



2205 Lashi St. S.E. Olympia, WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167

Rehabilitation & Modernization Program for Existing Homeowners Guidelines, Procedures and Application



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Purpose:

The Nisqually Indian Tribe's HUD Indian Housing Plan includes rehabilitation assistance for Low-Income and Non-Low-Income existing homeowners to assist with the interior and/or exterior rehabilitation assistance for existing homeowners not under the management of the Nisqually Indian Tribal Housing Department (NITH).

Guidelines:

- This program may only be utilized by qualifying enrolled federally recognized tribal members residing in Thurston and Pierce County who are ages 18 and older.
- This program is income based, per family size (all who reside in the home/address). For Non-Low-Income households you must meet the 80-100% Median Income, and Low-Income must be at 80% or below of the median income (Please see income limits below).
- These funds are not allocated to assist with rental assistance costs or any other form of temporary housing.
- Eligible applicants are existing homeowners that meet the income guidelines of Thurston County.
- Funds will not exceed a one-time \$20,000 per unit/family for Low-Income applicants.
- Funds will not exceed a one-time \$10,000 per unit/family for non-Low-Income applicants.
- Funds that are over the exceeded amount can be discussed with director for approval for unforeseen circumstances.
- Funding is based on a **first come first serve basis** if qualifications are met appropriately. If funding is no longer available applicants MUST apply at the beginning of the following year, applications will NOT be considered from prior years information.
- Funding for this program will only be provided until program funds are exhausted. Funding will be allocated per activity the applicant applied for, monies will not be carried over to another activity or year of funding.
- These funds cover limited appliances for the home. Evaluations/Inspections by NITH staff will determine the need of the submitted request.
- NITH staff members will ensure accurate record keeping of files and documentation.



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- If the activity is more than the amount received applicant will be responsible for any overages.
- Applicants must provide the following documentation to show proof of eligibility:
 - Proof of Enrollment in a Federally Recognized Tribe:
 - Tribal enrollment card (ID)
 - Certificate of Indian Blood
 - Proof of Homeownership:
 - Deed or title
 - Mortgage documentation
 - Homeowners insurance documentation
 - Property tax receipt or bill
 - Manufactured home certificate or title
 - Home purchase contracts
 - Last will and testament (with death certificate) naming you heir to the property.
 - Proof of Income:
 - Pay stub.
 - 1099
 - Bank statements
 - Tax returns
 - Employer Statement
 - Retirement Pension
 - Social Security Statement
 - Per-capita Statement
 - Proof of Social Security Number
 - Copy of Social Security Cards
- Approved applications will result in the creation of a payment check, issued by the Financial Services Department, and sent directly to the company/vendor.
- No check(s) will ever be issued directly to the participant.
- This program may NOT be used by multiple Tribal members applying for assistance to the same home/address (i.e., \$10,000 will be the limit per unit/family); \$10,000 may not be issued to two different Tribal members who will be residing in the same home/address).
- Applicants upon approval are responsible for finding their own contractors/vendors who are licensed/bonded. NITH staff will not be performing any rehabilitation activities. If requested, NITH staff can provide participants with a contractors list that's been developed by NITH staff, but ultimately, it is the responsibility of the participant.



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- If the contractor/vendor bid is over \$10,000 it will be the applicant's responsibility to procure three (3) more bids. Once all bids are received, the applicant must justify a written statement on why they are selecting that contractor/vendor. Once selected, the contractor/vendor must sign a contract by the Nisqually Indian Tribe Financial Services Department to secure the quote, select a start date, & agree to the tribe's terms and conditions. Contractor/Vendor must be aware that the tribe will only distribute thirty percent (30%) of the total bid amount to start the activity/project.
- Applicants must inform the contractor/vendor that Davis Bacon wages are required to be inserted into each bid. Contractor/Vendor must provide certified payroll after completion in order to receive their final check from the Nisqually Indian Tribe Financial Services Department.

Procedures:

Applicants must fill out and complete a Rehabilitation Assistance Application (attached with this policy) which will provide all necessary documentation required for NITH staff. The application must be completed prior to approving a request. NITH staff will not approve un-qualifying applications (i.e., incomplete applications, or applicants who are not eligible). It will be the applicants' responsibility to ensure that the below listed items are completed prior to applying:

- Proof of Tribal Enrollment in a Federally Recognized Tribe
- Proof of Homeownership
- Proof of Income
- Proof of insurance (if applicable)
- W-9 from Vendor/Company
- Release of Information (ROI)
- Proof of Social Security Number

Activities:

Activities will include, but not limited to: Roofing, siding, insulation, siding, exterior painting, gutters, sheet rock, flooring, cabinets, windows, doors, trim package, major plumbing issues, electrical repairs, HVAC units, wood/pellet stoves, and limited appliances.

Billing & Payment for Activities:

Creation and distribution of checks for companies/vendors will be based on policies and procedures set forth by the Financial Services Department. Tribal members may contact the Financial Services Department once qualifying applications have been routed, to inquire about the issue date of check(s).



