



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