

Title: Elderly and/or Disabled Emergency Assistance Program

Purpose: The Stockbridge-Munsee Tribal Council devised the Elderly and/or Disabled Emergency Assistance Program for the purpose of assisting elders and disabled enrolled Tribal members with the cost to repair the physical structure of the home so it is safe, sanitary and secure.

Amount: \$10,000.00 per household every four years from date approved based on eligibility criteria below.

Eligibility Criteria:

1. Applicant must be an enrolled member of the Stockbridge-Munsee Tribe.
2. Applicant must be sixty-two (62) years old or older OR disabled.
3. Applicant must reside in currently live in and use the home as a year round residence and **proof of land assignment or ownership must be provided.**
*Life long residence agreements will be taken to Tribal Council for approval/denial.
4. Applicant must live in Shawano County.
5. Applicant must have a true emergency based on the request and the inspection report by the Division of Community Housing.
 - a. definition of emergency: an unexpected, serious occurrence or catastrophic situation urgently requiring prompt action for the physical structure of a home.
 1. Examples of physical structure may include: plumbing, electrical wiring, heating system repair or replacement, roof, windows, exterior doors, walls, basement or foundation.

Procedure:

1. A program application shall be obtained from, completed and returned to the Stockbridge-Munsee Division of Community Housing (DCH). The application shall contain the following information:
 - a. name, address, telephone number, date of birth, social security number, and Tribal enrollment number.
 - b. Description of the type of services being requested, and the last date approved for funds (if known).
 - c. If applicant is not aged 62 years old, applicant must provide verification of disability.
 - d. A copy of the enrollment card and the land assignment, or proof of ownership such as: deed or property tax bill will be attached to the application.

2. An inspection will be completed by the DCH Inspector to verify the emergency and to discuss with the elder or disabled in determining how to prioritize work needed.
3. The DCH Inspector will attach a verification of emergency and recommendation of service needed with estimated cost to the application before it is considered by the Division of Community Housing Staff for funding.
4. All applicants that do not spend the full amount on an emergency project at the time they are approved must submit the Request to Use Remaining Funds form.
 - a. Number 2 and 3 above, will still apply.
 - b. The DCH Staff will review each request to use fund balances after reviewing information provided under number 2 and 3 above.
5. All requests for assistance/funding are approved or denied by the DCH Staff.
 - a. The first appeal for denial shall be made to the Board of Commissioners.
 - b. The second denial by the Board of Commissioners shall result in the appeal being sent to the Tribal Council for determination.
6. All applicants that do not use the \$10,000.00 within the 4 year eligibility period, from date of approval, will NOT carry the balance of the grant over to the next grant approval period.

Contracts:

1. The approved Applicant will be required to select a contractor or request assistance in finding a contractor to provide needed services.
2. The Applicant, contractor and proper DCH staff shall meet to develop a simple contract for services. The contract shall contain the name of the contractor, the dollar amount of the contract, the payment process, the approved start and end date of services to be provided, a detailed description of services to be completed and any related penalties for incomplete projects by due date.
3. The approved Applicant and DCH Inspector shall inspect the final work when a project is reported to be complete by the contractor. If the work is acceptable, both the Applicant and Inspector shall sign the inspection report.
4. Payments will be made directly to the contractor/vendor that provides the service after the final inspection, sign-off sheet and final bill are submitted to the DCH.
5. An Applicant may be reimbursed for costs incurred by submitting itemized receipts dated after the date of approval for funds and the final inspection and sign-off sheets are completed.

6. Special consideration will be given for the reimbursement of purchased materials before a final inspection and sign-off sheet is completed.

By my signature below, I certify that I have read the policy and procedure for the Stockbridge-Munsee Elderly and/or Disabled Emergency Program. I understand that not following this policy can cause a delay in receiving services and/or making payments to a contractor or receiving reimbursement.

Applicants Signature

Date

USE REMAINING FUNDS SECTION ONLY:

This section for Housing Office use:

I have reviewed the Elderly/Disabled Emergency Assistance Program file for this applicant. This applicant has a balance of \$ _____, available to use if this need is verified by the Housing Inspector.

