

Sault Tribe Housing Authority Sanitation Program

Application Instruction Sheet

- Complete Application**
 - ✓ *Application must be completely filled out and signed to be eligible for program*
- Tribal card**
 - ✓ *For all household members*
- Social Security Card & Driver's License**
 - ✓ *For all household members*
- Income Verification for last 12 months**
 - ✓ *Most current year taxes (Federal 1040 & W-2's)*
 - ✓ *Check Stubs for past month*
 - ✓ *Child Support for Children*
- Proof of Ownership – in Applicant/Tribal Member's name**
 - ✓ *Deed, Mortgage Agreement, Quit claim*
- Proof of current Home Owner Insurance**
 - ✓ *Copy of Home Owner Insurance Policy*
- Proof of current Property tax**
 - ✓ *Statement from local Treasure Office that taxes are paid in full*
- Picture**
 - ✓ *Site to be serviced*
- Hand Drawing of Site**
 - ✓ *Site to be serviced*
- Plat map – from local Assessing Office**
 - ✓ *Provide a location map from the Plat Book showing location of home site, that shows distance and directions from known paved arterial road*

YOUR APPLICATION WILL NOT BE PROCESSED IF ALL THE ABOVE INFORMATION IS NOT COMPLETED OR TURNED IN

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Penalties for committing fraud, if your application or updated information contains false or incomplete information, you may be:

- *Required to repay all monies expended on your home by the Sault Ste. Marie Tribe of Chippewa Indians.*
- *Fined up to \$10,000.00.*
- *Imprisoned for up to 5 years; and/or*
- *Prohibited from receiving future assistance.*

*****HOME OWNER WILL BE RESPONSIBLE FOR PAYMENT OF PERMITS*****

Please send completed applications and copies of supporting documents to:

**Sault Tribe Housing Authority
Home Improvement Program ~ Jamie Harvey
154 Parkside Drive
Kincheloe, MI 49788
(906)495-1450**

Sault Tribe Sanitation Program

Rec'd By: _____

Date: _____

Time: _____

Name: _____

Spouse: _____

S.S. #: _____ DOB: _____

S.S. #: _____ DOB: _____

Maiden Name: _____

Maiden Name: _____

Other Last Name: _____

Other Last Name: _____

Sault Tribe Member: Yes No

Sault Tribe Member: Yes No

Address: (actual location of residence): _____

Mailing Address: (if different than actual address): _____

City: _____

Zip Code: _____

Phone Number: () _____

County: _____

HOUSEHOLD MEMBERS: List name, relationship, Social Security number and Date of Birth for all persons residing in the home

NAME	RELATIONSHIP	SOCIAL SECURITY	DATE OF BIRTH	Tribal Roll #

HOUSEHOLD INCOME: Provide proof of income for all household member for the previous 12 months

Name of Person	Source of Income	Amount of Income	Frequency (week-month)

REQUEST FOR ASSISTANCE

The goal of the Home Improvement Program is to provide rehabilitation assistance for members of the tribe that privately own their homes and reside in the seven county service areas.

Describe type of Sanitation assistance requested:

CONFIDENTIAL RELEASE OF INFORMATION

I understand that all information contained in this application is confidential. I hereby authorize the Sault Tribe Home Improvement Program to release any and all information contained in this application as needed to assist in the provision of services to my household. Said information may be released to potential vendors and any other person or agency deemed appropriate to assist in the provision of services for the Home Improvement Program.

Signature of Applicant

Date

Signature of Spouse

Date

APPLICATION REQUIREMENTS

All applicants will be required to submit a completed Sanitation Program application, which includes the following attachments:

INCOME:

- Proof of earned and unearned income for all household members for the past 12 months.

HOUSEHOLD IDENTIFICATION

- Sault Tribe membership cards for each household member
- Drivers License for each household member
- Social security cards for each household member

RESIDENCY

- Property deed or title in applicant's name,
- Proof that property taxes are current (paid to date)
- Service site **MUST** be the permanent residents of Applicant/Tribal Member
- **MUST** fall in the seven county service area of Chippewa, Mackinac, Luce, Schoolcraft, Delta, Alger or Marquette County.

MAIL TO: Sault Tribe Sanitation Program
Attn: Jamie M. Harvey
154 Parkside Drive
Kincheloe, MI 49788

PHONE: 906-495-1450 office
1-800-794-4072 toll free
906-495-1456 fax

Year Round Residency Certification

Please fill in the following statement to qualify your home for service.

Date you purchased your home _____ / _____ / _____
Month Day Year

I/we, _____, swear that this is my only real property. I/we must live year-round at this property to receive Home Improvement Services through the Sault Ste. Marie Tribe of Chippewa Indians, Home Improvement Program. If it is found that this property is not my permanent year round residence or that I/we own more than one home, the total cost of these services is to be reimbursed immediately to the Sault Ste. Marie Tribe of Chippewa Indians.

