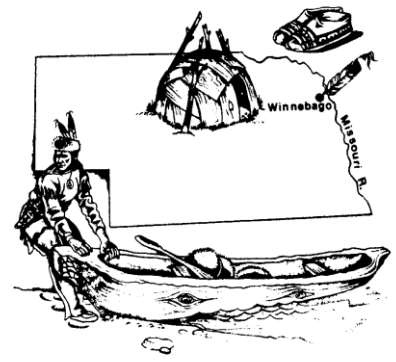


WINNEBAGO TRIBE of NEBRASKA

CARES Plumbing Repair Program P.O. Box 687 Winnebago, NE 68071
Phone: 833-896-9577 Ext. 3400 Fax: 402-878-2632



WINNEBAGO CARES Heating/Cooling Program GUIDELINES

Effective: 2/27/2021

AMENDED: _____

The Winnebago Tribe of Nebraska is committed to assisting households in providing adequate Heating/Cooling repairs in homes on the Winnebago Reservation where enrolled Winnebago Tribal members reside through funding provided to the Tribe by the CARES Act. Access to adequate sanitization is critical to mitigating the transmission of communicable diseases, including COVID-19. In order to establish consistent and clear regulations for the program the Winnebago Tribe of Nebraska hereby establishes the following guidelines for the "WTN CARES Heating/Cooling Assistance Program." The program shall be administered as follows and shall be subject to funding availability.

ELIGIBLE IMPROVEMENT PROJECTS:

(This is a **listing only**, does not mean all improvements can be done.)

1. Replacement Heating/Furnace Unit
2. Replacement A/C Unit
3. Replacement/improvement Ductwork
4. Replacement/Improvement registers
5. Heating/Cooling Repairs
6. Sanitizing Ductwork

HEATING/COOLING ASSISTANCE GUIDELINES:

BASED ON LIMITED RESOURCES, PRIORITY WILL BE GIVEN TO FAMILIES WITHOUT FUNCTIONING FURNACES AND SENIOR CITIZENS ON THE RESERVATION.

GENERAL REQUIREMENTS FOR APPLICANTS:

1. House must be owner occupied or if renting, home owner must sign off on application request.
 - **Applicant must reside full time in subject home. Home must be located within the exterior boundary of the Winnebago Tribe of Nebraska Reservation.**
 - Mutual help ownership homes are eligible (applicant must be current with program requirements). Applicant must utilize available Housing Authority MEPA funds prior to utilizing any CARES Heating/Cooling Assistance Repair Program Funding (Mutual Help Applicant shall provide MEPA documentation with application)
 - Upon request, applicant or owner shall provide proof of ownership (tax statement, lease agreement, etc.)
2. Maximum program contribution shall not exceed **\$3,500.00** including materials and labor.
3. No more than one application may be approved per household.

OFFICE USE ONLY

Kenneth Walker Sr.

Ron Nohr

Ireta Blackbird

Winnebago Tribe of Nebraska CARES Heating/Cooling Assistance Program APPLICATION

Submission of this application is not an approval for an improvement projects. Applicant must either be an **enrolled member of the Winnebago Tribe of Nebraska or have an enrolled member living in their household** to apply. All applications are subject to funding availability.

I. GENERAL INFORMATION (Print Clearly)

Name: (First, Middle, Last)	Physical Address:	Mailing Address:																																			
Contact Phone: 1. () 2. ()	Emergency Contact: (*Health Related) Name: Phone: ()	Applicants Date of Birth:																																			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	W.T.N. Enrollment Number:																																			
<p>ALL Household Members: List <u>all</u> who are living in the house.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%;">Name:</th> <th style="width: 10%;">Age:</th> <th style="width: 25%;">W.T.N. Enrollment Number</th> <th style="width: 20%;">Relationship:</th> </tr> </thead> <tbody> <tr><td>1.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">*Use separate sheet for additional household members.</p>				Name:	Age:	W.T.N. Enrollment Number	Relationship:	1.	_____	_____	_____	_____	2.	_____	_____	_____	_____	3.	_____	_____	_____	_____	4.	_____	_____	_____	_____	5.	_____	_____	_____	_____	6.	_____	_____	_____	_____
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2.	_____	_____	_____	_____																																	
3.	_____	_____	_____	_____																																	
4.	_____	_____	_____	_____																																	
5.	_____	_____	_____	_____																																	
6.	_____	_____	_____	_____																																	

II. DESCRIPTION OF NEED

Check One: Weatherization Safety Related Health related Emergency Situation

Check One: Wood Frame Masonry Mobile Home Other: _____

Brief description of problem(s):

Length of time living at residence: ____ Month(s), _____ Year(s)

House Location:

III. PROGRAM REQUIREMENTS

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.

1. Provide proof of Nebraska Winnebago Tribal Enrollment.
2. To allow the Winnebago Office of Construction Management representative to enter upon my property to evaluate and inspect the problem requested in this Application.
3. I shall hold and save the Tribe harmless to the extent of any obligation of contractions work performance.
4. **The Winnebago Tribe of Nebraska expressly disclaims any liability for contractor's performance.**

Applicant Signature

Date

Property Owner* (If applicable)

Date