

**APPLICATION FOR SANITATION FACILITIES**  
U.S. PUBLIC HEALTH SERVICE - INDIAN HEALTH SERVICE  
OFFICE OF ENVIRONMENTAL HEALTH AND ENGINEERING  
DIVISION OF SANITATION FACILITIES CONSTRUCTION

ID No. \_\_\_\_\_

**PLEASE COMPLETE ALL ITEMS (incomplete applications will be returned to you)**

**I. GENERAL INFORMATION**

NAME: \_\_\_\_\_ (Maiden): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Box or Street City State Zip Code

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

TRIBE: \_\_\_\_\_ (attach copy of Certificate of Degree of Indian Blood)

**II. LOCATION OF HOMESITE TO BE SERVED**

COUNTY: \_\_\_\_\_ SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_<sup>N</sup><sub>S</sub> RANGE: \_\_\_\_\_<sup>W</sup><sub>E</sub>

DIRECTIONS TO SITE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. STATUS OF LAND OWNERSHIP (check one only)**

- \_\_\_\_\_ OWN (attach copy of recorded deed)  
\_\_\_\_\_ BUYING (attach copy of recorded warranty deed)  
\_\_\_\_\_ LEASE (attach copy of notarized lease agreement; land must be Indian owned)  
\_\_\_\_\_ HEIRSHIP (attach statement of status)  
\_\_\_\_\_ OTHER Explain: \_\_\_\_\_

**IV. HOME INFORMATION (check one only)**

- \_\_\_\_\_ MOBILE HOME (must be on property and fully skirted, with wheels and tongue removed.)  
Date mobile home moved, or scheduled to be moved, on site: \_\_\_\_\_  
\_\_\_\_\_ HIP RENOVATED HOME (BIA Home Improvement Program)  
\_\_\_\_\_ NEW HOME (built within the past year)  
\_\_\_\_\_ EXISTING/LIKE NEW HOME  
(Home will need to be inspected and verified to be occupiable for minimum 20 years)  
\_\_\_\_\_ OTHER, Explain: \_\_\_\_\_

**Notes: Coordinate with OEH Office before constructing or, placing the home on-site.  
DHUD homes under housing authority, or NAHASDA management are not eligible.**

SIZE OF LOT: \_\_\_\_\_ acres OR \_\_\_\_\_ feet by \_\_\_\_\_ feet

HAVE YOU RECEIVED PRIOR OEH ASSISTANCE? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, WHAT FACILITIES WERE PROVIDED? \_\_\_\_\_

IS THE HOME CONSIDERED YOUR PRIMARY RESIDENCE? \_\_\_\_ Yes \_\_\_\_ No

DOES THE HOME HAVE INDOOR PLUMBING? \_\_\_\_ Yes \_\_\_\_ No

DOES THE HOME HAVE ELECTRICITY? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_  
Utility Company

IS 220V ELECTRICITY AVAILABLE? \_\_\_\_ Yes \_\_\_\_ No

WHAT TYPE OF HEATING DOES THE HOME HAVE? \_\_\_\_\_

WHAT TYPE OF INSULATION DOES THE HOME HAVE? \_\_\_\_\_

HOW MANY BEDROOMS DOES THE HOME HAVE? \_\_\_\_\_

HOW MANY PEOPLE LIVE IN THE HOME? \_\_\_\_\_

WHAT TYPE OF WATER SUPPLY DOES THE HOME NOW HAVE? (e.g., well, community water, etc.) \_\_\_\_\_

DESCRIBE ANY PROBLEMS WITH WATER SUPPLY: \_\_\_\_\_  
\_\_\_\_\_

WHAT TYPE OF SEWAGE DISPOSAL DOES THE HOME NOW HAVE? (e.g. septic tank and drainfield, city sewer, etc.) \_\_\_\_\_

DESCRIBE ANY PROBLEMS WITH SEWAGE DISPOSAL: \_\_\_\_\_  
\_\_\_\_\_

**V. SERVICES REQUIRED** (check required facilities)

\_\_\_\_ WELL      \_\_\_\_ SEPTIC TANK      \_\_\_\_ DRAINFIELD OR LAGOON

\_\_\_\_ COMMUNITY WATER      Name of System/Community: \_\_\_\_\_

\_\_\_\_ COMMUNITY SEWER      Name of System/Community: \_\_\_\_\_

\_\_\_\_ PLUMBING Explain: \_\_\_\_\_

\_\_\_\_ OTHER Explain: \_\_\_\_\_

**VI. HOMEOWNER RESPONSIBILITIES**

The homeowner consents to obtain and provide copies of all easements necessary for construction, operation, and maintenance of required facilities to the Indian Health Service prior to construction.

The homeowner grants permission for the Indian Health Service and its representatives to enter upon or across lands of the homeowner for the purpose of carrying out the project.

The homeowner will assume responsibility for minor site clean-up (e.g., settlement around installed facilities) after the system installation is complete and equipment has been removed from the site.

The homeowner will assume responsibility for the maintenance and repair of the installed facilities, after the one-year warranty has expired, so as to keep them in effective operating condition.

**VII. APPLICANT CERTIFICATION** (read carefully before signing and dating in ink)

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**VIII. PRIVACY ACT STATEMENT** (read carefully before signing and dating in ink)

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those individuals as to:

- A. the authority (whether granted by statute or by executive order) which authorizes the solicitation of the information and whether the disclosure of such information is mandatory or voluntary;
- B. the principle purpose or purposes for which the information is intended to be used;
- C. the routine uses which may be made of the information, as published pursuant to CFR 25, Chapter I, Subchapter X, Part 261;
- D. the effects on him or her, if any, of not providing all or any part of the requested information.

The Indian Health Service sanitation facilities construction program operates under the general authority of P.L. 86-121. In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients, and to determine eligibility, certain information is required of applicants. The attached forms solicit the required information. The disclosure of such information on the part of the applicant is voluntary. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining sanitation facilities under this program.

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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 this statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date