

Emergency Home Repair Check List

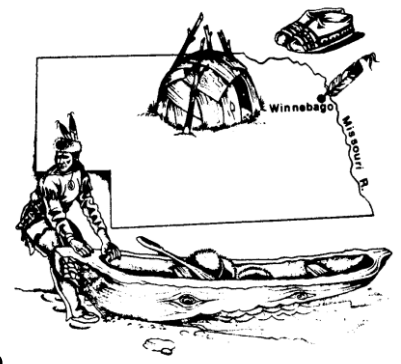
- Application filled out.
- Copy of All Household Income (Paystub, Disability, Social Security, Etc.)
- Copy of Ownership of Home
- Doctor slip for any handicap accessibility.
- 2 Bids of work requesting to be done

* * Any of the documents that are not attached with application; program will not accept.

Thank you

WINNEBAGO TRIBE of NEBRASKA

Tribal Housing/E.H.R. Programs P.O. Box 687 Winnebago, NE 68071
Phone: 402-878-3214 Fax: 402-878-2632



EMERGENCY HOME REPAIR

APPLICATION PROCESSING PROCEDURES

1. E.H.R applications are available at the Winnebago Tribal Housing Office, which is located in the Neola Walker Building. Phone # 402-878-3210.
2. All application must include:
 - Winnebago Tribal Enrollment number for the Applicant.
 - Gross income for ALL household members.
 - Cost estimations (labor & materials), along with the Job specification, and/or Invoice of contactor who the client would like to do the repairs.
 - Official Documentation from the Physician or Health Care Facility is required, only if request Health Related.
 - Call Construction Management Office 402-878-3207 to schedule an appointment to have you home evaluated. Need to include report from the Construction Management Office of your needed repairs requested in your Application.
3. Income verification forms must be completed and signed for each individual household member for all types of income each household member is received.
4. After all necessary documentation has been submitted a determination of eligibility based on Tribal membership and income will be made by E.H.R is receiving.
5. All requests from those applicants determined eligible will then be submitted to the E.H.R. committee for final approval or denial.
6. Applicants determined to be ineligible will be notified by letter.
7. The Tribal Housing/E.H.R. office will notify the eligible applicants once approved and the date available for services.
8. The office of the E.H.R. program will ensure a guarantee of workmanship for one (1) year from the contractor.
9. If the applicants are utilizing hired labor, it must be explained to and understood by the hired labor/contractor that it is the policy of the E.H.R. – Winnebago Tribal Housing Program that payment for labor will be made only upon satisfactory completion of the job. A final inspection will be done by the Winnebago Tribe’s Construction Manager.
10. Applicants furnishing their own labor will be given materials only and no payment for labor, which includes family members residing in the home to be repaired.
11. House must be owner occupied for the past 2 years.
 - **Applicant must reside full time in subject home. Home must be located within the exterior boundary of the Winnebago Tribe of Nebraska Reservation.**

INCOME ELGIBILITY GUIDELINES:

Net Household Income		Homeowner contribution	Program Contribution
\$0	- \$25,000	0%	100%
\$25,000	- \$35,000	10%	90%
\$35,000	- \$45,000	20%	80%
\$45,000	- \$55,000	35%	65%
\$55,000	- \$65,000	60%	40%
\$65,000	- \$75,000	80%	20%
\$75,000	- Up	100%	0%

The following information is required to determine if you are eligible for Emergency Assistance.

DATE OF APPLICATION: _____

Name: _____ Date of Birth: _____

Winnebago Tribe of Nebraska Member: Yes or No Enrollment Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Handicapped/Physically Challenged: Yes or No Disability Type: _____

Marital Status: Single / Married

INFORMATION ABOUT SPOUSE:

Name: _____ Date of Birth: _____

HOUSEHOLD MEMBER NAMES	SEX	DATE OF BIRTH	TRIBAL AFFILIATION	ENROLLMENT #

CHECK MARK ALL THAT APPLY TO YOUR FAMILY:

HEAT SOURCE: Natural Gas: _____ Propane: _____ Fuel Oil: _____ Wood: _____
 Electric: _____ Other: _____

NEED TO PROVIDE PROOF OF INCOME AND TRIBAL ENROLLMENT

Copies of ALL Income Verification and Tribal Enrollment.

(wages, unemployment, S.S.I, pension, ADC/AFDC, Retirement, Real Estate owned as rental Housing.)

NAME	MONTHLY INCOME	SOURCE OF INCOME

I authorize the Release of information, regarding my financial situation to the Winnebago Tribe of Nebraska, Emergency Home repair (E.H.R.) Program.

 (Employer or source of income) Address City, State Zip Code

 Signature of Applicant

 Date

LOCATION VERIFICATION

Housing Location (Street Name, Location of Lot/Land): _____

Length of Time (Living at Place of Residence): _____

Has anyone in your Household received assistance In the past two (2) years: Yes or No (Circle one)

If so, When? (Month, day & Year) _____

I, _____ understand the Questions on the application. My answer are correct and complete to the best of my knowledge. I also understand that any type of falsification in the application will result in not being considered.

Signature of Applicant

Date

Preset Housing Need: (Describe damages and/or repairs needed):

I hereby certify that the information on this application is true and accurate to the best of my knowledge. I hereby agree to the following:

- Provide Proof of Nebraska Winnebago Tribal Enrollment.
- Provide Proof of Home Ownership
- To allow the Winnebago Office of Construction Management and Tribal Housing/Emergency Home Repair Office to enter upon my property to evaluate and inspect the problem requested in the Application.
- To allow the Tribal Housing/Emergency home repair office to verify my household income as stated in this form.

Signature of Applicant

Date