

Indian Housing Block Grant (IHBG)U.S. Department of Housing
and Urban DevelopmentOMB Approval Number
2577-0218 (exp. 07/31/11)**IHP/APR**Office of Public and Indian Housing
Office of Native American Programs

INDIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT
(NAHASDA §§ 102(b)(1)(A) and 404(a)(2))

This form meets the requirements for an Indian Housing Plan (IHP) and Annual Performance Report (APR) required by the United States Department of Housing and Urban Development. In addition to these requirements, a tribe or tribally designated housing entity (TDHE) may elect to prepare a more comprehensive IHP. If a tribe or TDHE elects to prepare a more comprehensive IHP, the required elements of this IHP must still be submitted on the prescribed HUD form. The information requested does not lend itself to confidentiality. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

Regulatory and statutory citations are provided throughout this form as applicable. Recipients are encouraged to review these citations when completing the IHP and APR sections of the form.

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaska Native villages for the development and operation of low-income housing in Indian areas. Grants will be made to eligible recipients under the Indian Housing Block Grant (IHBG) program. To be eligible for the grants, respondents must submit an IHP that meets the requirements of the Act.

The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year (NAHASDA § 102(a)(1)). The APR is due no later than 90 days after the end of the recipient's program year (24 CFR § 1000.514).

The IHP and the APR (previously two separate forms) are now combined into one form. The sections pertaining to the IHP are submitted **before** the beginning of the 12-month program year, leaving the APR (shaded) sections blank. If the IHP has been updated or amended, use the most recent version when preparing the APR. After the 12-month program year, enter the results from the 12-month program year in the shaded sections of the form to complete the APR. More details on how to complete the IHP and APR sections of the form can be found in the body of this form. In addition, a separate IHP and APR report form guidance is available.

NOTE: Grants awarded under the American Recovery and Reinvestment Act (Recovery Act) are excluded from this process. Grants under the Recovery Act continue to use the stand alone APR (HUD-52735-AS).

FORM COMPLETION OPTIONS: The IHP/APR form may be completed either in hard copy or electronically. Hard copy versions may be completed either by hand or typewriter. Alternatively, the form may be completed electronically as it is a fillable PDF. It is recommended that the form be completed electronically because it is more efficient to complete, submit, and review the form. Furthermore, electronic versions of the form may be submitted to HUD as an email attachment. To document official signatures on the electronic version, you should sign a hard copy of the pages and either fax that signed page or email it as an attachment to your Area Office of Native American Programs. Pages of the IHP section that require an official signature include pages, 4, 20, 21, and 22. Pages of the APR section that require an official signature include pages 4 and 25.

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COVER PAGE

SECTION 1:

- (1) Initial Plan (Complete this Section then proceed to Section 3)
- (2) Amended Plan (Complete this Section and Section 2)
- (3) Annual Performance Report (Complete the APR signature (items 25-28) and proceed to Section 4)
- (4) Tribe
- (5) TDHE

(6) Name of Recipient: Cherokee Nation		
(7) Contact Person: Ron Qualls		
(8) Telephone Number with Area Code: 918-453-5248		
(8) Mailing Address: P.O. Box 948		
(9) City: Tahlequah	(10) State: OK	(11) Zip Code: 74465-0948
(12) Fax Number with Area Code (if available): N/A		
(13) Email Address (if available): ron-qualls@cherokee.org		
(13) If TDHE, List Tribes Below: N/A		

(16) Tax Identification Number: 73-0757033
(17) DUNS Number: 077345494
(18) CCR Number: 3MZ15 (Cage Number)
(19) IHBG Annual Grant Amount: \$ 29,585,193
(20) Recipient Program Year: 10/1/11-9/30/12
(21) Name of Authorized IHP Submitter: Bill John Baker
(22) Title of Authorized IHP Submitter: Principal Chief
(23) Signature of Authorized IHP Submitter:
(24) IHP Submission Date:
(25) Name of Authorized APR Submitter: Bill John Baker
(26) Title of Authorized APR Submitter: Principal Chief
(27) Signature of Authorized APR Submitter: 
(28) APR Submission Date: 1-29-2013

Certification: The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

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IHP AMENDMENTS

(24 CFR § 1000.232)

**Use this section for IHP amendments only.
If you are not amending an IHP, proceed to Section 3 (Housing Needs).**

SECTION 2: Fill out the text below to summarize your IHP amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when (1) the recipient is adding a new activity that was not described in the current One-Year Plan that has been determined to be in compliance by HUD or (2) to reduce the amount of funding that was previously budgeted for the operation and maintenance of 1937 Act housing under NAHASDA § 202(1). All other amendments should be made locally by the recipient and placed in the recipient's files.

