

Applicant: _____

Date: _____

APPLICATION: Elder Rehab Grant and Elder Home Repair Checklist

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|--|--------------------------|
| 1. Applicant must be enrolled member of the Confederated Tribes of the Colville Reservation. | <input type="checkbox"/> |
| 2. Applicant must be 62 years of age. | <input type="checkbox"/> |
| 3. Complete application including all signatures where applicable. | <input type="checkbox"/> |
| 4. Verification of Colville Tribal enrollment. | <input type="checkbox"/> |
| 5. Current Income Verification for ALL adults over the age of 18.
(ALL SOURCES OF INCOME COUNT) | <input type="checkbox"/> |
| 6. One additional form of identification; Social Security card, Driver's License or State I.D. | <input type="checkbox"/> |
| 7. Title, Deed or a status title report of the home. | <input type="checkbox"/> |
| 8. Street address, 911 address and detail directions to the home. A legal description may be required if exterior work is anticipated. | <input type="checkbox"/> |
| 9. Current mailing address and phone number. | <input type="checkbox"/> |
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- If under the age of 62 and are in need of handicap accessibility you may be eligible if all other requirements are met. Documentation required.
 - Previous EMHRP or ERG recipients may be eligible for home repairs involving mobility within the home and accessibility to the home. Documentation required.
 - ERG/EHR Application will be reviewed upon completion. A letter will be sent after review to inform applicant the outcome of review.
 - If the application is determined to be eligible, a letter of award will be sent. Applicant maybe required to update application and/or provide current income before any work can be performed. EHR applicants are required to update annually. *In some cases, updated income information could affect eligibility.*
 - Failure to update ERG/EHR application and/or submit current income will result in application being moved to pending status until information is received.



COLVILLE INDIAN HOUSING AUTHORITY
 P.O. BOX 528, NESPELEM, WA 99155 PHONE (509) 634-2160 TTY: 711
 -ELDER HOME REPAIR/REHAB GRANT PROGRAM-
 * *Emergencies are priority*

APPLICANT

1. NAME: _____
Last First M.I. Other Names Used

2. ADDRESS: _____

 Physical Location: _____

3. SOCIAL SECURITY# _____ TRIBAL ID # _____

4. DATE OF BIRTH: _____ PHONE # _____

5. MARITAL STATUS: Married Single Widowed Other _____

SPOUSE

6. NAME: _____
Last First M.I. Maiden Name

7. SOCIAL SECURITY # _____ TRIBAL ID # _____

8. DATE OF BIRTH: _____ PHONE # _____

9. Is the applicant or spouse permanently disabled or handicapped? YES NO

HOUSEHOLD

10. Do you or any adult members in the household have any unpaid debts owing to CIHA? (could affect eligibility). YES NO

11. Does your house need physical repairs? YES NO

12. Is the house that needs repairs your permanent residence? YES NO

13. Do you own or have ownership interest in the property? YES NO

14. Is the residence located on or near the Colville Indian Reservation? YES NO

15. **HOUSEHOLD MEMBERS:** List ALL persons who live in your household on a permanent basis, not including yourself or your spouse.

NAME	BIRTH DATE	SOC. SEC. #	RELATION SHIP	ENROLL #

16. **INCOME INFORMATION:**

List ALL household members at least 18 years of age who have income, including yourself and your spouse. This includes wages, salary, public assistance, social security, disability, etc. Please note if income is hourly, weekly, monthly or annually.

NAME	SOURCE OF INCOME	AMOUNT

Total Household Annual Income: \$ _____

17. HOUSING INFORMATION:

TYPES OF HOUSING SERVICES AVAILABLE

EMERGENCY - Emergency home repairs are intended to protect, repair, or restore components of a home when there is an apparent threat to the life, health or safety of the occupants. Emergency applications will only be accepted when completed with a CIHA employee.

ELDER REHAB GRANT – Major repairs or rehabilitation that include: Repair or replacement of major home systems (sanitary, heating, roofing, etc.); accessibility work (ramps, bathroom revisions, flooring replacement, etc.; minor electrical wiring; and other major repairs.

ELDER HOME REPAIRS – Minor repairs that include: repair or replacement of fixtures (plumbing, electrical, heating, etc.); repairs to mitigate roof leaks; repairs to heating systems; repair or replacement of a door or window; and other minor repairs.

