

HOME IMPROVEMENT APPLICATION (HIP)

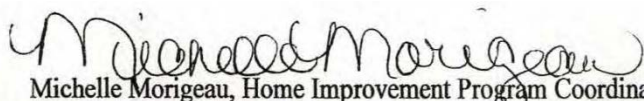


Dear Applicant,

Attached is an application for Housing Rehabilitation Assistance(HIP). You must fill in all the blanks, please print as clearly as possible. In order to process your application all information requested must be supplied and income verification must be attached. If you are working a copy of your check stub will be sufficient. If you are receiving Social Security, General Assistance, AFDC (Welfare), or any retirement benefits, you should attach a copy of your last check or a current letter that refers to the benefits you are receiving. All income supporting your family must be verified. Proof of ownership with a legal description is required. The HIP Program follows the Salish & Kootenai Housing Authority Criminal & Drug Related Criminal Activity Policy; you will find this policy attached to back of application. Please read the Salish & Kootenai Housing Authority Criminal & Drug Related Criminal Activity Policy thoroughly and sign where indicated. Applications received without this policy signed will be considered incomplete and could hinder the processing of application.

Once your application is returned and your income verification is verified, it will be presented to the Home Improvement Board for approval when it reaches the top of the waiting list. Please keep in mind that there are Federal Regulations that restrict the number of times a person can receive assistance. Types of assistance are also limited. You will be notified of the status of your application as soon as it is processed.

If you have any questions please feel free to call me at the Housing Authority Office. The number is (406)675-4491, or (406) 883-4211, extension 1505. Sincerely,


Michelle Morigeau, Home Improvement Program Coordinator
Salish & Kootenai Housing Authority

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Section A.

All questions on this application **MUST** be answered. This application is subject to the Privacy Act of 1974, P.L. #93-579.

Proof of ownership with a legal description MUST be attached!

Income verification MUST be attached!

1. Name: _____
Last First Middle
2. Current Address: _____
City: _____ Zip Code: _____
3. Telephone#: _____ Message#: _____
4. Date of Birth: _____ SS#: _____ - _____ - _____
5. Enrolled Tribal Member?: _____ Tribe: _____ #: _____
6. Material Status: Married: _____ Single: _____
Widowed: _____ Other: _____

Spousal Information

1. Name: _____
Last First Middle
2. Telephone#: _____ Message#: _____
3. Date of Birth: _____ SS#: _____ - _____ - _____
4. Enrolled Tribal Member?: _____ Tribe: _____ #: _____

Section B.

Family Information: List all person(s) living in the household on a permanent basis. Start with the oldest and provide social security numbers for all those 18 and older.

Name	D.O.B	SS#	Relationship	Enrollment #

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1. Do you live in a mobile home?: ___Yes ___No,
2. If so is it a double wide or modular?: _____
3. Is the double wide/modular on a foundation?: ___Yes No___

These questions are pertinent to the application you have submitted for the HIP program as we are no longer able to perform repairs on mobile homes unless they meet the following requirement:

Double wide on full foundation or Single wide occupied by an elder or person with verified disability

Address and **detailed** directions of home that is to be repaired, constructed, or purchased:

Section C. **INCOME VERIFICATION**

1. Earned Income: Start with applicant/Self then list all permanent family members 18 and older who are listed in Section B and have earned income. Examples: Signed copy of SF-1040 (income tax return), W2 forms, wage stubs, etc. for verification.

Name	Annual Income	Source of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Earned Income: \$_____

2. Unearned Income: Start with applicant/self then list all permanent family members 18 and older who are listed in Section B and have unearned income. Examples: Social Security, Retirement, Disability, Unemployment, Child Support/Alimony, Royalties, Per Capita, Interest, Etc. Provide check stubs, statements, Individual Indian Monies (IIM) ledgers, etc., for verification.