(1) Program Name: Over Income Housing Assistance.
(2) Program Description <i>(This should adequately describe the new program that is planned.):</i> Housing Assistance for families whose incomes fall between 80-100% of the National Median Income
(3) Eligible Activity Number <i>(Select one activity from the Eligible Activities list below.):</i> 16

Eligible Activities May Include (citations below all reference sections in NAHASDA):

(1) Modernization of 1937 Act Housing [202(1)]	(12) Acquisition of Homebuyer Units [202(2)]
(2) Operation of 1937 Act Housing [202(1)]	(13) Downpayment/Closing Cost Assistance [202(2)]
(3) Acquisition of Rental Housing [202(2)]	(14) Lending Subsidies for Homebuyers [202(2)]
(4) Construction of Rental Housing [202(2)]	(15) Other Homebuyer Assistance Activities [202(2)]
(5) Rehabilitation of Rental Housing [202(2)]	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]
(6) Acquisition of Land for Rental Housing Development [202(2)]	(17) Tenant Based Rental Assistance [202(3)]
(7) Development of Emergency Shelters [202(2)]	(18) Other Housing Service [202(3)]
(8) Conversion of Other Structures to Affordable Housing [202(2)]	(19) Housing Management Services [202(4)]
(9) Other Rental Housing Development [202(2)]	(20) Crime Prevention and Safety [202(5)]
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	(21) Model Activities [202(6)]
(11) New Construction of Homebuyer Units [202(2)]	(22) Self-Determination Program [231-235]
	(23) Infrastructure to Support Housing [202(2)]

(4) Intended Outcome (Select one from the list below.):

3

Intended Outcome May Include:

(1) Reduce over-crowding	(6) Create new affordable rental units
(2) Assist renters to become homeowners	(7) Assist affordable housing for students
(3) Improve quality of substandard units	(8) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(9) Improve energy efficiency
(5) Address homelessness	(10) Reduction in crime reports
	(11) Other – must provide description in the box above

(5) Who Will Be Assisted (This should adequately describe the types of households who will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median income should be included as a separate Program within this Section.):

Native Americans whose incomes are between 80-100% of the National Median Incomes.

(6) Types and Level of Assistance (This should adequately describe any types of assistance and the level of assistance that will be provided to each household.):

Repair or replace existing privately owned homes.

(7) Amended Table on Anticipated Outputs for 12-Month Program Year (use as many tables as needed)

Program Name <i>(Tie to program name in 1 above.)</i>	Planned Number of Units To Be Completed in Program Year	Planned Number of Households To Be Served in Program Year
Over Income Housing Assistance	10	10

(8) Budget Amendment (use as many tables as needed)

Program Name <i>(Tie to program name in 1 above and include all other programs still funded during 12-month program year.)</i>	IHBG funds budgeted to be expended in 12-month program year	Other funds budgeted to be expended in 12-month program year	Total funds budgeted to be expended in 12-month program year
Over Income Housing Assistance	\$75,000		\$75,000
Program Administration			
Loan Repayment			
Total:	\$75,000	\$	\$75,000

ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

SECTION 3: HOUSING NEEDS (NAHASDA § 102(b)(2)(B))

(1) **Type of Need:** Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
Overcrowded Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless Households	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Student Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disabled Households Needing Accessibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Units Needing Energy Efficiency Upgrades	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infrastructure to Support Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

(2) **Other Needs** (Describe the "Other" needs below. Note: this text is optional for all needs except "Other.):

N/A

(3) Planned Program Benefits *(Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will meet the needs for the various types of housing assistance. NAHASDA § 102(b)(2)(B):*

The Cherokee Nation consists of a diversity of people with different levels of need. The “neediest of the needy” are afforded rental opportunities, such as Low Rent units, homeless assistance, and rental subsidies. Those demonstrating an ability to become homebuyers through sufficient income, credit worthiness, etc. or wish to reach that status are provided mortgage assistance and homebuyer counseling. In addition, various housing service programs assist people who receive assisted housing to become more self-sufficient, elder assistance, cultural activities, etc. The Cherokee Nation Marshal Service provides law-enforcement activities to increase the safety of the assisted-housing environment. Finally, “self-help” construction allows some people to contribute their own labor to secure new homeownership.

