



COLVILLE INDIAN HOUSING AUTHORITY

P.O. BOX 528

NESPELEM, WA 99155

(509) 634-2160

Fax 509.634.2335

TTY: Dial 711

Elder Rehab Grant and Home Repair Application

Previously known as the "CIHA Elder Minor Home Repair Program" and "Tribal Elderly Low Income/Handicap Emergency Repair Program"

Dear Applicant,

Attached you will find our "Elder Rehab Grant and Elder Minor Repair Program" application. The guidelines below are for your information and you may retain them for reference. The application is to be completed and returned to Colville Indian Housing Authority as soon as possible. If you are claiming no income, please complete the "No-Income" statement included with the application. Attach the required documentation to your application and we will process it on a first come, first serve basis. We understand that some emergencies require immediate action and we will work with the homeowner to stabilize the situation until a completed application is submitted and approved. However, additional work will not proceed until all requirements have been met. If you have any questions, please feel free to contact the Colville Indian Housing Authority staff at any time for assistance.

PURPOSE: It is the Colville Indian Housing Authority's goal to provide elders with assistance to make their permanent residence as comfortable as possible by providing two home repair program options.

- **ELDER REHAB GRANT (ERG):** This is a one-time grant that does not require repayment. Grants may be used to make changes to the dwelling for the removal of health and safety hazards, energy efficiency and weatherization improvements and accessibility improvements (ramps, bathrooms, etc).
- **ELDER HOME REPAIR (EHR):** This is an emergency repair program to help temporarily aid in health and safety concerns such as water, plumbing, electrical fixture failures, heating systems, and minor structural deficiencies due to normal wear and tear.

SCOPE: ERG/EHR funds may be used only to pay costs for repairs and improvements which will remove identified health or safety hazards. Dwellings repaired with grant funds need not be brought to CIHA development standards or thermal performance standards, nor must all of the existing hazards be removed provided the dwelling does not continue to have major health or safety hazards after the planned repairs are made.

Thank you,

Monica Gregory, Housing Services Officer, 509.634.2363

Applicant: _____

Date: _____

APPLICATION: Elder Rehab Grant and Elder Home Repair Checklist

1. Applicant must be enrolled member of the Confederated Tribes of the Colville Reservation (ERG/EHR) or a member of another Indian Tribe (ERG).
 2. Applicant must be 62 years of age.
 3. Complete application including all signatures where applicable.
 4. Verification of Tribal enrollment.
 5. Current Income Verification for ALL adults over the age of 18.
(ALL SOURCES OF INCOME COUNT)
 6. One additional form of identification; Social Security card, Driver's License or State I.D.
 7. Title, Deed or a status title report of the home.
 8. Street address, 911 address and detail directions to the home. A legal description may be required if exterior work is anticipated.
 9. Current mailing address and phone number.
- If under the age of 62 and are in need of handicap accessibility you may be eligible if all other requirements are met. Documentation required.
 - Previous EMHRP or ERG recipients may be eligible for home repairs involving mobility within the home and accessibility to the home. Documentation required.
 - ERG/EHR Application will be reviewed upon completion. A letter will be sent after review to inform applicant the outcome of review.
 - If the application is determined to be eligible, a letter of award will be sent. Applicant maybe required to update application and/or provide current income before any work can be performed. EHR applicants are required to update annually. *In some cases, updated income information could affect eligibility.*
 - Failure to update ERG/EHR application and/or submit current income will result in application being moved to pending status until information is received.



COLVILLE INDIAN HOUSING AUTHORITY
P.O. BOX 528, NESPELEM, WA 99155 PHONE (509) 634-2160 TTY: 711
-ELDER HOME REPAIR/REHAB GRANT PROGRAM-
** Emergencies are priority*

APPLICANT

1. NAME: _____
 Last First M.I. Other Names Used

2. ADDRESS: _____

Physical Location: _____

3. SOCIAL SECURITY# _____ TRIBAL ID # _____

4. DATE OF BIRTH: _____ PHONE # _____

5. MARITAL STATUS: Married Single Widowed Other _____

SPOUSE

6. NAME: _____
 Last First M.I. Maiden Name

7. SOCIAL SECURITY # _____ TRIBAL ID # _____

8. DATE OF BIRTH: _____ PHONE # _____

9. Is the applicant or spouse permanently disabled or handicapped?..... YES NO

HOUSEHOLD

10. Do you or any adult members in the household have any unpaid debts owing to CIHA? (could affect eligibility)..... YES NO