Signature

Date

Title

Date of next eligibility: _____

Elderly/Disabled Emergency Assistance Program Application (USDA Housing Preservation Grant)

This application is for the Elderly/Disabled Emergency Assistance Program (“Program”) operated by the Stockbridge-Munsee Community (“Tribe”) through its Division of Community Housing. The Program assists eligible elder and disabled tribal members with repairing or replacing items in their homes, such as electric wiring, foundations, insulation, windows, doors, entrance landings/stairs, roofs, heating systems, as well as providing elderly/handicapped accessibility features. The Program is intended as a general welfare benefit for qualifying tribal members.¹

The Tribe recently obtained a Housing Preservation Grant from the US Department of Agriculture – Rural Development to supplement tribal funding for the Program. While the Program is not income based, the Housing Preservation Grant is an income-based grant to serve low and very low-income people. We therefore require your income data and an Authorization for the Release of Information for all members of your household in order to determine whether tribal or grant funds are used for your project. The policies and procedures of the Program otherwise remain the same.

Applicant Name: _____

Phone Number: _____

Mailing Address: _____

Physical Address of site to receive services, if different from above:

Enrollment Number: _____

Note: You must attach a copy of your enrollment card and land assignment grant, deed, copy of land taxes or other verification of ownership.

List all household members that will be living in the unit for the next 12 months that will be assisted with funds:

Name	Age	D.O.B	Gender	Ethnic Group**
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				

** The Ethnic Group will be categorized as follows:

- | | | |
|------------------------------------|------------------------------------|---------------------------------------|
| (1) White (not of Hispanic origin) | (2) Black (not of Hispanic origin) | (3) American Indian or Alaskan Native |
| (4) Hispanic | (5) Asian or Pacific Islander | |

¹ General welfare benefits are not included as gross income for tax purposes. 26 U.S.C. 139E.



Note: If applicant is not age 62 or older, you must provide verification of SSI Disability, Social Security Disability, or provide a physician's statement of disability.

You must provide : - CURRENT YEAR SOCIAL SECURITY or SSI BENEFIT LETTER

- private pensions benefit letter
- 3 MONTHS WORTH OF BANK STATEMENTS (if benefit letters unavailable)
- 4 MOST RECENT check stubs for those employed
- proof of any other source of income for your household
- Per Cap payment information for each household member

List all sources of Income in your household: _____

Estimated Annual Income (include all members of household): \$ _____

Have you applied for or received funding from this Program in the past? _____

Please describe the services you are requesting: _____

Please describe why this situation is an emergency to you: _____

The information solicited on this application is requested by the Tribe in order to assure the Federal Government, acting through Rural Development, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, gender, familial status, age and handicap are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Tribe is required to note race/national origin and gender of the individual applicants on the basis of visual observation or surname. This is an equal opportunity program. Discrimination is prohibited by Federal Law.

By my signature below, I certify that the information presented in this application is true and correct to the best of my knowledge and I authorize the Tribe's Division of Community Housing (DCH) to verify the information I have presented. I authorize the DCH to inspect my home to verify my needs. I also acknowledge that I have received a copy of the Lead Based Paint Brochure.

Applicant Signature: _____ Date: _____



Authorization for the Release of Information

Elderly/Disabled Emergency Assistance Program
(Housing Preservation Grant)

Name of Applicant or household member: _____

Note: An Authorization for the Release of Information is needed from each adult household member in order to verify household income levels. Additional information may be requested.

Purpose: The Stockbridge-Munsee Community, Division of Community Housing (DCH) may use this authorization and the information obtained to administer and enforce the US Department of Agriculture – Rural Development, Housing Preservation Grant rules and policies. The Stockbridge-Munsee Community uses Housing Preservation Grant funding as part of its Elderly/Disabled Emergency Assistance Program.

Authorization: I authorize the release of any information including documentation and other material pertinent to income eligibility for participation under the Housing Preservation Grant. I authorize the DCH to obtain information about me and/or my family that is pertinent to eligibility for participation in the Housing Preservation Program. I authorize the DCH to obtain information on wages, unemployment compensation and any other source of income.

Information May Be Obtained About, But Not Limited To:

Employment	Pensions
General Assistance	Federal, State, Tribal or Local Benefits
Social Security – SSI	TANF Benefits
Unemployment	

Conditions: I authorize that photo copies of this authorization for the purpose stated above may be used.

Check appropriate box: I am the Applicant.
 I am the Applicant's Spouse.
 I am an adult member of the Applicant's household.

Signature: _____

Printed Name: _____

Social Security Number: _____ Date: _____

*8-21-19: reorganized sections that were repeating info needed. Changed lay out.



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EQUAL HOUSING
OPPORTUNITY