Name	Annual Income	Source of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Unearned Income: \$_____

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME

Total: \$_____

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Section D: HOUSING INFORMATION

1. Provide a brief description of the home repairs for which you are applying for:

2. Have you received assistance from HIP previously?: Yes No
If yes, please advise date, amount of repairs, and to whom received the repairs:

3. Do you: Rent Own. If renting, is the landlord Tribal? _____

4. Do you own the land which the home is located?: Yes No
Name, address, and phone number of landlord: _____

5. Do you know the status of the land?: Individual Trust Fee
 Tribal Restricted Individually Restricted
 Tribal Trust Tribal Fee

Other (explain): _____

6. Size of home: _____ Square footage _____ Length (feet)

7. Approximate age of home: _____ Width (feet)

8. Primary source of heat?: Electric Wood Propane Oil

9. Is electricity available?: Yes No

10. Type of sewer system: City Septic _____ Other

11. Water Source: City Well Community Water Tank

Other Source (explain): _____

12. Number of bedrooms in the existing home: _____

13. Bathroom facilities?: Yes No

Bathtub Shower Sink Toilet _____

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Section F: OTHER INFORMATION

1. Do you own any other property (house/land) that is NOT occupied by your family? Yes No

If yes, state where the home/land is located and who occupies it:

2. Do you live in a Mutual Help House constructed with HUD Funds?
 Yes No Unknown

3. Is the HUD project still under operation of an Indian Housing Authority? Yes No
 Unknown

4. Is anyone listed in Sections A or B who is a permanent resident, have a severe health condition, is handicapped, or permanently disabled? Yes No

If yes, provide name of person(s), brief description of disability, and **official documentation from a doctor, veteran's Admin, or others:**

If you don't update your phone number, change of phone number, or have a Working message number, then your application could be put at the end of the waiting list or may not be eligible for assistance.

(Please initial that you have read this statement)

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APPLICANT CERTIFICATION

READ THIS CERTIFICATION CAREFULLY BEFORE YOU SIGN AND DATE YOUR APPLICATION. SIGNATURE MUST BE IN INK.

I DECLARE THAT THE INFORMATION THAT I HAVE PROVIDED TO THE SALISH & KOOTENAI HOUSING AUTHORITY IS FULL, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THAT SALISH & KOOTENAI HOUSING AUTHORITY TO OBTAIN ANY AND ALL INFORMATION NECESSARY FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE. I ACKNOWLEDGE I HAVE THOURGHLY READ THE SALISH & KOOTENAI HOUSING AUTHORITY CRIMINAL & DRUG RELATED ACTIVITY POLICY. FURTHERMORE I GRANT THE SALISH & KOOTENAI HOUSING AUTHORITY TO RELEASE INFORMATION NECESSARY IN ASSISTING ME IN OBTAINING OTHER SERVICES FOR WHICH I MAY BE ELIGIBLE, AND FOR DETERMINING MY ELIGIBILITY FOR THE HOME IMPROVEMENT PROGRAM. To make false or misleading statements may constitute a violation of 18 U.S.C.1001.

(Applicant Signature)

(Date)

(Spouse Signature)

(Date)

CRIMINAL & DRUG –RELATED ACTIVITY POLICY

The Authority Board of Commissioners adopted the forgoing policy for the following programs:

Programs funded by NAHASDA

The Salish and Kootenai Housing Authority is governed by the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. The Act states in Public Law 104-330-October 26, 1996, 25 USC 4137, Section 207. (a) (b) LEASE REQUIREMENTS AND TENANT SELECTIONS: 6(c) is criminal activity (including drug-related criminal activity) on or off premises.