OWNERSHIP STATUS OF RESIDENCE TO BE IMPROVED: Circle One

OWN

MORTGAGE

OTHER

Explanation if other than full ownership: _____

TYPE OF RESIDENCE:
Include title with Modular or mobile home application.

MANUFACTURED HOME
Age?

MODULAR HOME
Age?

WHAT TYPE OF REPAIRS ARE NEEDED?

Electrical

Plumbing

Disability Access

Septic System

Heat Source

Structural Supports

Insulation

Windows

Roofing

Floors

Foundation

Other

Please explain: _____

Please be aware that THE FEDERAL LAW CONCERNING FRAUD STATES: Sub Section A
Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully-

- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
- (2) makes any materially false, fictitious, or fraudulent statement or representation; or
- (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title or imprisoned not more than 5 years or both.

I/WE hereby authorize anyone to release income/credit and any other information needed concerning myself/ourselves to Colville Indian Housing Authority. This authorization is given to enable CIHA to evaluate my/our request for a grant. I/WE certify that all statements are true and complete and are submitted for the purpose of obtaining a grant. Verification may be obtained from any source named in the application and from any credit-reporting agency. I/WE agree that the application shall remain CIHA property whether it is approved or not approved.

I/WE UNDERSTAND THIS IS A ONCE-IN-A-LIFETIME SERVICE.

_____ X _____
Applicant Date

_____ X _____
Spouse Date

Applicant(s)

1. **PURPOSES:** In signing this consent and authorization form, you are authorizing Colville Indian Housing Authority (CIHA) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the CIHA programs, including but not limited to Mutual Help, Rental, and Down Payment Assistance programs. CIHA needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

Further, CIHA will need similar information during the time period you are receiving any benefits under CIHA programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.

Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs who have a need for such information during the period you are applying for or are receiving housing benefits from CIHA. CIHA may release certain information to the source and entities or programs identified in Paragraph 2 below.

2. **SOURCES TO WHOM INFO. MAY BE RELEASED. OBTAINED AND VERIFIED:**

A. Public Utility Districts, including Okanogan PUD, Nespelem Valley Electric, Ferry County PUD, and Avista.

B. Any and all Colville Tribal Programs or Colville Tribal Enterprise Programs; including but not limited to the Tribal Credit, Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, CCT Payroll, any branch of CETC Payroll, Colville Business Council, Food Distribution Program, Early Childhood Program, Alcohol Program, and Mental Health.

ENTITY OBTAINING OR RELEASING INFORMATION

Colville Indian Housing Authority
 P.O. Box 528
 Nespelem, WA 99155
 Contact Resident Service Department

C. Colville Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.

D. Washington State Agencies, including the Employment Security Dept., Dept. of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation, wages, benefits, or income.

E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)

3. **WHO MUST SIGN CONSENT FORMS:**

Each member of your household who is 18 years of age or older must sign the consent form. Additional signature must be obtained from new adult member joining the household or whenever members of the household become 18 years of age.

4. **FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under CIHA programs. Any such denial or termination will be promptly communicated in writing to you by CIHA.

CONSENT AND AUTHORIZATION STATEMENT

I hereby consent and authorize the Colville Indian Housing Authority (CIHA) to obtain, request, verify, and release information to the sources listed above for the purposes specified in paragraph 1.

This consent includes any CIHA participation in computer matching programs with such sources. I agree that photocopies of this form may be used to accomplish its purpose.

I also understand that if I or any adult member or my family fails to sign this consent form, such action may constitute grounds for denial of eligibility and/or termination of assistance from CIHA. However, I also understand that if this should occur, then I will be properly notified in writing by CIHA of such grounds for denial or termination.

Finally, I understand and agree that this consent and authorization form will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any CIHA programs, whichever occurs first.

_____ Head of Household Signature	_____ Printed Name
_____ Social Security Number	_____ Date of Birth
_____ Spouse Signature	_____ Printed Name
_____ Social Security Number	_____ Date of Birth
_____ Adult Over 18 Signature	_____ Printed Name
_____ Social Security Number	_____ Date of Birth
_____ Adult Over 18 Signature:	_____ Printed Name
_____ Social Security Number	_____ Date of Birth

"Statement of No Income"

If there are any adults 18 yrs of age or older that do not receive any type of income, he/she must sign this statement.

I _____ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

 Signature Date Social Security Number

I _____ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

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 Signature Date Social Security Number