



2205 Lashi St. S.E.
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NISQUALLY EMERGENCY REPAIR PROGRAM

Nisqually Indian Tribal Housing (NITH) is charged with the responsibility of establishing minimum requirements for the Nisqually Emergency Assistance Program (NEAP). The purpose of this policy is to provide Nisqually tribal members with emergency repairs for health and safety issues in their home, within the jurisdiction of the Tribe. The types of assistance are limited to necessary repairs that will protect the integrity of the home, i.e., roof repair, plumbing, electrical, flooring, weatherization, siding, concrete, etc.

The assistance is limited and is based upon eligibility according to this policy. Eligibility does not guarantee assistance due to the limited funding available for this program. NITH will establish a priority list in accordance with this policy (Selection of Participant.) NITH may close the application lists if the NEAP funds have been exhausted, and/or if the number of applicants have been processed, funded, etc., Then NITH will re-open the application process through community notification. NITH may assist the tribal member with NEAP one-time only per tribal member home. All NEAP funds from supplemental funding will cause a reduction in the lifetime maximum benefit of \$30,000.00 supplemental housing assistance funds.

Eligibility for NEAP

To be considered for NEAP assistance, the participant must submit a signed housing application and release of information complete with supporting documents.

1. Applicant must be a Nisqually tribal member.
2. Applicant must demonstrate that the requested improvements will bring the home to a habitable state according to the policies of NITH.
3. Applicant must be 18 years old or older.
4. Applicant must be in good standing with the Tribe and must execute all documents in accordance with the policy.
5. Work completed must be on applicants owned home, though exceptions may be made for tribal elders on a need basis.
6. The dwelling must be insurable, and be in a condition feasible for repairing, and must be inspected by NITH staff representative prior to approval of this assistance.

Selection of Participants

The Nisqually Tribe has established a policy of tribal preference for all tribal members. The preference criteria for admission to these programs are as follows:

1. The applicant must be an enrolled member of the Nisqually Tribe.
2. Selections will be made dependent upon availability of funds.
3. Elders and disabled tribal members may receive preference.



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NITH EMERGENCY ASSISTANCE PROGRAM APPLICATION

Applicant's Name _____ Enrollment Number _____

Telephone Number _____ Email Address _____

PROPERTY INFORMATION

Property Type: Apartment | Condominium | Home | Other _____

Property Address: _____ Mailing Address: _____

Do you own your home ____ Yes ____ No Date Home was Purchase ____/____/____

Age of Structure _____

Do you have a Homeownership Association Yes No

Do you have Homeowners insurance Yes No

Do you have a Deed, Title, or Court order for your home Yes No

Emergent Repair Request: _____

HOUSEHOLD COMPOSITION

(List the head of our household and all persons who live in your home.)

FULL NAME	RELATIONSHIP	AGE
	Head of Household	

The information provided above is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification related to my application for assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.

Signature of applicant _____

Date of signature ____/____/____

For Official Use Only: NITH Staff Received _____ Time and Date Stamp _____



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NISQUALLY EMERGENCY ASSISTANCE PROGRAM

RESIDENCY/PAYBACK AGREEMENT

I, _____, an enrolled member of the Nisqually Indian Tribe, enrollment number _____ CERTIFY AND ACKNOWLEDGE THAT I will be granted Nisqually Emergency Assistance Program funds from the tribe for the purpose of maintaining affordable housing for me and my family by making necessary repairs to my home. The property is a _____ and is located at _____ . It is my understanding that before I can receive these funds, I must agree to certain conditions governing the use of these funds and the ownership of the home being affected.

Resale restriction: If the property benefiting from this financial assistance is sold during the first five (5) years of ownership from receipt of these funds, the amount advanced to me must be repaid to the Nisqually Indian Tribe by me according to the following prorated schedule:

1 st year	100% of funds must be repaid
2 nd year	80% of funds must be repaid
3 rd year	60% of funds must be repaid
4 th year	40% of funds must be repaid
5 th year	20% of funds must be repaid

NOTE: this requirement is prorated by the percentage of loss if the property is sold for a loss. After the fifth year of ownership, no funds need to be repaid.

Additionally, I understand that I must carry Fire Insurance to protect our property for a minimal period of five (5) years. I understand and agree to the conditions placed on the referenced receipt of funds under the Tribal Housing Program of the Nisqually Indian Tribe. The Tribe reserves the right to record this document and place a lien on the subject property to insure repayment. **NOTE: sign in the presence of a Notary Public.**

Signature

Date

Notary Public

On this day personally appeared before me _____ know to me to be the individual described in and who executed the Nisqually Indian Tribe Affidavit of Residency for the Tribal Housing Program and acknowledge that they signed the same as their free and voluntary act indeed, for the use and purpose herein mentioned.

Given under my hand and official seal the _____ day of _____ 20_____.

_____ My appointment expires _____