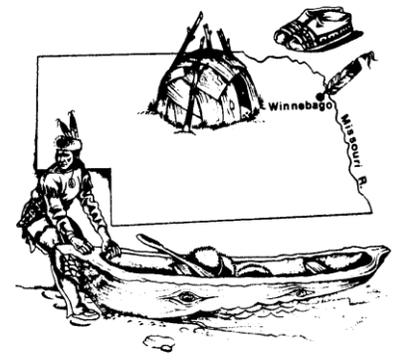


# WINNEBAGO TRIBE of NEBRASKA

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



## WINNEBAGO CARES Plumbing Repair Program GUIDELINES Effective: 09/29/2020

The Winnebago Tribe of Nebraska is committed to assisting households in providing adequate plumbing 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 sanitation 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 Plumbing Repair 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. Water Pipe Repair
2. Water Heater Repair/Replacement
3. Water Hook-Ups
4. Toilet and fixture replacement
5. Bathroom and Kitchen Faucet and fixture repairs/replacement

### INELIGIBLE IMPROVEMENT PROJECTS:

1. Water Softener Replacement or Repairs
2. Dishwasher Replacement or Repairs
3. Refrigerators- including refrigerators with drinking water fixtures
4. Ice Makers
5. Water Purifiers

### GENERAL REQUIREMENTS FOR APPLICANTS:

1. House must be owner occupied for the last 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.**
  - 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 Plumbing Repair Program Funding (Mutual Help Applicant shall provide MEPA documentation with application)
  - Upon request, applicant shall provide proof of ownership (tax statement, lease agreement, etc.)
2. Maximum program contribution shall not exceed **\$4,000.00** including materials and labor.
3. No more than one application may be approved per household.
4. Funds must be expended in full by December 15<sup>th</sup>, 2020.

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### OFFICE USE ONLY

\_\_\_\_\_  
Kenneth Walker Sr.

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Ron Nohr

\_\_\_\_\_  
Ireta Blackbird

# Winnebago Tribe of Nebraska CARES Plumbing Repair 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:	
ALL Household Members: List <u>all</u> who are living in the house.			
1. Name: _____	Age: _____	W.T.N. Enrollment Number _____	Relationship: _____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
*Use separate sheet for additional household members.			

**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