

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 HOME ADDRESS:

CITY:

STATE:

ZIP:

CURRENT MAILING ADDRESS:

P.O. BOX:

CITY:

STATE:

ZIP:

CHECK BOX IF SAME AS HOME ADDRESS

ADDRESS OF NEW HOME (if applicable):

CITY:

STATE:

ZIP:

CELL OR HOME PHONE:

WORK PHONE:

EMAIL (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 BEEN SERVED BY THE INDIAN HEALTH SERVICE BEFORE?

YES NO

IF YES, SERVED UNDER WHOSE NAME? _____

HOME/SITE INFORMATION:

WHAT IS THE LAND STATUS OF THE HOME SITE?

TRUST LAND OR TAXABLE LAND

WHAT IS YOUR OWNERSHIP STATUS OF THE HOME?

OWN LEASE RENT

WHAT IS THE HOUSE CONSTRUCTION TYPE?

STICK BUILT MOBILE MODULAR OR MANUFACTURED

WHAT TYPE OF FOUNDATION DOES THE HOME HAVE?

BASEMENT SLAB CRAWL SPACE

WHAT YEAR WAS THE HOME CONSTRUCTED OR INSTALLED ONSITE? _____

DOES THE HOME HAVE ELECTRICAL SERVICE?

YES NO

ARE YOU CURRENTLY RESIDING IN THE HOME?

YES NO

IF YES, HOW LONG HAVE YOU BEEN IN THE HOME? _____

IF NO, WHAT IS THE PROPOSED OCCUPANCY DATE? _____

OF BEDROOMS: _____

OF BATHROOMS: _____

OF PEOPLE IN THE HOME: _____

IF AN EXISTING HOME, PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR WELL AND/OR SEPTIC SYSTEM:

NOTE TO APPLICANT: PLEASE ATTACH A MAP SHOWING THE LOCATION OF YOUR HOME. IF AVAILABLE, PLEASE PROVIDE A SURVEY MAP OF YOUR HOME SITE SHOWING LOT LINES.

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.

APPLICANT'S RESPONSIBILITIES AND CONDITIONS FOR SERVICE

(READ CAREFULLY, THIS IS A LEGAL DOCUMENT)

- 1 This is an application for service. The provision of sanitation facilities is dependent on Indian Health Service (IHS) site review, verification of home construction, improvements, and availability of funds.
- 2 No services can be provided without a completed and signed application for sanitation facilities form.
- 3 This application must be submitted to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the application to IHS.
- 4 Applicant must provide proof of a legal claim to the land (e.g. copy of a lease or deed). Attach a copy of the lease or deed to this application and return to the Tribal representative.
- 5 The homesite must be the primary residence of the applicant. No services can be provided to other than primary residences.
- 6 Applicant agrees to grant access to the IHS, Tribe, and contractor(s) to enter onto the premises as needed to complete inspections and the construction of the proposed sanitation facilities.
- 7 Prior to the initial site visit from an IHS representative, the applicant must locate property corners and the proposed house location (new homes only).
- 8 The home must meet current housing codes, be in sound condition with fully operable plumbing (including provisions against freezing in the winter, i.e. mobile homes must be skirted), and have 230v electrical power.
- 9 For homes with slabs, the applicant will provide cut outs for the water/sewer connections at the locations required for 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, the Contractor will stop five (5) feet outside of the building and the owner will be responsible for the connections to the interior plumbing.
- 10 Under public law 86-121, IHS cannot own, operate, or maintain the installed sanitation facilities. All facilities will be transferred to the applicant when construction is completed and the applicant will be responsible for proper operation and maintenance. For connections to community facilities, the applicant's responsibility is mandated by the applicable utility authority.
- 11 Well water quality will be tested for certain parameters to ensure that it does not pose a health threat in accordance with applicable codes and ordinances. In the event that the water quality is found to pose a health risk, the applicant agrees to allow a water treatment system to be installed to provide a safe water source.
- 12 Applicant is responsible for any construction costs that exceed the IHS cost cap. If costs to install a water and/or sewer facility are anticipated to exceed the current IHS cost cap (\$50,500 for water and sewer or \$33,850 for one service only, water or sewer), IHS will consult with the applicant and Tribe prior to construction start.
- 13 IHS will provide written approval to the Tribe for construction to proceed once the environmental review is completed, all appropriate permits are obtained and the availability of project funding is verified. Work completed prior to the IHS approval will not be reimbursed.

It is strongly recommended that development of new sites not occur until availability of water and sewer service has been determined. It is further recommended that occupancy of new homes not occur prior to receipt of sanitation facilities.

I understand the applicant's responsibilities and conditions for service as described, and I agree to the IHS verifying information provided on this application.

APPLICANT SIGNATURE:

DATE:

TRIBAL REPRESENTATIVE SIGNATURE:

DATE: