

## HIP CHECKLIST

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

# of permanent members of family: \_\_\_\_\_

Members over 55 yrs. \_\_\_\_\_ How many yrs. over \_\_\_\_\_

- \_\_\_\_\_ HIP APPLICATION
- \_\_\_\_\_ BIA CERTIFICATE OF DEGREE OF INDIAN BLOOD
- \_\_\_\_\_ RELEASE OF FINANCIAL INFO. FORM
- \_\_\_\_\_ SHARING INFO. FOR HOUSING FORM
- \_\_\_\_\_ NO TAX RETURN FILED FORM
- \_\_\_\_\_ FINANCIAL total for year \$ \_\_\_\_\_  
Earned Income:
  - \_\_\_\_\_ a signed copy of 1040 tax returns
  - \_\_\_\_\_ W-2
  - \_\_\_\_\_ Wage stubs
  - \_\_\_\_\_ Other income verification
- Unearned income:
  - \_\_\_\_\_ Social security
  - \_\_\_\_\_ Retirement
  - \_\_\_\_\_ Disability
  - \_\_\_\_\_ Unemployment benefits
  - \_\_\_\_\_ Alaska Permanent Fund Dividend
  - \_\_\_\_\_ Child support
  - \_\_\_\_\_ Other unearned income
- \_\_\_\_\_ LEASE OR DEED FOR PROPERTY
- \_\_\_\_\_ DOCTOR DOCUMENTATION FOR DISABILITY
- \_\_\_\_\_ CRITERIA POINT RANKING WORKSHEET
- \_\_\_\_\_ HIP GRANT AGREEMENT