11. Does your house need physical repairs? YES NO

12. Is the house that needs repairs your permanent residence? YES NO

13. Do you own or have ownership interest in the property? YES NO

14. Is the residence located on or near the Colville Indian Reservation?..... YES NO

15. HOUSEHOLD MEMBERS: List ALL persons who live in your household on a permanent basis, not including yourself or your spouse.

NAME	BIRTH DATE	SOC. SEC. #	RELATION SHIP	ENROLL #

16. INCOME INFORMATION:

List ALL household members at least 18 years of age who have income, including yourself and your spouse. This includes wages, salary, public assistance, social security, disability, etc. Please note if income is hourly, weekly, monthly or annually.

NAME	SOURCE OF INCOME	AMOUNT

Total Household Annual Income: \$ _____

17. HOUSING INFORMATION:

TYPES OF HOUSING SERVICES AVAILABLE

EMERGENCY - Emergency home repairs are intended to protect, repair, or restore components of a home when there is an apparent threat to the life, health or safety of the occupants. Emergency applications will only be accepted when completed with a CIHA employee.

ELDER REHAB GRANT – Major repairs or rehabilitation that include: Repair or replacement of major home systems (sanitary, heating, roofing, etc.); accessibility work (ramps, bathroom revisions, flooring replacement, etc.; minor electrical wiring; and other major repairs.

ELDER HOME REPAIRS – Minor repairs that include: repair or replacement of fixtures (plumbing, electrical, heating, etc.); repairs to mitigate roof leaks; repairs to heating systems; repair or replacement of a door or window; and other minor repairs.

OWNERSHIP STATUS OF RESIDENCE TO BE IMPROVED: Circle One

OWN

MORTGAGE

OTHER

Explanation if other than full ownership: _____

TYPE OF RESIDENCE:

Include title with Modular or mobile home application.

MANUFACTURED HOME

Age?

MODULAR HOME

Age?

WHAT TYPE OF REPAIRS ARE NEEDED?

Electrical

Plumbing

Disability Access

Septic System

Heat Source

Structural Supports

Insulation

Windows

Roofing

Floors

Foundation

Other

Please explain: _____

Please be aware that THE FEDERAL LAW CONCERNING FRAUD STATES: Sub Section A
Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive,
legislative, or judicial branch of the Government of the United States, knowingly and willfully-

- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
- (2) makes any materially false, fictitious, or fraudulent statement or representation; or
- (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title or imprisoned not more that 5 years or both.

I/WE hereby authorize anyone to release income/credit and any other information needed concerning myself/ourselves to Colville Indian Housing Authority. This authorization is given to enable CIHA to evaluate my/our request for a grant. I/WE certify that all statements are true and complete and are submitted for the purpose of obtaining a grant. Verification may be obtained from any source named in the application and from any credit-reporting agency. I/WE agree that the application shall remain CIHA property whether it is approved or not approved.

I/WE UNDERSTAND THE ELDER REHAB GRANT IS A ONCE-IN-A-LIFETIME SERVICE.

Applicant

Date

Spouse

Date

Applicant(s)

ENTITY OBTAINING OR RELEASING
 INFORMATION

Colville Indian Housing Authority
 P.O. Box 528
 Nespelem, WA 99155
 Contact Resident Service Department

1. **PURPOSES:** In signing this consent and authorization form, you are authorizing Colville Indian Housing Authority (CIHA) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the CIHA programs, including but not limited to Mutual Help, Rental, and Down Payment Assistance programs. CIHA needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

Further, CIHA will need similar information during the time period you are receiving any benefits under CIHA programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.

Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs who have a need for such information during the period you are applying for or are receiving housing benefits from CIHA. CIHA may release certain information to the source and entities or programs identified in Paragraph 2 below.

