



Dear Water/Sewer Applicant:

Attached is an application for sanitary services provided by the Indian Health Service. The information provided on this form will enable us to determine your eligibility, assure the viability of your project and design your system. If you are unsure of any part of this form, please contact us at the Salish & Kootenai Housing Authority, P.O. Box 38 Pablo, MT 59855 or call (406) 675-4491 or (406) 883-4211. Incomplete forms will not be processed until all information is received.

Projects will be approved based on eligibility and funds available. Part of the eligibility requirements is determination if you have received prior services. If you received prior services you may not be eligible for additional services.

Once applications are approved they are grouped into projects in order to speed up the contracting process and minimize the cost of installing services. Money for projects is limited and it may become necessary to prioritize applicants, serving some on later projects. The Home Improvement Board has final approving authority of project applicants.

Once your application has been approved an environmental review must be completed on your site. No funds will be committed until the environmental review is completed and there are no findings that would prohibit the project from going forward. You will also need to attend a pre-construction meeting to start coordinating a schedule for your services.

We look forward to assisting you with your needs and welcome any questions you may have about our programs.

Sincerely,

A handwritten signature in blue ink that reads "Raquel Davis". The signature is written in a cursive, flowing style.

Raquel "Rocki" Davis
Community Systems Program Manager

CHECKLIST FOR SERVICES

Please read the following:

1. **Primary residence**. Services can only be provided if this will be your primary residence. Primary residence is defined as 24-hour year-round family dwelling. Please be aware that 2nd homes, vacation homes and travel/camp trailers are not eligible. If you currently own a home elsewhere proof you have that home sold or listed for sale must be provided to this office.
2. **No prior assistance**. Applicant cannot have received well and sewer installation prior. If you have received prior assistance you must provide a statement on what happened to previous service.
3. **Site Control**
 - a. Legal Verification of ownership or homesite lease
 - b. Site must have the property corners identified. Also the site must be accessible for construction, includes removable of any debris, weeds, etc. that may prohibit access.
4. **FEE Land**. If you are requesting services to be placed on Fee Simple Land, you must complete an application for sewer installation at the County. Please be aware that any fees that are required for this review will be the responsibility of the applicant.
5. **Map** indicating property location and potential home location
6. **Electrical service** must be on site
7. **Manufactured home**
 - a. Must have adequate foundation or will need to be blocked, anchored and skirted including removal of the wheels
 - b. Plumbing must be stubbed out
8. **Home Construction** Home must exceed 90% completion.
 - a. Have protection from the elements and have adequate exterior doors, windows, screens, roof and insulation.
 - b. Have adequate plumbing without leaks including kitchen sink, water heater, and complete bathroom with water closet, bathtub and lavatory.
9. **Replacement of existing service**, if outside source has identified problems with your existing service please provide copies of their reports.
10. **Connection into existing community system**, Meeting with staff at location to determine location of home. Any required fees will need to be paid prior to connection into system. Home will need to have electricity on and if it is a manufactured home it must be adequately skirted or on a foundation.
11. **Environmental Review**, completed by this office
 - a. Have met the home site requirements of IHS including lot size, access, flood hazard, site slope and archeological/cultural clearances.
 - b. No funds will be committed until the site passes an environmental review.
12. **Pre-construction meeting**, Attendance of the pre-construction meeting upon approval for services.

I have read and understand the above checklist must be completed prior to me receiving services.

Signature of Applicant: _____ Date: _____



SALISH KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION

RETURN APPLICATION TO:

Salish & Kootenai Housing Authority
Attn: Rocki Davis
PO BOX 38
Pablo, MT 59855

Date Received: _____

THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE YOUR APPLICATION:

- Proof of Land/Property Ownership Home site lease Map of property and location of home
 Proof of Tribal Enrollment or Tribal Descendant
 Member of other Federally Recognized Tribe-Proof that you have not received service from your Tribe

- ASSISTANCE REQUESTED:** Water service Sewer service
 Individual service Replace failed service New Connection into Community System

APPLICANT Name: _____
(first) (last) (maiden name)

Date of Birth: _____ Social Security #: _____

Are you a member of Federally Recognized Tribe?

Yes No Tribe: _____ Enrollment #: _____

If you are a Tribal Descendant, what Tribe: _____

Number in household:

Other Household members	Relationship to Applicant	Date of Birth	Social Security#	Enrolled in Federally Recognized Tribe
		/ /		
		/ /		
		/ /		
		/ /		

Current Mailing Address: _____
City: _____ ST _____ ZIP _____

Do you own or rent at this current address? Own Rent

Telephone (Home) _____ (Work) _____ (Message) _____

Is it acceptable for you to be contacted at work if necessary? Yes No

Have you received previous water/sewer services Yes No

If yes, location _____ When: _____

Were the services received under another name? _____

Are there existing water/sewer services on this site? Yes No

1. If the request is to replace existing services please describe the problems you are having and identify any company you may have had look at your current service and the date _____

2. Prior Owner(s) _____

3. Approximate date of installation _____

Is there a community system near your site? Yes No

If yes, what is the name of the community _____

Do you know the approximate distance _____

Information regarding home

1. Are you living at the site where services are being requested? Yes No

2. Will this be your **primary residence**? Yes No (*Primary residence is defined as 24-hour year-round family dwelling. Please be aware that 2nd homes, vacation homes and travel/camp trailers are not eligible*)

3. Is this new construction? Yes No,
a. If yes what is your proposed construction dates (start to finish) _____
b. Who is your contractor: _____
c. How many bedrooms? _____ How many bathrooms? _____

4. Is the home a manufactured/mobile home? Yes No
a. If yes when will the home be set-up _____
b. When will it be skirted and plumbing stubbed out? _____
c. How many bedrooms? _____ How many bathrooms? _____

5. When will you have electricity to site? _____

Connection into Community System

- 1. Number of service connection required (if more than 1 residence will be on property) _____
- 2. Will this be for residential purposes or commercial? _____

PHYSICAL ADDRESS of site where services are being requested (**REQUIRED**, if you don't have the physical address you will need to contact the county to get this address):

_____ City: _____

What are the **DIRECTIONS** to the site where you are requesting services (Be specific, road names, mileage, lot#, etc.). Please attach a map of your location.

The information on this application is correct to the best of my knowledge. If any of the information is found to be false, I agree to withdraw my application for services.

Signature of Applicant

Date



CHECKLIST FOR SERVICES

Connection into Community System

Please read the following:

1. **Someone must be present at time water is turned on.** If no one is home at the time the water is to be turned on we will wait 10 minutes and if no one shows we will leave without turning the water on. This is to protect the homeowner and the Housing Authority.
2. **Manufactured home must be skirted**
3. **New Connection into existing community system.** Meeting with staff at location to determine location of home. Any required fees will need to be paid prior to connection into system. Home will need to have electricity on and if it is a manufactured home it must be adequately skirted or on a foundation.
4. **Arlee Residents.** If you leave in Arlee Homesites or Chief Martin Charlo Homesites please be aware you will receive to statements. One from the Housing Authority for your water and one from Arlee/Lake County Sewer District for your sewer. If you fail to maintain your sewer bill the Housing Authority will be notified and your water could be turned off until the account with Arlee is paid in full. You would then be responsible to pay the Housing Authority water turn on fee.
5. **St. Ignatius Residents** along St. Mary's Drive and Home Addition. Please be aware you will receive to statements. One from the Housing Authority for your sewer and one from St. Ignatius Water/Sewer District for your water.

Any questions contact

Rocki Davis
Community Systems Program Manager



AGREEMENT FOR SERVICE - RESIDENTIAL

The Undersigned hereby requests Water and/or Sewer service operated and maintained by the Salish & Kootenai Housing Authority Water/Sewer Department at the address stated below. I agree to comply with all of the rules and regulations of the Water/Sewer Department making them part of this agreement. I agree to claim no damage on this account due to the stoppage of the flow of water if caused by accident or if necessary to make alterations, repairs or improvements. I agree to keep all plumbing and fixtures on my premises in repair and promptly stop all leaks when necessary.

I agree to pay for Water and/or Sewer services used at the rates and charges established and set by Confederated Salish & Kootenai Tribal Council. Water and Sewer bills are due and payable by the 10th of each month a \$ 10.00 late fee will be imposed after the 10th of the month. I agree to pay all late fees, reconnect charges and all litigation costs incurred by the Water/Sewer Department if legal means are required to collect any outstanding balances.

If the department considers it necessary to ration or restrict the use of water during any hours or period of time, I agree to comply with any and all such rationing and restrictions.

Failure to comply with this agreement, or any part thereof, the Water/Sewer Department may, in addition to other remedies, elect to pursue, and/or turn off the supply of water to the premise after seven (7) days with written notice posted at the physical address stated below.

I agree to notify the Water/Sewer Department of any changes in my contact information.

Please make sure all below information is provided:

NAME OF HEAD OF HOUSEHOLD _____

MAILING ADDRESS _____
P.O. BOX/STREET ADDRESS CITY STATE ZIP

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

TELEPHONE NUMBER (_____) _____ CSKT Non-Tribal
TRIBAL ID NUMBER Other Tribe _____

PHYSICAL ADDRESS: _____ CITY: _____

MOVE IN DATE: _____ *SOMEONE must be home at the time service is turned on*

AGE OF HOME _____ Own Rent (Landlord: _____ Phone#: _____)

Signature of Applicant _____ Date signed: _____

FOR OFFICE USE:

\$50 Turn on Fee \$ _____ Monthly includes Water Sewer **Total Due at sign-up \$ _____**

Other Fees: \$ 10.00 Monthly Late Fee \$ 25.00 Transfer Fee (water still on, new occupant)

Customer Card #: C _____ CS: _____ Account # _____

Prior Occupant: _____ C _____ Prior Occupant Account balance \$ _____

Housing Representative: _____ Date _____



COMMUNITY SYSTEMS

TURN OFF AND TURN ON REQUESTS

Client: _____ Phone # _____

Physical Address: _____ City: _____

Meter# _____ WSO# _____ Customer # **C** _____

TURN OFF WATER SERVICE

Please turn off the water services at the above described location.

Date Completed: _____ Meter Reading: _____ Operator: _____

TURN ON OF WATER SERVICE

Operators please turn on the services at the above described location. Once complete please have the client or their representative sign the acknowledgment at the bottom of this page.

Client has been informed that they must be present or have someone at the home when the services are turned back on.

Date Completed: _____ Meter Reading: _____ Operator: _____

CLIENT MUST COMPLETE:

I acknowledge that I will be billed a \$50.00 turn on fee and also be responsible for the first month service charges.

Date: _____ Client signature: _____

Printed name: _____

Mailing address: _____ City: _____ ZIP _____

Telephone Number: _____ Mobile Land Line Message

FOR OFFICE USE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Removed Price Grouping | <input type="checkbox"/> Removed from Program | <input type="checkbox"/> Attach to Customer Card |
| <input type="checkbox"/> Application for Program | <input type="checkbox"/> Added Price Grouping | <input type="checkbox"/> Green Sheet – First month fee |
| <input type="checkbox"/> Green Sheet – turn on fee | | |