My year-round permanent residence is: _____

Phone Number: _____

Signature

Date

Spouse Signature (If applicable)

Date

Witness

Date

INDIAN HEALTH SERVICE - APPLICATION FOR SANITATION FACILITIES

RESERVATION:

APPLICANT NAME (Please Print):

ENROLLMENT NO.:

CURRENT MAILING ADDRESS:

CURRENT STREET ADDRESS (FIRE #):

MAILING ADDRESS OF NEW HOME (IF DIFFERENT FROM ABOVE):

STREET ADDRESS OF NEW HOME (FIRE #):

HOME PHONE:

WORK PHONE:

EMAIL:

Please note your email will only be used by IHS to correspond with you regarding your application and proposed facilities.

SERVICES REQUESTED: WATER: NEW SERVICE OR RENOVATION
SEWER: NEW SERVICE OR RENOVATION

Have you ever been served by the Indian Health Service before? YES NO
If yes, what year were you served?

Has the site you want served been served by the Indian Health Service before? YES NO
If yes, served under whose name?

HOME INFORMATION:

Is the home site on TRUST LAND TAXABLE LAND

Do you: OWN LEASE RENT Type of structure: MOBILE HOME HOUSE

Approximately what year was the home built (or if mobile home, moved to the site)?

Are you living in the home now? YES NO If yes, how long have you lived in the home?
If no, when will the home be ready for occupancy?

Number of bedrooms in your home? _____ Number of bathrooms in your home? _____

Number of people which will occupy your home? _____

Does your home have electric service? YES NO If no, when will electric service be provided?

Have there been any major improvements to the plumbing or rooms added to the home in the past year? YES NO
If yes, please describe.

Is there an: EXISTING WELL AND/ OR SEPTIC SYSTEM at the home site?
Are you having any problems with the WELL AND/ OR SEPTIC SYSTEM? Please describe.

SITE INFORMATION: THIS INFORMATION IS IMPORTANT. IT WILL HELP SOMEONE FROM THE INDIAN HEALTH SERVICE LOCATE AND VISIT YOUR HOME SITE.

LEGAL DESCRIPTION OF HOME SITE: ___ 1/4 OF ___ 1/4 OF SEC. ___ T ___ N R ___ E/W

Please attach a location map from a plat book showing the location of your home, or on the back of this form, please draw a map to your home, providing distances and directions from named paved roads, and a description of your home (or a neighbor's home) including color and /or size.

If available, please provide a survey map of your home site showing the property corners and dimensions of your home.

INDIAN HEALTH SERVICE - SANITATION FACILITIES CONSTRUCTION PROGRAM - INFORMATION FOR THE APPLICANT

Public Law 86-121 allows the Indian Health Service to assist members of federally recognized native tribes in obtaining a potable drinking water supply and a safe means of disposing of waste water for their home use, provided that funds are available and that the homes meet basic standard of living requirements (well insulated, have electricity, indoor plumbing, etc.).

Applications received late in the year, especially for those sites that require mound-type septic systems, may not allow sufficient time for service during the current construction season. Approval of a site by IHS will be determined on a case by case basis and will depend on the amount of funds available. The Tribe will set the priority of service on sites approved by IHS.

APPLICANT ROLES AND RESPONSIBILITIES

In signing this application, the applicant hereby agrees to the following terms and accepts all responsibilities to be completed by homeowner. The homeowner shall:

1. Provide proof of his or her legal right to reside on the site (e.g., a copy of a lease or deed). Attach a copy of the lease or deed to this completed application and return it to the tribal representative.
2. Grant access to the IHS, Tribe, and Contractor to enter onto the premises as needed to complete construction of the proposed sanitation facilities.
3. Stake the property corners and the proposed location of home, if it is not yet on site, prior to a visit by a representative of IHS. If the home location is moved after the soil evaluation has been completed, a new soil evaluation may be required, which will delay service.
4. Complete clearing and grubbing for the facilities to be installed.
5. Ensure the home meets current housing codes, is in sound condition with fully operable plumbing (including provisions against freezing in the winter, i.e. mobile homes must be skirted), and has 230V electrical power. Homes shall require only one sewer and one water connection.
6. For homes with slabs, provide cut-outs for water/sewer service connections at the locations required for the services; for homes with basements, provide sleeves for water/sewer service connections at the locations/elevations required for the services. If cut-outs/sleeves are not provided, Contractor will stop five (5) feet outside of building and the homeowner will be responsible for the water and sewer tie-ins to the interior plumbing.
7. Complete finish landscaping including seeding and mulching (if desired) on disturbed areas.
8. Provide for the proper operation and maintenance of the sanitation facilities after the date the system was put into use. System failures that occur within the first year after this date, which are determined to not be the fault of the homeowner, are covered by a 1-year warranty.
9. Be responsible for any construction costs that exceed the IHS site cost cap. The cost cap for sites receiving both water **and** sewer facilities is \$41,500.00 and for sites receiving only water **or** sewer facilities is \$27,700.00.

DRAW MAP HERE

(Please include details as listed on bottom of page 1)

APPLICANT SIGNATURE:

DATE:

TRIBAL REPRESENTATIVE SIGNATURE:

DATE: