Quinault Housing Authority
P.O. BOX 160 | Taholah, WA 98587
(360) 276-4320 | FAX (360) 276-4778 | 1-888-891-0017

ELDER'S REQUEST CHECK LIST

- Current Certificate of Indian Blood (CIB)
- Verification of Disability (if applicable)
- Income Verification
- Proof of Ownership of home (home and home site)
- Social Security Card
- Acknowledgment of Interim Application
- Release of Information
- Federal Privacy Act Statement
- Grant Acceptance Agreement

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ELDER'S REQUEST FORM

Date: ___/___/____

I, __________________________am an elder/handicap member of the Quinault Indian Nation. My enrollment number is ________; I am ____ years old and in need of assistance with the following:

____

____

____

____

____

____

____

____

____

____

____

____

____

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CONTACT INFORMATION

Name: ____

P.O. Box: ________City: __________________State: ____ Zip: ________

Physical Address: ____

Phone #: ______________________ Cell #: ________________________

Message #: ____

Email: ____

Notes: ____

____

____

____

Please do not forget to attach:

1. Social Security Cards for every household member.
   (Check with staff to see if we already have a copy on file, if we do, you do not need to give us another copy)

2. Certification of Indian Blood for every household member.

3. Driver's License or Identification for all adults in the household.

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ATTENTION PHYSICIAN
RE: HOME REPAIR APPLICANT

The definition included in the Federal Rule for *Handicapped* means:

- Legally blind
- Legally deaf
- Lack of or inability to use one or more limbs
- Chair or bed-bound
- Inability to walk without crutches or walker
- Mental disability in an adult of a severity that requires a companion to aid in basic needs, such as dressing, preparing food etc.
- Severe heart and/or respiratory problems preventing even minor exertion.

Does your patient meet one or more of these requirements?

Yes ______ No ______

____
Name of Patient

____
Physician Name

____
Physician Signature

Date: ___________________________

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PERSONAL DECLARATION FORM

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security card(s). All adult members of the household must sign below certifying the information pertaining to him or her.

HOUSEHOLD COMPOSITION: *List all of the people who will be living in your home*.

Adults (legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Single, Married, Widowed, Divorced, Separated
1.Head of Household				
2.				
3.				
4.				

Children (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					

If separated or divorced, list the name of ex-spouse:

Name: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

Total Household Income. List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, Disability Payments(SSI), Workman's Compensation, retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends.

Household Members	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Monthly	Unemploy-ment Benefits	All Other Income
1. Head of Household							
2.							
3.							
4.							

Assets: **1)** Do you or any household members have any interest in any real estate, boat, and or mobile home? __Yes __No **2)** Have you sold any real estate in the last two years? __Yes __No **3)** Do you own any stock or bonds? __Yes __No **4)** Do you own a car? __Yes __No
Year, Make and model ________________________________License Plate # ____________
5) Do you have a savings account? __Yes __No, if yes provide number and amount below.
Savings Acct: _______________________________ Amount: ___________

A. Does anyone outside of your household pay any of your bills or give you money? __Yes __No, if yes please explain: ____

B. Have you or any other adult members ever used any name(s), Social Security number(s) other than the current one you are using? __Yes __No, if yes please explain:____________________
____

C. Have you or any member lived in any assisted housing? __Yes __No, if yes please list where and when____

D. Have you or anyone in your household ever been convicted of any crime other than traffic violations? __Yes __No, if yes please explain:____
____

E. Have you ever committed any fraud in a federally assisted housing program for knowingly misrepresenting information? __Yes ___No, if yes please explain:________________________
____

I do hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any members of the household, as well as any changes in the Household Composition must be reported to the Housing Authority in WRITING IMMEDIATELY.

____ ____
Signature of Head of Household Date Signature of Spouse Date

____ ____
Signature of other adult Date Signature of other adult Date

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ACKNOWLEDGMENT OF INTERIM APPLICATION

I, _________________, hereby consent to an on-site house inspection to be conducted to determine the unit meets minimum guidelines according to the Quinault Housing Authority Elder Home Repair Program Policy. I understand that a list will be prepared to determine the type of renovation needed.

______________________________ ______________________________
Signature of Applicant Date

Quinault Housing Authority

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct all Federal, State and local agency, organization, or individual, to release and verify information provided on my application for participation, and/or to maintain my continued assistance under Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs funded with Federal or state funds. I understand and agree that this authorization, or the information obtained with its use, be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent to allow HUD or QHA to release information from my file about my rental history to HUD credit bureaus, collections agencies or future landlords. This includes records such as my payment history, and any violation of my lease or QHA policies. Such authorization does not include medical records obtained in the course of applying for, or being a part of, such programs without the appropriate due process required under law.

