



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

Rehabilitation & Modernization Program for Existing Homeowners

Guidelines, Procedures and Application



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Purpose:

The Nisqually Indian Tribal Housing is offering financial assistance for interior and/or exterior home rehabilitation for existing homeowners **not** under the management of the Nisqually Indian Tribal Housing (NITH).

Guidelines:

- This program may only be utilized by qualifying enrolled, federally recognized, Native American homeowner families who are ages 18 and older.
- Program funding shall begin annually in January. Applications will not be accepted prior to January 15th of each year.
- This program is income based, per family/household size, using HUD’s Income Limits for Thurston County (Income limits change every April and will be added to our policy and application). Once approved, the qualified household will fall into one of the three categories listed below:
 - 1- Income Exceeding 100% Median Income is considered Non-HUD Qualified Household – *Additional restrictions apply: Applicant must have proof of homeownership and be an Enrolled Nisqually Tribal Member that has exhausted their NEAP/HAP Funds. **Approved Household will be eligible for funds not to exceed a one-time per fiscal year \$10,000 per home/family.***
 - 2- Household income Between 80-100% Median Income is considered HUD Non-Low-Income Household. **Approved Households will be eligible for funds not to exceed a one-time per fiscal year \$10,000 per home/family.**
 - 3- Household income Below 80% Median Income is considered HUD Low-Income Households). **Approved Households will be eligible for funds not to exceed a one-time per fiscal year \$20,000 per home/family.**

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 do determine eligibility. Income limits are subject to change annually in April.

FY 2024 Income Limit Area	Median Family Income (HUD 2024)	FY 2024 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Olympia-Tumwater, WA	\$116,700	Very Low (50%) Income Limits	\$39,450	\$45,100	\$50,750	\$56,350	\$60,850	\$65,350	\$69,900	\$74,400
		Low (80%) Income Limits	\$63,100	\$72,150	\$81,150	\$90,150	\$97,400	\$104,600	\$111,800	\$119,000
		Over (100%) Income Limits	\$81,690	\$93,360	\$105,030	\$116,700	\$126,036	\$135,372	\$144,708	\$154,044

- These funds are not allocated to assist with rental assistance costs or any other form of temporary housing.



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- Funding is based on a **first-come, first-served 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. ***Funds must be exhausted, work completed, and final invoices delivered to Housing by October 31st of each year.***
- Eligible appliances must be a part of the rehabilitation project. Includes all **major** appliances (fridge, stove/range, washer, dryer, dishwasher, microwave, etc).
- NITH staff members will ensure accurate record keeping of files and documentation.
- If the activity is more than the amount received, the applicant will be responsible for any overages.
- Applicants must provide verification documents (***only one*** from each of the categories below) as documentation to show proof of eligibility:
 - Proof of Enrollment in a Federally Recognized Tribe:
 - Tribal enrollment card (ID)
 - Certificate of Tribal Enrollment
 - Proof of Homeownership:
 - Deed or title
 - Mortgage documentation
 - Homeowners insurance documentation
 - Property tax receipt or bill
 - Manufactured home certificate or title
 - Home purchase contracts
 - Court Order or Quit Claim Deed
 - Proof of Income (for all household members):
 - Paystub
 - 1099
 - Bank statements
 - Tax returns
 - Employer Statement
 - Retirement Pension
 - Social Security Statement
 - Per-capita Statement
 - Zero-Income Cert
 - Proof of Homeowner Insurance
- Approved applications will result in the creation of a payment check, issued by the Financial Services Department, and sent directly to the company/vendor. Company/vendor/Applicant may request to pick up check instead of having it mailed by informing NITH staff at issuance of invoice. Company/vendor will be contacted when the check is ready for pick up by phone call.



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- No check(s) will ever be issued directly to the participant. If for some reason the applicant is reimbursed for the job, the funding must be returned to NITH or Nisqually Financial Department.
- 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).
- Upon approval applicants 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 and a preferred list that's been developed by Nisqually's Building Department staff, but ultimately, it is the responsibility of the participant.
- If you would like to utilize the Nisqually Buildings Department please fill out the Narrative form in this packet with the Buildings Department
- If the contractor/vendor bid/estimate is over \$10,000 it will be the applicant's responsibility to procure two (2) more bids/estimates for a total of (3) bids/estimates for the same job.
 1. Once all bids are received, the applicant must fill out a Housing Contract Contractor Selection Narrative Form (attached Pg. 9)
 2. 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.
 3. The contractor/vendor agrees the Tribe will distribute thirty-five percent (35%) of the total bid amount as a down payment to start the activity/project. If contractors/vendors require more than a 35% down payment, they must submit a detailed invoice for **materials** needed to start the job OR obtain written approval prior to signing the Contract with Financial Services.
 4. If Contractors bid goes over the amount of the contract a Request for modification of contract for professional services must be filled out signed and returned to NITH.
- Non-low-Income Household and Low-Income Household applicants fall under HUD guidelines and must inform the contractor/vendor that ***Davis Bacon wages (also known as prevailing wages) are required*** to be inserted into each bid over \$2000. Contractor/Vendor must provide ***certified payroll*** after completion to receive their final check from the Nisqually Indian Tribe Financial Services Department.

