



COQUILLE INDIAN TRIBE

3050 Tremont • North Bend, OR 97459
Telephone 541-756-0904 • Fax 541-756-0847

General Welfare Housing Repair Program Application

COQUILLE INDIAN TRIBE

HOUSING REPAIR PROGRAM APPLICATION

A. APPLICANT INFORMATION

1. NAME: _____
Last First Middle Maiden Name (if any)
2. CURRENT ADDRESS: _____

3. TELEPHONE NUMBER: (____) _____
4. DATE OF BIRTH: _____ 5. SOCIAL SECURITY NUMBER: _____ - _____ - _____
M/D/Y
6. TRIBE: _____ ROLL NUMBER: _____
7. MARITAL STATUS: _____ Married _____ Single _____ Widowed _____ Other
- If you checked "other", please explain. _____

INFORMATION ABOUT SPOUSE:

8. NAME: _____
Last First Middle Maiden Name (if any)
9. DATE OF BIRTH: _____ 10. SOCIAL SECURITY NUMBER: _____ - _____ - _____
M/D/Y
11. TRIBE: _____ ROLL NUMBER: _____

B. FAMILY INFORMATION List all other persons living in household on a permanent basis. Start with the oldest and provide Social Security Numbers for those over age 18.

Name	Date of Birth	Social Security #	Relationship To applicant	Tribe/Roll #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. INCOME INFORMATION

1. Earned Income: Starting with applicant list all permanent family members at least 18 years of age who are listed under Part B and have earned income. Provide copy of Income Tax Return, W-2 forms, wage stubs, etc. for verification.

<u>Name</u>	<u>Annual income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total annual earned income = \$ _____

2. Unearned income: Start with applicant then list all permanent family members at least 18 years old who are listed under part B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, etc. Provide check stubs, statements, etc. for verification.

<u>Name</u>	<u>Annual income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total annual unearned income = \$ _____

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (C1 & C2) \$ _____

D. HOUSING INFORMATION

1. Location of the house to be repaired. (Give address and detailed directions to this house.)

2. Provide brief description of housing repair for which you are applying and the estimated costs _____

3. Repair is to be done by: Applicant _____ Contractor _____ Other _____ If other, please explain. Please attach two bids from a licensed contractor for the work requested if applicable.

4. Do you own _____ or rent _____ this house? If renting, please provide name of owners and address. _____

5. Has CIT granted Home Repair Assistance to this household in the last year? Yes ___ No ___ If yes, indicate amount and when. _____

E. APPLICANT CERTIFICATION (Read this certification carefully before you sign and date your application. Sign in ink.)

I certify that all answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may result in denial of assistance.

Applicant's Signature: _____ **Date** _____

Spouse's Signature: _____ **Date** _____

Please send completed application to: **Coquille Indian Tribe**
Attn: Maintenance Coordinator
3050 Tremont Street
North Bend, Or. 97459

This section for CIT Staff use only:

CHECKLIST:

- _____ Section A. Applicant Information Complete
- _____ Section B. Family Information Complete
- _____ Section C. Income Information Complete
- _____ Section D. Housing Information Complete
- _____ Section E. Applicant Certification Complete

Comments: _____

Approval ___ **Yes** ___ **No**

Comments: _____

Tribal Official: _____ **Title:** _____

Date: _____ **Amount Obligated: \$** _____

GENERAL WELFARE HOUSING REPAIR FUND GUIDELINES

Tier Level of Eligibility

Program Definition: To provide financial assistance to all eligible Coquille Tribal families to make necessary repairs that would affect the **health and safety** of the household members. The Executive Director or his designee will have the authority to review and approve all requests for assistance.

The amount of funding is capped at maximum amount per household tier level per year. Requests for funds in consecutive years and over this amount may be considered with extenuating circumstances. These applications will be reviewed and approved by the CIT Emergency Fund Committee. Usage of this fund will be available and accessible only as budget funds are available. The Committee will review each application based upon their point system outlined within the Emergency Fund Guidelines.

ELIGIBILITY FOR FINANCIAL ASSISTANCE TO HOME OWNERS:

1. Enrolled Coquille Tribal Member
2. Non Tribal Custodial parent with eligible Coquille Tribal children in home
3. Foster parents or other guardians of Coquille Tribal children
4. A Non Tribal widow or widower of a Coquille Tribal Member

Rental or leased homes are not eligible for this program.

PROCEDURES

Any eligible requesting party must have a General Welfare Housing Repair Program Application **completed** and submitted to the Facilities Maintenance Coordinator or designee before any requests are approved.

INCOME GUIDELINES

Household Size & Yearly Income Level Tier 1 = \$3000

1 person	2 people	3 people	4 people	5 people	6 people
up to	up to	up to	up to	up to	up to
\$19,110	\$24,990	\$30,870	\$36,750	\$42,630	\$48,510

Household Size & Yearly Income Level Tier 2 = \$1000

1 person	2 people	3 people	4 people	5 people	6 people
up to	up to	up to	up to	up to	up to
\$29,110	\$34,990	\$40,870	\$46,750	\$52,630	\$58,510

Household Size & Yearly Income Level Tier 3 = \$500

1 person	2 people	3 people	4 people	5 people	6 people
up to	up to	up to	up to	up to	up to
\$39,110	\$44,990	\$50,870	\$56,750	\$62,630	\$68,510

APPROVAL AND DENIAL PROCESS

The Executive Director or designee will review the requests. The requesting party will be given an answer to their request within (5) working days of the receipt of the request. All checks will be written to material or service providers upon CIT receiving proper documentation. Application to another tribal fund is not allowed upon receipt of funds from this program.

The items listed below are examples of maintenance items or contractual services that might be requested.

PLUMBING

- Faucets
- Faucet hardware
- Hot water heaters
- Hot water heater hardware
- Toilet repair or replacement
- Hose bibs
- Shut-offs
- Water and drain lines

ELECTRICAL

- Receptacles and switches
- Appliance repair
- Light fixture repair
- Furnace or heat source repair
- Heating thermostats
- Electric service panels
- Circuit breakers
- Wiring repair or replacement

INTERIOR OR EXTERIOR

- Roof repair
- Door repair or replacement
- Door hardware
- Window repair or replacement
- Window hardware
- Chimney cleaning
- Garage door and mechanisms
- Porch or step repair
- Dry rot repair

ITEMS NOT FUNDED INCLUDE

Cosmetic repairs

Previous faulty home improvement (either contracted and/or done by homeowner)

Repairs eligible for insurance coverage

Repairs that are beyond what is reasonably necessary to take care of the particular problem

Replacement of functional household items

Repairs that do not affect the health and safety of household members

We will not fund items bought prior to approval

Repairs to rental or leased homes