INFORMATION COVERED

I understand that, depending on program guidelines and requirements, previous or current information regarding my, or members of my household, may be needed. Verification and inquires that may be requested include by are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity
Employment, Income, and Assets
Credit
Criminal Activity

GROUP OF INDIVIDUAL THAT MAY BE ASKED

The group of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords
(Including Public Housing Agencies)
Courts
Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement Systems
Credit providers and Credit Bureaus
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Agencies
Support and Alimony Providers
Banks and other financial Institutions
Utility Companies

Continued on next page

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or QHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found, and a chance to disprove incorrect information. HUD or the QHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies including but not limited to State Employment Agencies, Department of Defense, Office of Personnel Management; the US Postal Service, the Social Security Agency, and State Welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the QHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

FISHERMAN'S INCOME

The QIN Business Committee has received copies of several memos relating to the release of income information to the Quinault Housing Authority by the Enterprise. No formal Business Committee policy presently exists on this subject. However, in order to protect both the Tribe and the privacy of individual fishermen, until such time as the Business Committee adopts a formal policy, income information should only be released to the fisherman whose income is sought.

By signing below I, Authorize the Quinault Land & Timber Enterprises to release to the Quinault Housing Authority any and all information, which is necessary to verify my income for the period of one (1) year or a three (3) year average.

____________________	____________________	______
Head of Household Signature	Printed Name	Date
____________________	____________________	______
Spouse Signature	Printed Name	Date
____________________	____________________	______
Other Adult Signature	Printed Name	Date
____________________	____________________	______
Other Adult Signature	Printed Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, *REQUEST OF TRANSCRIPT OF TAX RETURN* MUST BE PREPARED AND SIGNED SEPERATELY.

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FEDERAL PRIVACY ACT STATEMENT

AUTHORITY: The Department of Housing and Urban Development (HUD) is authorized to collect information by the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 State, 348, 408. HUD is authorized to collect the SSN by Section 165(a) of the Housing and Community Development Act of 1987, P.L. 100-242, and by section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, P.L. 100-628.

PURPOSE: This is to advise you the Federal Government will be collecting information regarding your program eligibility. You will be made aware of how the information will be used, including the penalties and disclosure during the application process.

USE: HUD uses the information for budget development, program evaluation, and planning activities, and in reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on program eligibility and rent determination and to verify the accuracy and completeness of the income information. HUD AND THE PUBLIC HOUSING AUTHORITY OR INDJAN HOUSING AUTHORITY (OHA/IHA) MAY USE THE INFORMATION TO CONDUCT COMPUTER MATCHING PROGRAMS TO CHECK FOR UNDERREPORTED OR UNREPORTED INCOME. The SSN(s) is (are) used as a unique identifier in computer matching to check tenant eligibility and rent determination made by the PHA/IHA.

PENALTY: You must provide all of the information requested, including all SSN(s) for yourself, and all other household members age six years and older, which have been assigned. Failure to provide SSN(s) and required documentation or certification will affect your eligibility in the assistance program. Applicants will be denied assistance and participants will have assistance or tenancy terminated (or both) if they fail to comply. Failure to provide other requested information may also result in denial of eligibility, eviction or the withdrawal of housing assistance (depending on the housing program).

DISCLOSURE: Summaries of tenant information, without individual identifiers, may be made available to the public. The Privacy Act of 1974, as amended, restricts HUD's disclosure of information about individuals. Such information may be released without the individual's consent as permitted or required by law. This includes disclosure to appropriate Federal, State, or local agencies to verify information relevant to eligibility and rent determination, and when applicable, for other civil, criminal, or regulatory matters. HUD will not otherwise release or disclose the information without the individual's written consent. There may be additional State or Local laws or regulations which govern disclosure by the PHA/IHA.

SIGNATURE: I have read this Federal Privacy Act Statement on: ____ /____ /_____

______________________________	______________________________
Head of Household	Spouse
______________________________	______________________________
Other Adult Member of Household	Other Adult Member of Household

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline toll free at 1-800-424-8590 (Within Washington, D.C. metropolitan area, call 426-3500).

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Elder Home Repair Program
Grant Acceptance Agreement

I, ______________________, understand that I must maintain this dwelling as my primary residence for at least three years, or I will issue repayment of the grant per the following schedule:

1. Less than one year after the Grant Award Date: I must repay the full grant amount.
2. Less than two years, but more than one year after the Grant Award Date: I must repay sixty-six percent (66%) of the grant.
3. Less than three years, but more than two years after the Grant Award Date: I must repay thirty-three (33%) of the grant.