Procedures:

Applicants must fill out and sign the Rehabilitation and Modernization Guidelines, Procedures and Application must provide all necessary documentation required for NITH staff. The application must be completed prior to approving a request. It will be the applicants' responsibility to ensure that the items listed below are completed prior to applying:

- Proof of Tribal Enrollment in a Federally Recognized Tribe
- Proof of Homeownership
- Proof of Income (for entire household)



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- Proof of insurance
- W-9 from Vendor/Company
- Release of Information (ROI)
- Narrative Form

Eligible Activities:

Activities will include, but are not limited to roofing, siding, insulation, exterior painting, gutters, sheet rock, flooring, cabinets, windows, doors, trim packages, major plumbing issues, electrical repairs, HVAC units, wood/pellet stoves, and major appliances relevant to rehab projects.

Ineligible Applicants:

NITH staff will not approve ineligible applications. Reasons for ineligibility include:.

- Incomplete applications
- Funds cannot be utilized for any home other than applicants' primary residence
- Applicants who have not expended HAP/NEAP funds
- Applicants are unable to prove homeownership
- Proposed activity is not deemed eligible – final determination will be made by NITH staff
- Applicant with an outstanding debt to the Tribe
- Applicant does not have homeowner insurance

Additionally, Applicant Households who have utilized funding under this program in three (3) consecutive years will be ineligible for a period of two (2) years. Funds are limited and NITH strives to ensure that the funding is being utilized by as many different qualifying Households as possible.

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. If you request a check pickup, Financial Services Department and will contact you when the check is ready for pick up otherwise it will be sent in the mail to the address provided on the W-9 from the company/vendor.

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 APPLICATION

PERSONAL INFORMATION

Applicant Full Name _____ Today's Date ____/____/____
 Property Address: _____
 Mailing Address: _____
 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)			
2)			
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 _____
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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REQUEST FOR MODIFICATION OF CONTRACT FOR PROFESSIONAL SERVICES

There was a contract that was signed and dated on ____/____/____ between Nisqually Indian Tribe and

_____.

The compensation for this contract was set at \$_____.

With the unforeseen circumstances/Change Order the job will go over this amount by \$_____.

The unforeseen circumstances consist of the following:

1. _____
2. _____
3. _____
4. _____

It is agreed that ____ NITH ____ Homeowner will be responsible for these charges/overages.

The total amount paid for this job will be \$_____

Nisqually Representative

Contractor Representative



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Contractor Selection Narrative Form

APPLICANT PORTION:

I, _____ choose to utilize:

- The Nisqually Buildings Department
- A contractor from the small jobs list
- A contractor from the Preferred Vendor List
- I have chosen an outside contractor. Please list contractor and contact information

Applicant Signature

_____/_____/2025
Today Date

NISQUALLY BUILDING DEPARTMENT PORTION:

*Applicant Approved for \$_____ HUD or Supplemental
Davis-Bacon Requirements/Certified Payroll ___ Yes ___ No (Subcontractors ONLY)*

If you choose the Nisqually Building Department, please bring this form to them and have them fill out the next portion.

I, _____ from the Nisqually Building Department have spoken with _____ and estimate we can get them on the schedule on or around ____/____/2025.

Nisqually Building Department Staff Signature

_____/_____/2025
Today's Date

NITH STAFF PORTION:

Check off List:

- Sent Nisqually Building Department a copy of the Determination Sheet
- Building Estimate for materials with Nisqually Building Department (If utilizing Nisqually Building Department)
- 3 Estimates provided (if not utilizing Nisqually Building Department or Small Jobs Contractor List)
- Approval of Estimate
- Contract between Nisqually Indian Tribe and Contractor signed and dated from Financial Services Department
- Purchase Order Requisition
- Down Payment Invoice Requisition
- Final Invoice Requisition
- Activity Letter

All jobs must be completed by October 31, 2025, meaning all material ordered and delivered, work completed, and final invoices turned in for final payment.

Applicant Signature

Building Department Signature

NITH Staff Signature



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Authorization for Release of Information

CONSENT: I authorize and direct any Federal, State or local agency, organization, business, or individual to release to Nisqually Indian Tribal Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Community Rental Assistance, Rehab and Modernization, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residence History and Rental Activity
Medical or Childcare Allowances	Credit and Criminal Activity	Custody Status of Children

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Past and Present Employers	Veterans Administration	Previous Landlords & Public Housing Agencies
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamps agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>PRINTED/TYPED NAMES</u>	
Head Of Household _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member _____	_____	Date: _____
Adult Member _____	_____	Date: _____