

WINNEBAGO TRIBE of NEBRASKA

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



WINNEBAGO SENIOR HOUSING PROJECT GUIDELINES Effective January 1, 2012

The Winnebago Tribe of Nebraska is committed to assist in providing adequate housing for enrolled Winnebago senior citizens. In order to establish consistent or clear regulations for the program the Winnebago Tribe of Nebraska hereby establishes the following guidelines for the "WINNEBAGO SENIOR HOUSING PROJECT." The program shall be administered as follows and shall be subject to funding availability and project.

ELIGIBLE IMPROVEMENT PROJECTS:

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

1. Furnaces and basic heating system components.
2. Air conditioning (cooling) system as required for health purposes (letter for doctor required).
3. Typical Weatherization Improvements : ***This is a listing only***
 - Exterior doors
 - Windows
 - Siding
 - Roofing
 - Insulation and weather-stripping
4. Emergency Health and safety repairs and improvements.

GENERAL REQUIREMENTS FOR APPLICANTS:

1. Minimum applicants of **age 55 required.**
2. 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 any Senior Housing Program Funding (Mutual Help Applicant shall provide MEPA documentation with applicant)
 - Upon request applicant shall provide proof of ownership (tax statement, lease agreement, etc.)
 - Housing program funding availability.
3. Maximum program contribution shall not exceed **\$6,500.00 in two (2) year period.**
4. Applicants furnishing their own labor will be given materials only and no payment for labor.

INCOME ELGIBILITY GUIDELINES:

TOTAL HOUSINGHOLD INCOME – Less Credit of \$3,000.00 for each qualified Dependent = Net Income

Net Household Income		Homeowner contribution	Program Contribution
\$0	- \$25,000	0%	100%
\$25,000	- \$35,000	10%	90%
\$35,000	- \$45,000	20%	80%
\$45,000	- \$55,000	35%	65%
\$55,000	- \$65,000	60%	40%
\$65,000	- \$75,000	80%	20%
\$75,000	- Up	NOT ELGIBLE	

OFFICE USE ONLY

 Kenneth Walker Sr.

 Ron Nohr

 Ireta Blackbird

 T.C. Direct

Winnebago Senior Housing Project APPLICATION

Submission of this application is not an approval for an improvement projects. Senior applicant must be a minimum age of 55 years old, and be an **enrolled member of the Winnebago Tribe of Nebraska** 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: 30%; text-align: left;">Name:</th> <th style="width: 30%; text-align: left;">Age:</th> <th style="width: 40%; text-align: left;">Relationship:</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center;">*Use separate sheet for additional household members.</p>			Name:	Age:	Relationship:	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	6. _____	_____	_____
Name:	Age:	Relationship:																					
1. _____	_____	_____																					
2. _____	_____	_____																					
3. _____	_____	_____																					
4. _____	_____	_____																					
5. _____	_____	_____																					
6. _____	_____	_____																					

II. DESCRIPTION OF NEED (*Official Documents from a Physician or Health Care Facility is required, only if request is Health related.)

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. HOUSEHOLD INCOME INFORMATION (Proof of ALL income, current paystub required) (Wages, unemployment, S.S.I, Pension, ADC/AFDC, Retirement, Real Estate Owned As Rental Housing.)

Family Member	Income Source	Amount (Gross Wages)	Bi-weekly, Monthly, etc.
1.		\$	
2.		\$	
3.		\$	
4.		\$	

Total Household Income \$ _____ Minus \$3,000.00 per Dependand (# _____) \$ _____ = Net

Net Household Income \$ _____ Homeowner Contribution percentage _____%

Net Household Income	Homeowner contribution	Program Contribution
\$0 - \$25,000	0%	100%
\$25,000 - \$35,000	10%	90%
\$35,000 - \$45,000	20%	80%
\$45,000 - \$55,000	35%	65%
\$55,000 - \$65,000	60%	40%
\$65,000 - \$75,000	80%	20%
\$75,000 - Up	NOT ELIGIBLE	

IV. 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. To allow the Office of Construction Management to verify my Household income as stated on this form.
4. Applicant (and Household members) do agree to pay the Homeowner Contribution percentage as stated on this application for any project work.
5. I shall hold and save the Tribe harmless to the extent of any obligation of contractors work performance.
6. **The Winnebago Tribe of Nebraska expressly disclaims any liability for contractor's performance.**

Applicant Signature

Date

Winnebago Senior Housing Project

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Applicant/Household Member Name: _____ Enrollment #: _____

I Authorize the release of confidential information necessary to make a determination of my eligibility for the Senior Housing Project assistance to the authorized representative of the Winnebago Tribe of Nebraska Office of Construction Management, Winnebago, NE.

I Understand that income verification is needed to verify eligibility, and the Homeowner Contribution Percentage for my project.

To: (Name, Address, & Phone # of employer)

From: Construction Management Office

Winnebago Tribe of Nebraska

P.O. Box 687

Winnebago, NE 68071

402-878-3207

Phone #: (_____) _____

I agree and give my consent to release the requested income verification information by my signature on this Form.

Applicant Signature

Date

OFFICE USE ONLY

EMPLOYMENT VERIFICATION

Employer: _____

Employee Title: _____

Date of Employment: From: _____ To: _____ Full-Time Part-Time

Current Gross Base Pay \$ _____ **Pay Period:** ___Hourly ___Weekly ___Bi-weekly ___Monthly

Amt. per hr. \$ _____ Hours Worked: _____ How Often: _____ - _____

Employer/Supervisor:

Print Name

Title

Signature

Date