2. **SOURCES TO WHOM INFORMATION MAY BE RELEASED. OBTAINED AND VERIFIED:**

A. Public Utility Districts, including Okanogan PUD, Nespelem Valley Electric, Ferry County PUD, and Avista.

B. Any and all Colville Tribal Programs or Colville Tribal Enterprise Programs; including but not limited to the Tribal Credit, Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, CCT Payroll, any branch of CTCR, Payroll, Colville Business Council, Food Distribution Program, Early Childhood Program, Alcohol Program, AAoA, and Mental Health.

C. Colville Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.

D. Washington State Agencies, including the Employment Security Dept., Dept. of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation, wages, benefits, or income.

E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)

3. **WHO MUST SIGN CONSENT FORMS:**

Each member of your household who is 18 years of age or older must sign the consent form. Additional signature must be obtained from new adult member joining the household or whenever members of the household become 18 years of age.

4. **FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under CIHA programs. Any such denial or termination will be promptly communicated in writing to you by CIHA.

CONSENT AND AUTHORIZATION STATEMENT

I hereby consent and authorize the Colville Indian Housing Authority (CIHA) to obtain, request, verify, and release information to the sources listed above for the purposes specified in paragraph 1.

This consent includes any CIHA participation in computer matching programs with such sources. I agree that photocopies of this form may be used to accomplish its purpose.

I also understand that if I or any adult member or my family fails to sign this consent form, such action may constitute grounds for denial of eligibility and/or termination of assistance from CIHA. However, I also understand that if this should occur, then I will be properly notified in writing by CIHA of such grounds for denial or termination.

Finally, I understand and agree that this consent and authorization from will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any CIHA programs, whichever occurs first.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Head of Household Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Social Security Number	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Birth
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Spouse Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Social Security Number	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Birth
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Adult Over 18 Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Social Security Number	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Birth
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Adult Over 18 Signature:	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Social Security Number	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Birth

"Statement of No Income"

If there are any adults 18 yrs of age or older that do not receive any type of income, he/she must sign this statement.

I _____ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature

Date

Social Security Number

I _____ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature

Date

Social Security Number

I _____ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CHHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature

Date

Social Security Number

I _____ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature

Date

Social Security Number

ELDER REHAB GRANT AND HOME REPAIR POLICY

PURPOSE: It is the goal of the Colville Indian Housing Authority (CIHA) to provide elders with assistance to make their permanent residence as comfortable as possible by providing two home repair program options. **ELDER REHAB GRANT (ERG):** This is a one-time grant that does not require repayment. Grants may not be used to make changes to the dwelling for cosmetic purposes, unless directly related to removal of health and safety hazards. This Program will be funded, in whole or in part, with Indian Housing Block Grant funds appropriated pursuant to the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA). **ELDER HOME REPAIR (EHR):** This is an emergency repair program to help temporarily aid in health and safety concerns such as water, plumbing, electrical fixture failures, heating systems, and minor structural deficiencies due to normal wear and tear.

SCOPE: ERG/EHR funds may be used only to pay costs for repairs and improvements which will remove identified health or safety hazards. Dwellings repaired with grant funds need not be brought to CIHA development standards or thermal performance standards, nor must all of the existing hazards be removed provided the dwelling does not continue to have major health or safety hazards after the planned repairs are made.

A. ELIGIBILITY REQUIREMENTS APPLICABLE TO ERG AND EHR PROGRAMS

1. Eligibility must be determined prior to services being performed.
2. Applicants for the EHR Program must be enrolled members of the Confederated Tribes of the Colville Reservation.
3. Applicants for the ERG Program must be enrolled members of the Confederated Tribes of the Colville Reservation **or** members of another Indian tribe (as that term is defined in the NAHASDA statute).
4. Applicant must be 62 years of age or older.
5. Notwithstanding Section A.4, Applicants who are under the age of 62 years but who need to make the repairs or the rehabilitation to make their unit accessible for a person with disabilities (as those terms are defined in 24 CFR part 8) will be eligible if all other eligibility requirements are met.
6. Applicant's annual adjusted income must be less than 80% of the national median income. A copy of the most recent calculation is posted at the CIHA main office. To determine "income", CIHA will use the definitions of "Annual Income" and "Income" set out in 24 CFR 1000.10, and the definition of "Adjusted Income" as set out in Section 4 of the NAHASDA statute.
 - a. All sources of income must be reported by all members of the household who are 18 years of age or older. Per NAHASDA statute, income means adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