Other Authority programs:

**Maggie Ashley Trailer Park I & II
Low Income Tax Credit Units
Rural Development Units
Transitional Living Center
Home Improvement Program**

Section 1

Applying for Salish and Kootenai Housing Authority Services

When an application is received for housing or any other assistance program with the Salish and Kootenai Housing Authority and the head of-household or a member of the household composition, has engaged in Drug-Related Criminal Activity, as defined below under Section 3- Definitions, Criminal Possession of Drug Paraphernalia, as defined below under Section 3-Definitions, or other Criminal Activity as defined below under Section 3-Definitions, the following policies shall apply:

Drug-Related Criminal Activity or Criminal Possession of Drug Paraphernalia

If the Authority has a preponderance of evidence documentation that the applicant or a member of the applicant's household composition is/was engaged in drug-related criminal activity or criminal possession of drug paraphernalia, the applicant cannot apply for services with the Authority for one (1) year from the date of occurrence. Applicant must provide written documentation from a professional source that all person(s) listed on the applications that were involved in the drug-related criminal activity or criminal possession of drug paraphernalia, has successfully completed an approved rehabilitation program, or did not require rehabilitation.

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Criminal Activity

If the Authority has a preponderance of evidence documenting that the applicant or a member of the applicant's household composition is/was engaged in criminal activity the applicant must provide a court order or written documentation from his/her probation officer or professional counselor that all person(s) listed on the applications that were involved in the criminal activity have successfully completed all requirements of the court.

Medical Use of Marijuana

Per Federal Law, use of marijuana for medical or medical treatment purposes is an illegal use of marijuana. Because the Housing Authority receives Federal funding and grants, the Housing Authority will follow Federal Law concerning the use of medical marijuana.

Section 2 **Termination of Salish and Kootenai Housing Authority Services**

A. Thirty-Day (30) Notice to Terminate Services

The Authority may terminate services by providing a termination notice not to exceed thirty- (30) days, if the Authority has a preponderance of evidence that a tenant, any member of the tenants household, or a guest or other person under the tenant's control has engaged in criminal activity as defined below under Section 3 Definitions, that:

1. Threatens the right to peaceful enjoyment of the Authority premises by other tenants or employees of the Authority.
2. Threatens the peaceful enjoyment of their premises by person(s) residing in the immediate vicinity of the Authority's premises.

B. Seven-day (7) Eviction

The Authority may terminate services by providing a three- day (7) termination notice if the Authority has a preponderance of evidence that a tenant, any member of the tenant's household, or a guest or other person under the

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tenant's control was involved in the following:

1. Drug-related criminal activity, as defined below under Section 3- Definitions;
2. Criminal Possession of Drug Paraphernalia, as defined below under Section 3- Definitions; or
3. Threatens the health or safety to other tenants or employees of the Authority
4. Threatens the health or safety of their premises by person(s) residing in the immediate vicinity of the Authority's premises.

Tenant is in violation of the Criminal and Drug-Related Activity Policy whether or not the tenant has knowledge of the illegal activity. However, if the reporting party is a member of the household composition and is not the person committing the act, and action is being taken to ensure the activity will not reoccur, termination action may or may not be enforced at the discretion of the Board of Commissioners.

Section 3 **Definitions**

- A. "Drug-Related Criminal Activity" means the illegal possession, manufacture sale, distribution, or use of a controlled substance as defined in Section 102 of the controlled substance act (21 U.S.C. 802) or fraudulently obtaining or attempting to obtain a controlled substance, that occurs on or off properties under the management of the Authority. The standard of proof used to determine "drug related criminal activity" has occurred is a preponderance of the evidence that the activity has occurred. A specific criminal conviction is not required.
- B. "Criminal Possession of Drug Paraphernalia" means the unlawful use or possession with the intent to use drug paraphernalia that occurs on or off properties under the management of the Authority. This will include all equipment, products, and materials of any kind that are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a dangerous drug, that occurs on or off properties under the management of the Authority. The standard of proof used to determine "possession of drug paraphernalia" is preponderance of the evidence. A specific criminal conviction is not required.
- C. "Criminal Activity" means activity that threatens/threatened the health, safety, or right to peaceful enjoyment of others including the Authority employees, including but not limited to the following activities:

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1. Criminal Activity that occurs on or off Salish Kootenai Housing Authority premises is as follows:

Homicide, aggravated assault, stalking, indecent exposure, elder/ child

abuse, kidnapping, aggravated kidnapping, terrorism, designated as a Sexual Offender, designated as a violent offender, sexual assault and sexual assault abuse of children, obstructing a law enforcement officer, obstruction of justice, weapons offense.

a. Designated Sexual Offender

Definition: Per Montana Code Annotated 2005, 46-23-502

“Department” means the department of corrections provided for in 2-15-2301 of the Montana Code Annotated 2005.

“Sex offender evaluator” means a person qualified under rules established by the department to conduct sexual offender and sexually violent predator evaluations.

“Sex Offender” means:

- i. any violation of or attempt, solicitation, or conspiracy to commit a violation of 45-5-301 (if the victim is less than 18 years of age and the offender is not a parent of the victim), 45-5-302, 45-5-303, 45-5-502(3), 45-5-503, 45-4-504(1) (if the victim is 18 years of age and the offender is 18 years of age or older), 45-5-504(2)©, 45-5-507 (if victim is under 18 years of age and the offender is 3 or more years older than the victim), 45-5-603(1)(b), or 45-5-625; or
- ii. any violation of a law of another state or the federal government that is reasonable equivalent to a violation listed in subsection (6)(a) or for which the offender was required to register as a sex offender after conviction.

“Sexual or violent offender” means a person who has been convicted of a sexual or violent offense.

“Sexually violent predator” means a person who has been convicted of a sexual offense and who suffers from mental abnormality or a personality disorder that makes the person likely to engage in predatory sexual offenses.

Applicants or Tenants that are designated as a sexual offender by a rulemaking authority i.e. the “Department” or a “Sexual Offender Evaluator”, assign one of three levels. The higher the level the higher the threat the sex offender is to public safety.

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Level I – The risk of a repeat sexual offense is low;

Applications from Level I Sex Offenders will be accepted on the condition that the applicant provides documentation that they have successfully completed a certified treatment program.

If already receiving Authority services or a current Tenant, the person receiving the services or Tenant must provide documentation that they have successfully completed a certified treatment program. This designation may not have any bearing on their tenancy or services

Level II – The risk of a repeat sexual offense is moderate;

Applications from Level II Sex Offenders will be accepted as follows:

- i. Applications from Level II Sex Offenders will be accepted on the condition that the applicant provides documentation that they have successfully completed a certified treatment program.
- ii. Low Rent units: when placed in a unit the applicant has to agree to be placed on a renewable SKHA Probationary Dwelling Lease.
- iii. If already receiving Authority services or a current Tenant is designated as a Level II the Housing Authority may proceed with termination of the services or Tenant's dwelling lease for violation of the section C(1) (above).

Level III – The risk of a repeat sexual offense is high, there is a threat to public safety and the sexual offender evaluator believes that the offender is a sexually violent predator.

Applications from Level III Sex Offenders will not be accepted.

If a current tenant is designated as a Level III Sex Offender after move in the Housing Authority will proceed with termination of the Tenant's dwelling lease for violation of the section C(1) (above).

- b. Notification: If a client is already receiving services then designated a Sex Offender or a Sex Offender is granted Authority services the Authority will distribute information obtained from the Sexual & Violent Offender Registry and/or the Department of Corrections web site and any other pertinent information to the surrounding SKHA Community in regards to this designation. This notification is to inform and protect all beneficiaries of the Authority's services.

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2. Criminal Activity that occurs on properties under the management of Salish Kootenai Housing Authority as follows:

Assault, intimidation, domestic situations, robbery/burglary/theft unlawful restraint, contributing to the delinquency of an underage person, arson, trespass, harboring runaway(s), custodial interference, verified stolen property, driving under the influence or other crimes against persons or personal property, to include BB guns, air rifles, sling shots and paint guns.

Approved by the Board of Commissioners of the Salish and Kootenai Housing Authority at a Special Meeting held on June 17, 2010.

Applicant/Tenant Signature _____ Date Signed _____

Applicant/Tenant Signature _____ Date Signed _____

Applicant/Tenant Signature _____ Date Signed _____

Applicant/Tenant Signature _____ Date Signed _____