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Income Limits:

The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the Rehabilitation and Modernization Program. NITH uses HUD's income limits to determine eligibility.

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income Click for More Detail	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Olympia-Tumwater, WA MSA	\$102,500	Very Low (50%) Income Limits (\$) Click for More Detail	35,900	41,000	46,150	51,250	55,350	59,450	63,550	67,650
		Extremely Low Income Limits (\$)* Click for More Detail	21,550	24,600	27,700	30,750	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$) Click for More Detail	57,400	65,600	73,800	82,000	88,600	95,150	101,700	108,250

NOTE: **Thurston County** is part of the **Olympia-Tumwater, WA MSA**, so all information presented here applies to all of the Olympia-Tumwater, WA MSA.

The **Olympia-Tumwater, WA MSA** contains the following areas: Thurston County, WA;

I have read and understand the above policies and procedures for the Rehabilitation & Modernization Program for Existing for Homeowners.

Applicant Signature

Date



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REHABILITATION AND MODERNIZATION FOR LOW-INCOME AND NON-LOW-INCOME APPLICATION

PERSONAL INFORMATION

Applicant Full Name _____ Today's Date ____/____/____

Phone Number (____) _____ Message (____) _____

Email address _____

Social Security Number ____ - ____ - ____ Date of Birth ____/____/____

Are you enrolled in a Federally Recognized Tribe? ☐ Yes ☐ No

Tribe Affiliation _____ Tribal Number _____

HOUSEHOLD COMPOSITION

FULL NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1)	HEAD OF HOUSEHOLD		
2)	CO-APPLICANT		
3)			
4)			
5)			
6)			
7)			

EMPLOYMENT/INCOME INFORMATION

NAME	EMPLOYER/SOURCE OF INCOME ADDRESS & PHONE NUMBER	ANNUAL GROSS INCOME



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PROPERTY INFORMATION

Property Type: ☐ Apartment | ☐ Condominium | ☐ Home | ☐ Other _____

Property Address: _____

Mailing Address: _____

Do you own your home _____ Yes _____ No Date Purchased ____/____/____

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

REQUEST

Please leave a brief description of why you are requesting assistance for:

Signature of applicant: _____

Date of signature ____/____/____

For Official Use Only:

NITH Staff Received _____

Time and Date Stamp _____



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Authorization for Release of Information

AUTHORIZATION TO DISCLOSE NISQUALLY INDIAN TRIBAL HOUSING (NITH) RECORDS OF:			
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH			
OTHER LAST NAMES (if any)		TRIBE/VILLAGE	TRIBAL ENROLLMENT NUMBER
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE	
DISCLOSE TO:			
LAST NAME		FIRST NAME	MIDDLE NAME
TITLE			
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)			
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE	
TELEPHONE NUMBER		FAX NUMBER	E-MAIL ADDRESS
REASON FOR DISCLOSURE (not required)			
AUTHORIZATION:			
SOURCES: I authorize the Nisqually Indian Tribal Housing (NITH) and the department(s) program(s) listed below, to disclose, release and/or obtain confidential information verbally or by computer data transfer, mail, fax, or hand delivery from the following department(s)/Program(s). Please mark the box(s) that apply to you:			
<input type="checkbox"/> Any Dept./Program of Nisqually	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Training & Professional Development	
<input type="checkbox"/> Administration	<input type="checkbox"/> Health & Wellness Center	<input type="checkbox"/> Tribal Attorney	
<input type="checkbox"/> Building	<input type="checkbox"/> Human resources	<input type="checkbox"/> Tribal Council	
<input type="checkbox"/> Community Services	<input type="checkbox"/> ICW/NCFS	<input type="checkbox"/> Victims of Crime	
<input type="checkbox"/> Court	<input type="checkbox"/> Planning	<input type="checkbox"/> Vocational Rehab	
<input type="checkbox"/> Elder's	<input type="checkbox"/> Probation	<input type="checkbox"/> Wellness Center	
<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Social Services	<input type="checkbox"/> Work Force Development	
<input type="checkbox"/> Enrollment	<input type="checkbox"/> SORNA	<input type="checkbox"/> Other _____	
PLEASE NOTE: If confidential records include any of the following information, you must also complete the below section to allow disclosure of these records.			
SPECIAL RECORDS: I give my permission to disclose the following information held in NITH records (check all that apply):			
<input type="checkbox"/> Mental Health Records (RCW 70.02.230 or 240)		<input type="checkbox"/> Substance use disorder records (42 CFR Part2)	
<input type="checkbox"/> This permission is valid for 180 days or until _____ (if not checked, will be 180 days)			
<input type="checkbox"/> I may revoke or withdraw my permissions in writing at any time, but that will not affect information already produced			
AUTHORIZED BY (SIGNATURE)		DATE SIGNED	TELEPHONE NUMBER
PRINT NAME		WITNESS/NOTARY (SIGN AND PRINT NAME IF APPLICABLE)	
If I am not the person who is the subject of the records, I am authorized to sign because I am the: (attach proof of authority)			
<input type="checkbox"/> Parent of a Minor	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Personal representative	<input type="checkbox"/> Other _____