- b. Examples of acceptable documentation for income verification are: pay stubs, income tax statements, copies of checks, bank statements where payments are received through direct deposit, and statements from Federal, State and Local agencies.
 - c. Applicants who are attending college must provide a copy of their C.T.E.A.P.- Higher Education GRANT CALCULATION form, if applicable, OR verification of any other student assistance that will be received.
7. The physical improvements must meet the requirements of NAHASDA Section 202 (2) and Section 504 of the Rehabilitation Act of 1973, and the respective implementing regulations of both statutes.
 8. The property to be improved must meet the following criteria:
 - a. The property must be the primary and permanent residence of the applicant.
 - b. The property must be located on or near the Colville Indian Reservation to be eligible for the ERG Program.
 - c. The property must be located on the Colville Indian Reservation to be eligible for the EHR Program.
 - d. For the ERG Program, the residence cannot be located in a floodplain area.
 - e. The applicant(s) must have ownership interest in the property that needs improvement, or for handicap assistance only, MAY be an applicant(s) living full time in any privately owned home.
 - f. The residence cannot be a Tribally owned or rented house.
 - g. The residence cannot be a current CIHA Mutual Help or Rental unit under management.
 9. Any applicant owing a debt to CIHA, shall be considered ineligible until such debt is paid in full. In the case of a "priority 1" emergency EHR Program applicant, this requirement may be waived, based on circumstances, by the CIHA Executive Director in his or her sole discretion.
 10. Such other factors, including; criminal activity, physical harm, threats or intimidation of CIHA staff, and/or other situations that may put the safety and well-being of CIHA and contractors in jeopardy, that in the sole discretion of the Executive Director or his or her designee indicate that the family is not a good candidate for the Program.

B. APPLICATION: Applicant(s) must complete and sign CIHA's Application for the ERG and EHR Programs. To be considered by CIHA, the application must contain the following documents. Any exceptions to submission of required documents must be approved by the CIHA Executive Director, which exception will not be granted unless the Applicant demonstrates that there was good cause for not providing the required document(s).

1. Verification of Colville Tribal Enrollment or (for the ERG program only) enrollment in another Indian tribe.
2. Verification of age.
3. Wage verification for all members of the household.

4. The legal description of the home site if any exterior work is anticipated
 5. Verification of ownership of the home and home site. Examples of acceptable documentation are a title, a copy of the mortgage, or a title status report.
 6. One additional form of identification; social security card, driver's license or state I.D.
 7. Documentation of the needed repairs to the dwelling, and an estimate of the cost if available.
 8. Applicant must sign an Acknowledgment of Interim Application stating that an on-site house inspection will be conducted to determine that unit meets minimum guidelines.
 - a. Upon completion of the Inspection by the Capital Improvements Department, the Interim Application will remain pending until funding becomes available.
 - b. The Capital Improvements Department will review files, Final Report and Cost Analysis to before final eligibility is approved by the E.D.
 9. Such other information as may be needed or requested by CIHA to determine eligibility for the program.
-

C. ELDER REHAB GRANT (ERG)

1. ERG Limitations: The following limitations will apply to all applications received for this program.
 - a. THIS WILL BE A ONCE IN A LIFETIME GRANT PER TRIBAL MEMBER PER FAMILY. This limitation does not prohibit an applicant who has not received the grant if they have a familial relationship with an individual who received the grant prior to the establishment of the relationship. Special circumstances may warrant approval of a second time use application as described in paragraph C.7.
 - b. The number of grants to be made under this program will be subject to the availability of funds CIHA has set aside for that purpose.
 - c. The grant amount will not exceed \$10,000.00 per project. The Executive Director only in extreme cases and with proper documentation, at his/her sole discretion, may waive this limit to a maximum of \$15,000.00.
 - d. Due to funding availability and severity of repair/renovations to be conducted in accordance to Section C. 5., Priority Ratings, only a portion of maximum allowed will be expended to conduct emergency repairs. Continued work to make repairs as listed on Inspection Report will be contingent on funding availability.
 - e. The use of other funding sources and programs are anticipated in order to accomplish as much as possible. This includes the use of the EHR program for eligible activities.
2. Authorized Purposes for ERG: The purposes for which funds may be granted under this program include, but are not limited to, the following:
 - a. Installation or repair of sanitary disposal systems, together with related plumbing and fixtures, which will meet local health department requirements.