(4) Geographic Distribution *(Describe below how the program intends to distribute assistance throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. NAHASDA § 102(b)(2)(B)(i):*

The Cherokee Nation utilizes information provided by ONAP/Formula Center as to the amount of funding provided by the formula for family conditions and by area, i.e. county. This information is provided to the various programs which administer funding to use as a guide in the distribution of funding by area. Programs are developed based on the needs found in this data.

SECTION 4: PROGRAM DESCRIPTIONS

Planning and Reporting Program Year Activities

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its intended outcome, planned outputs, who will be assisted, and types and levels of assistance. Copy and paste text boxes 1.1 through 1.10 as often as needed so that all of your planned programs are included. For the APR, the purpose of this section is to describe your accomplishments, actual outputs, and any reasons for delays.

Eligible Activity May Include (*citations below all reference sections in NAHASDA*):

(1) Modernization of 1937 Act Housing [202(1)]	(12) Acquisition of Homebuyer Units [202(2)]
(2) Operation of 1937 Act Housing [202(1)]	(13) Downpayment/Closing Cost Assistance [202(2)]
(3) Acquisition of Rental Housing [202(2)]	(14) Lending Subsidies for Homebuyers [202(2)]
(4) Construction of Rental Housing [202(2)]	(15) Other Homebuyer Assistance Activities [202(2)]
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(11) New Construction of Homebuyer Units [202(2)]	(22) Self-Determination Program [231-235]
	(23) Infrastructure to Support Housing [202(2)]

Outcome May Include:

(1) Reduce over-crowding	(6) Create new affordable rental units
(2) Assist renters to become homeowners	(7) Assist affordable housing for students
(3) Improve quality of substandard units	(8) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(9) Improve energy efficiency
(5) Address homelessness	(10) Reduction in crime reports
	(11) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

IHP: PLANNED PROGRAM YEAR ACTIVITIES (NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer 1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc. The programs under the second eligible activity would be numbered as 2.1, 2.2., 2.3 etc.

APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

1.1. Program Name and Unique Identifier:
1.1 Modernization (Cherokee)

1.2. Program Description (*This should be the description of the planned program.*):
Repair Low Rent Units and Mutual Help Units.

1.3. Eligible Activity Number (*Select one activity from the Eligible Activity list.*):
1

1.4. Intended Outcome Number (*Select one outcome from the Outcome list.*):
11: Maintain quality of units

1.5. Actual Outcome Number (*In the APR identify the actual outcome from the Outcome list.*):
11

1.6. Who Will Be Assisted (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):
Native American families whose incomes are at 80% or below the National Median Income guidelines.

1.7. Types and Level of Assistance (*Describe the types and the level of assistance that will be provided to each household, as applicable.*):
Provide modernization to 183 units. Provide handicap accessibility to 10 units. Provide assistance to 75 Mutual Help Homebuyers.

1.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*
Provided modernization to 463 units, handicap accessibility to 5 units and assistance to 36 mutual help homebuyers.

1.9. Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
268		504	

1.10. APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

1.1. Program Name and Unique Identifier:
1.2 HADT Modernization

1.2. Program Description *(This should be the description of the planned program.):*
Repair/Rehab Housing Authority of the Delaware Tribe "1937 Act" units.

1.3. Eligible Activity Number *(Select one activity from the Eligible Activity list.):*
1

1.4. Intended Outcome Number *(Select one outcome from the Outcome list.):*
11: Maintain quality of housing stock

1.5. Actual Outcome Number *(In the APR identify the actual outcome from the Outcome list.):*

1.6. Who Will Be Assisted *(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):*
Eligible families living in HADT housing stock

1.7. Types and Level of Assistance *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*
Approximately \$4,000 in repairs and no payback will be provided.

