2) Aged Persons; (3) Disabled Individual; (4) Dependent Children.

The above four factors need to be verified by proper documentation so with this letter we are requesting verification from SOCIAL SECURITY ADMINISTRATION of: 115 4th Avenue SE, Aberdeen, SD 57401 for this client:

Social Security No:  
Mr.; Mrs.; Ms:  
ADDRESS:  

Enclosed please find a copy of the properly executed “Authorization to Release Information” form.

The above applicant has indicated that he/she is receiving Social Security Income due to disability. In accordance with 25 CFR Part 256 HIP; an individual receives 10 points for 1% to 99% disability, or 20 points if the disability is 100%. Therefore, if the SSA/SSI income for a disabled person is considered 100% by the Social Security Administration, we request your office to provide us with verification to that effect by marking the appropriate box below, obtain the appropriate signature, and return to our office at your earliest convenience. Please attach any documentation that will be useful in our data gathering.

_____ YES  _____ NO  Signed:  
District Manager  

Date  

Should you need any further information, please do not hesitate to call our office at 605-964-6761.

Sincerely,

John Lind, HIP Director, CRST

Cc:   File
Enc:  1
Letter to the file

RE: HIP Applicant Disability

This letter is to document concurrence with the attached medical statement. I have interviewed the applicant and concur that the condition reported on the medical statement does exist.

______________________________  ________________________
HIP Coordinator, or Tribal Official  Date
<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>0% to 25% of PG</th>
<th>26% to 50% of PG</th>
<th>51% to 75% of PG</th>
<th>76% to 100% of PG</th>
<th>101% to 125% of PG</th>
<th>OVER 125% of FPIG INELIGIBLE</th>
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<td>0 TO 2,723</td>
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<td>5,446 TO 8,168</td>
<td>8,169 TO 10,890</td>
<td>10,891 TO 13,613</td>
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<td>14,711 TO 18,388</td>
<td>18,389 &amp; HIGHER</td>
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<td>23,164 &amp; HIGHER</td>
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<td>11,176 TO 16,763</td>
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<td>13,086 TO 19,628</td>
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<td>26,171 TO 32,713</td>
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<td>16,906 TO 25,358</td>
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<td>37,631 TO 47,038</td>
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<td>49,091 TO 61,363</td>
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<tr>
<td>12 EACH PERSON OVER 12 ADD</td>
<td>0 TO 13,228</td>
<td>13,229 TO 26,455</td>
<td>26,456 TO 39,683</td>
<td>39,684 TO 52,910</td>
<td>52,911 TO 66,138</td>
<td>66,139 &amp; HIGHER</td>
</tr>
</tbody>
</table>

25% = 2,723 50% = 5,445 75% = 8,168 100% = 10,890 125% = 13,613
2011 PG: @ Add'l: 955 2,865 3,820 4,775 HHS Poverty Guidelines
PRIORITY CALCULATION FORM

HOUSING IMPROVEMENT PROGRAM

Name: __________________________  Enrollment No: __________

Spouses name: ____________________  Date of application: __________

Tribe: ___________________________  Category: __________

Date of Evaluation: ____________  Evaluator’s name: __________

FACTORS:  

1. **Household income:**  
   Provide proof of income for all permanent members of the household. (25 CFR 256.13 (c)).

2. **Family composition:**  
   Adults: _____  Children: _____

3. **Elderly:**  
   - 55 years and older  
   - 1 point for each year over 55 for “Each” Elder residing in the home.

4. **Handicapped/Disabled**  
   Points are awarded per application not per individual  
   25 CFR 256.14 (applicable chart).  
   - 100% Handicapped/disabled  
     - 20 points  
   - Doctor’s statement must state the disabled/handicap individual is 100% disabled.  
   - Less than 100% handicapped/disabled  
     - 10 points

5. **Total points awarded to the application (1-4)**

*In the case of a tie, the family with the lowest income will be assisted first.*  
25 CFR 256.14 (c) (3)

Do not award points to factors 1 & 4 unless verification is included with the application.

A review of all existing records shows that the applicant: Has ___ Has not ___
received HIP assistance after October 1, 1986. (Excluding Category A).