- b. Energy conservation measures such as:
 - (i) Insulation.
 - (ii) Energy efficient windows and doors.
 - c. Repair or replacement of heating system.
 - d. Minor electrical wiring.
 - e. Repair or replacement of roof (with the exception of manufactured homes).
 - f. Replacement of deteriorated siding where energy efficiency is a concern.
 - g. Mobile/Manufactured Homes: No repairs will be made on mobile/manufactured homes that are thirty (30) years or older. Title will be required verifying manufacture date. Necessary repairs to mobile/manufactured homes will be contingent upon the following:
 - (i) The applicant owns the home and site and has occupied the home prior to filing an application with CIHA.
 - (ii) The mobile/manufacture home is on a permanent foundation. A permanent foundation will be either:
 - (iii) A full below grade foundation, or
 - (iv) A home on blocks, piers or similar foundation with skirting and anchoring tie-downs to meet local building authority requirements.
 - (v) The mobile/manufactured home is in need of repairs to remove health or safety hazards.
 - h. Additions to dwellings with grant funds (conventional, manufactured or mobile) only when it is clearly necessary to remove health or safety hazards to the occupants.
 - i. Repair or remodel houses to make accessible and usable for handicapped or disabled persons.
 - j. Other necessary repairs or replacement.
3. Disallowed Uses of ERG Funds:
- a. Assist in the construction or site improvements for a new dwelling.
 - b. Make repairs to a dwelling of such poor condition that when the repairs are completed, the dwelling will continue to be a major hazard to the safety and health of the occupants.
 - c. Move a mobile/manufactured home from one site to another.
 - d. Work on additions to manufactured homes (unless the work completed under an approved building permit).
 - e. Refinance any debt or obligation of the borrower/grantee.
 - f. In addition, grant funds may not be used to make changes to the dwelling for cosmetic or convenience purposes, unless the work is directly related to the removal of hazards. Cosmetic and convenience changes may include, but are not limited to:
 - (i) Painting.
 - (ii) Paneling.
 - (iii) Carpeting.

- (iv) Improving clothes closets or shelving.
 - (v) Improving kitchen cabinets.
 - (vi) Air conditioning.
 - (vii) Landscape plantings
4. **ERG Handicapped Accessibility Exception:** Under the ERG Program, consideration for limited services will be given to applicants who have permanent physical impairments and whose request for grant assistance is based on making their home accessible.
- a. Those individuals who have the need for home handicap accessibility in order to function independently can be considered for this one-time service.
 - b. A doctor's note will be required to confirm the individual's impairment. The same NAHASDA income guidelines apply.
 - c. The same maximum grant amounts and procedures will be applicable with the exception of the minimum age requirement of 62 years of age.
 - d. The scope of work includes handicap ramps, handicap bathroom and shower facilities, and wall rails. The Grant will be utilized to help the physically impaired live their lives independently under decent, safe and sanitary conditions.
5. **ERG Selection of Grantees and Priority Ratings:** The CIHA will select grantees based on the Elder's current living conditions and based on the availability of funding. No applicant has a right or entitlement to such a grant. The CIHA will prioritize the order in which Elder Repair Grant projects will be selected based on the application, an interview, and a CIHA Inspection and Report. The priority designations are as follows:
- a. Priority "1": Situations that pose an immediate health or safety hazard will be given first priority. Examples include but are not limited to the following: Electrical problems, water or sewer deficiencies, inadequate plumbing, or structural integrity.
 - b. Priority "2": Conditions that cause a decline in the standard of living for the elder or pose the threat of a future health or safety hazard will be given second priority. Repairs to the bathroom facilities, handicap accessibility, roofing and weatherization are examples of this priority level.
 - c. Priority "3": Projects will be given third priority where minor repairs and improvements are needed to increase the comfort level for the elder, but cause no threat to health or safety. Those applicants will be placed on a waiting list according to CIHA's evaluation of the situation with consideration given to the date the application is deemed eligible.
6. **ERG Grant Acceptance Agreement:** An applicant who is selected must enter into a Grant Acceptance Agreement with CIHA, setting out the terms and conditions of the grant. Those terms and conditions include, but shall not be limited to, the following:
- a. The Grantee must maintain the dwelling as the primary place of residence for at least three years or agree to repay the grant.
 - b. The Agreement will include and require that the Grantee enter into such binding agreements as are applicable to ensure that the dwelling remains affordable housing