1.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*

1.9. Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
20			

1.10. APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

1.1. Program Name and Unique Identifier:
2.1 Low Rent Operations (Cherokee)

1.2. Program Description *(This should be the description of the planned program.):*
To operate the Cherokee Nation Low Rent "1937 Act" Program

1.3. Eligible Activity Number *(Select one activity from the Eligible Activity list.):*
2

1.4. Intended Outcome Number *(Select one outcome from the Outcome list.):*
11: Operate required program efficiently

1.5. Actual Outcome Number *(In the APR identify the actual outcome from the Outcome list.):*
11

1.6. Who Will Be Assisted *(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):*
Native American families whose incomes are at 80% or below the National Median income.

1.7. Types and Level of Assistance *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*
Pay all costs of the HACN Low Rent Program

1.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*
Paid all costs of the HACN Low Rent Program

1.9. Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	977		944

1.10. APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

1.1. Program Name and Unique Identifier:
2.2 HADT Operation of "1937 Act Housing Stock"

1.2. Program Description *(This should be the description of the planned program.):*
To operate the HADT Low Rent and Mutual Help programs

1.3. Eligible Activity Number *(Select one activity from the Eligible Activity list.):*
2

1.4. Intended Outcome Number *(Select one outcome from the Outcome list.):*
11: Operate required programs efficiently

1.5. Actual Outcome Number *(In the APR identify the actual outcome from the Outcome list.):*

1.6. Who Will Be Assisted *(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):*
Eligible residents of 1937 Act units

1.7. Types and Level of Assistance *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*
Subsidize the 1937 Act programs of the HADT as needed

1.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*

1.9. Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	127		

1.10. APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

1.1. Program Name and Unique Identifier:
10.1 Land Acquisition

1.2. Program Description (*This should be the description of the planned program.*):
Real property will be purchased for residential use.

1.3. Eligible Activity Number (*Select one activity from the Eligible Activity list.*):
10

1.4. Intended Outcome Number (*Select one outcome from the Outcome list.*):
2

1.5. Actual Outcome Number (*In the APR identify the actual outcome from the Outcome list.*):
2

1.6. Who Will Be Assisted (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):
Native American families whose incomes are at 80% or below the National Median Income guidelines.

1.7. Types and Level of Assistance (*Describe the types and the level of assistance that will be provided to each household, as applicable.*):
Land (and structures) made available for use of lease from the Cherokee Nation for new home ownership construction.

1.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*
Land was purchased and made available for use of lease from the Cherokee Nation for new home ownership construction

1.9. Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
50		50	

1.10. APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*
Land was purchased and made available for homeowner construction but has not been selected by any participants to date.

1.1. Program Name and Unique Identifier:
11.1 Self-Help Homeownership Construction

1.2. Program Description *(This should be the description of the planned program.):*
A homeownership program designed to give families the opportunity of becoming homeowners by providing labor with the program providing technical assistance.

1.3. Eligible Activity Number *(Select one activity from the Eligible Activity list.):*
11

1.4. Intended Outcome Number *(Select one outcome from the Outcome list.):*
2

1.5. Actual Outcome Number *(In the APR identify the actual outcome from the Outcome list.):*
2

1.6. Who Will Be Assisted *(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):*
Native American families whose incomes are at 80% or below the National Median Income guidelines.

1.7. Types and Level of Assistance *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*
Home construction 100% subsidized with materials being paid back through a note secured by a mortgage.

1.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*
Home construction 100% subsidized with materials being paid back through a note secured by a mortgage.

1.9. Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
16		19	

1.10. APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

1.1. Program Name and Unique Identifier:
13.1 Mortgage Assistance

1.2. Program Description (*This should be the description of the planned program.*):
Provide a down payment and closing cost funds to eligible low-income Native American homebuyers.

1.3. Eligible Activity Number (*Select one activity from the Eligible Activity list.*):
13

1.4. Intended Outcome Number (*Select one outcome from the Outcome list.*):
2

1.5. Actual Outcome Number (*In the APR identify the actual outcome from the Outcome list.*):
2

1.6. Who Will Be Assisted (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):
Native Americans whose household income is at or below 80% of the National Median Income as published by HUD.

1.7. Types and Level of Assistance (*Describe the types and the level of assistance that will be provided to each household, as applicable.*):
Financial assistance to cover downpayment and closing costs not to exceed \$15,000.

1.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*
Provided Mortgage Assistance to 117 families

1.9. Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	488		117

1.10. APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*
Served fewer people than expected due to decline in economy, tighter lending restrictions and start up of new Cherokee Nation funded home construction program.

