



# EMERGENCY HOME REPAIR

## SUBMISSION CHECKLIST

- EHR Application Completed
- TWO** Work Bids w/ Quote for Improvement Requests
- Proof of Ownership (*TAX STATEMENT, LEASE AGREEMENT, ETC.*)
  - Must have lived in a home for **AT LEAST** 2 years
- WTN Tribal ID or Certificate of Indian Blood
  - **ASSISTANCE AVAILABLE ONLY TO WTN MEMBERS**
- Doctor's Recommendation for Handicap Accessibility
- ALL** Household Income (*WORK, DISABILITY & SSI PAYSTUBS, ETC.*)

**ANYONE OVER 18 MUST PROVIDE INCOME INFORMATION.**

**IF THERE'S NO INCOME, INCLUDE A SIGNED LETTER STATING "NO INCOME" - NO EXCEPTIONS!**

**YOUR APPLICATION IS INCOMPLETE IF ANY DOCUMENTATION IS MISSING.**

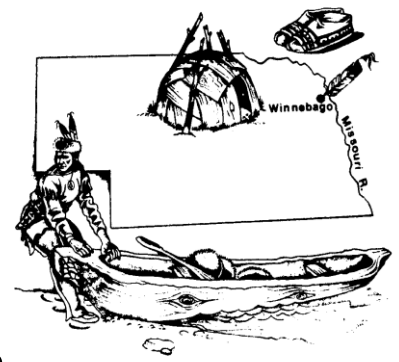
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***IF NOT COMPLETED IN 2 WEEKS OF SUBMISSION,  
THE APPLICATION IS INELIGIBLE AND WILL REQUIRE A NEW APPLICATION!***

# WINNEBAGO TRIBE of NEBRASKA

Tribal Housing/E.H.R. Programs P.O. Box 687 Winnebago, NE 68071

Phone: 402-878-3214 Fax: 402-878-2632



## EMERGENCY HOME REPAIR

### APPLICATION PROCESSING PROCEDURES

1. E.H.R applications are available at the Winnebago Tribal Housing Office, which is located in the Neola Walker Building. Phone # 402-878-3210.
2. All application must include:
  - Winnebago Tribal Enrollment number for the Applicant.
  - Gross income for ALL household members.
  - Cost estimations (labor & materials), along with the Job specification, and/or Invoice of contactor who the client would like to do the repairs.
  - Official Documentation from the Physician or Health Care Facility is required, only if request Health Related.
  - Call Construction Management Office 402-878-3207 to schedule an appointment to have you home evaluated. Need to include report from the Construction Management Office of your needed repairs requested in your Application.
3. Income verification forms must be completed and signed for each individual household member for all types of income each household member is received.
4. After all necessary documentation has been submitted a determination of eligibility based on Tribal membership and income will be made by E.H.R is receiving.
5. All requests from those applicants determined eligible will then be submitted to the E.H.R. committee for final approval or denial.
6. Applicants determined to be ineligible will be notified by letter.
7. The Tribal Housing/E.H.R. office will notify the eligible applicants once approved and the date available for services.
8. The office of the E.H.R. program will ensure a guarantee of workmanship for one (1) year from the contractor.
9. If the applicants are utilizing hired labor, it must be explained to and understood by the hired labor/contractor that it is the policy of the E.H.R. – Winnebago Tribal Housing Program that payment for labor will be made only upon satisfactory completion of the job. A final inspection will be done by the Winnebago Tribe's Construction Manager.
10. Applicants furnishing their own labor will be given materials only and no payment for labor, which includes family members residing in the home to be repaired.
11. House must be owner occupied for the past 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.**

**INCOME ELGIBILITY GUIDELINES:**

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	100%	0%

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**The following information is required to determine if you are eligible for Emergency Assistance.**

DATE OF APPLICATION: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Winnebago Tribe of Nebraska Member: Yes or No Enrollment Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Handicapped/Physically Challenged: Yes or No Disability Type: \_\_\_\_\_

Marital Status: Single / Married

**INFORMATION ABOUT SPOUSE:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

HOUSEHOLD MEMBER NAMES	SEX	DATE OF BIRTH	TRIBAL AFFILIATION	ENROLLMENT #

**CHECK MARK ALL THAT APPLY TO YOUR FAMILY:**

**HEAT SOURCE:** Natural Gas: \_\_\_\_\_ Propane: \_\_\_\_\_ Fuel Oil: \_\_\_\_\_ Wood: \_\_\_\_\_  
Electric: \_\_\_\_\_ Other: \_\_\_\_\_

**NEED TO PROVIDE PROOF OF INCOME AND TRIBAL ENROLLMENT**

***Copies of ALL Income Verification and Tribal Enrollment.***

(wages, unemployment, S.S.I, pension, ADC/AFDC, Retirement, Real Estate owned as rental Housing.)

NAME	MONTHLY INCOME	SOURCE OF INCOME

**I authorize the Release of information, regarding my financial situation to the Winnebago Tribe of Nebraska, Emergency Home repair (E.H.R.) Program.**

\_\_\_\_\_  
(Employer or source of income)      Address                              City,                              State                              Zip Code

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**LOCATION VERIFICATION**

Housing Location (Street Name, Location of Lot/Land): \_\_\_\_\_

Length of Time (Living at Place of Residence): \_\_\_\_\_

Has anyone in your Household received assistance In the past two (2) years: Yes or No (Circle one)

If so, When? (Month, day & Year) \_\_\_\_\_

**I, \_\_\_\_\_ understand the Questions on the application. My answer are correct and complete to the best of my knowledge. I also understand that any type of falsification in the application will result in not being considered.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Preset Housing Need: (Describe damages and/or repairs needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

- Provide Proof of Nebraska Winnebago Tribal Enrollment.
- Provide Proof of Home Ownership
- To allow the Winnebago Office of Construction Management and Tribal Housing/Emergency Home Repair Office to enter upon my property to evaluate and inspect the problem requested in the Application.
- To allow the Tribal Housing/Emergency home repair office to verify my household income as stated in this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date