- for its “useful life.” If the Grantee violates this requirement, Grantee will be required to repay to CIHA the amount of the grant provided.
- c. The Grant monies are non-repayable when and if the terms of the Grant Acceptance Agreement have been met.
7. ERG Second time use for disability and accessibility related needs: CIHA will accept applications from previous EMHRP or ERG recipients for home repairs involving mobility within the home and accessibility to the home. Approval will be subject to all of the previously stated conditions. In addition, the following conditions apply.
- a. A minimum of 5 years must have elapsed between completion of previous EMHRP or ERG work and new application.
 - b. A physician’s note will be required to justify the need for mobility or accessibility work.
 - c. The maximum second time grant amount may not exceed \$10,000.

D. ELDER HOME REPAIR (EHR)

1. EHR Authorized Purposes for Repair Program: The requested repairs must be health and safety concerns such as water, plumbing, electrical fixture failures, heating systems, and minor structural deficiencies due to normal wear and tear.
 - a. Repair and possible replacement of plumbing fixtures, pressure tanks and controls.
 - b. Repair or replacement of single window or doors for egress.
 - c. Repair or replacement of electrical fixtures.
 - d. Repairs to heating systems.
 - e. Repairs to mitigate roof leaks.
 - f. Minor structural deficiencies.
 - g. For handicapped persons; issues of accessibility to the home; including temporary or permanent handicap ramps.
2. EHR Disallowed repairs:
 - a. Assist in the construction or site improvements for a new dwelling.
 - b. Repair requests will be denied if found to be due to homeowner negligence or an act of vandalism by persons known or unknown; for example, kicked-in doors, broken windows, holes in walls, etc.
 - c. The applicant’s home, particularly the area where work is to be performed, needs to be reasonably clean and free of obstacles prior to the commencement of work.
3. EHR Applicants that have been determined eligible for the program are required to request services in person, in writing, or by telephone unless other arrangements have been made.
4. EHR job orders will begin and end at the office. Maintenance mechanics or other field personnel cannot take work orders. The decision to approve or deny requests belongs to the Executive Director, or designee, and is final.

5. EHR Limitations: The following limitations will apply to all applications received for this program.
 - a. The amount of repairs made under this program will be subject to the availability of funds the Colville Tribal Business Council has provided annually.
 - b. Due to limited funding and the unknown amount of repairs requested on an annual basis, continued work to make repairs will be contingent on funding availability.
 - c. The use of other funding sources and programs are anticipated in order to accomplish as many work orders as possible within the budget.
 6. EHR Selection and Priority Ratings:
 - a. Priority "1": Situations that pose an immediate health or safety hazard will be given first priority.
 - b. Priority "2": Conditions that cause a decline in the standard of living for the elder or pose the threat of a future health or safety hazard will be given second priority.
 - c. Priority "3": Projects will be given third priority where minor repairs and improvements are needed but cause no threat to health or safety.
 7. EHR Income and Eligibility Recertification: It is the responsibility of each participant in this program to recertify income on an annual basis. EHR will be delayed or postponed if income or household information has not been certified prior to a request for services.
-

E. ABUSE OF PROGRAM: Misuse of this program or the misuse of these grant funds will result in prosecution to the fullest extent of the law.

F. LEAD BASED PAINT POISONING PREVENTION ACT: CIHA will comply with the Lead Based Paint Poisoning Prevention Act, 24 CFR Part 35 and 40 CFR Part 745 during work on all pre-1978 built homes.