I also agree, and understand that should I no longer desire to own this property and intend to sell or otherwise transfer title within three years of receiving funds pursuant to this policy, I must notify QHA of my intent in writing.

______________________________ ____________________
Signature of Applicant Date

______________________________ ____________________
Office Staff Signature Date

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EMPLOYMENT INCOME VERIFICATION

To: ________________________________ Date: ______________

Re: ________________________________ SS#________________

Dear Sir/Madam

We are required to verify the income of all household members over 18 who have applied for housing or housing services provided with federal funds. Please supply the information requested below and return this letter to us as soon as possible. We will keep the information in strict confidence and use it only to determine your employee's eligibility for our programs. Enclosed for your records, please find an authorization for release of information signed by the above referenced individual.

Sincerely, QHA Management

Occupation: _________________________________Hire Date: ________________

Termination Date (if applicable): ___________________

Salary Base Rate: per hour $_____ or per week $______or per month: $______

Employee Status: Full Time: ___, Seasonal___, Temporary ___, Part time ___

(If marked seasonal/temporary/part time, include report showing gross income from 01/01/___ to 12/31/___)

Average hours per week at Base Rate: _________

Over Time pay per hour: $_____
Estimated overtime hours for the next 12 months: _________
Any other compensation not included above (specify such as commissions, bonus, etc.)
For: ___________________, Amount $______________, Per _____________

Gross wages paid YTD: $ _______________________

Employer Name: ___________________________________ Date: _______________

Signature and Title: ____

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EMPLOYMENT INCOME VERIFICATION

To: ________________________________ Date: ______________

Re: ________________________________ SS#________________

Dear Sir/Madam

We are required to verify the income of all household members over 18 who have applied for housing or housing services provided with federal funds. Please supply the information requested below and return this letter to us as soon as possible. We will keep the information in strict confidence and use it only to determine your employee's eligibility for our programs. Enclosed for your records, please find an authorization for release of information signed by the above referenced individual.

Sincerely, QHA Management

Occupation: ________________________________Hire Date: ________________

Termination Date (if applicable): ___________________

Salary Base Rate: per hour $_____ or per week $______or per month: $______

Employee Status: Full Time: ___, Seasonal___, Temporary ___, Part time ___

(If marked seasonal/temporary/part time, include report showing gross income from 01/01/___ to 12/31/___)

Average hours per week at Base Rate: _________

Over Time pay per hour: $_____
Estimated overtime hours for the next 12 months: _________
Any other compensation not included above (specify such as commissions, bonus, etc.)
For: ___________________, Amount $______________, Per _____________

Gross wages paid YTD: $ _______________________

Employer Name: ___________________________________ Date: _______________

Signature and Title: ____

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UNEMPLOYMENT VERIFICATION

To: ____ Date: ______________

Re: ____ Claim#______________

S.S. #_______________________________________

Dear Sir/Madam

We are required to verify the incomes of all household members over 18 who have applied for housing or housing services provided with federal funds. This is due, in part, because the laws under which these programs are regulated require that we have accurate information to determine eligibility. Please supply the information requested below and return this letter to us as soon as possible. We will keep the information in strict confidence and use it only to determine your employee's eligibility for our programs. Enclosed for your records, please find an authorization for release of information signed by the above referenced individual.

Sincerely, QHA Management

Gross weekly payments: $___________
Date of initial payment: _______________
Duration of benefits: ______________
Is claim eligible for further benefits? ( ) Yes ( ) No
If yes, how many weeks____ Amount $ _________
Date of termination of benefits: ________________

____ ______________
Name and Title Date

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PUBLIC ASSISTANCE VERIFICATION

Date: / /

To: _____________________ RE: ______________________
Name of Applicant

____
Date of Birth

Dear Sir/Madam:

We are required to verify the incomes of all members of families applying for admission as tenants to the federally assisted housing unit which we operate, and periodically to re-examine the tenant families. To comply with this requirement, we ask your cooperation in supplying the information request below regarding the referenced individual. This information will be used only in determining the eligibility status and rent of the family. Enclosed for your records, please find an authorization signed by the above individual releasing the requested information.

Your prompt return of this letter will be appreciated. If you have any questions, please call.

Sincerely, Q.H.A Management

Number in Family____

	Rates per month
Aid to family w/dependent children	$ ____________
General Assistance	$ ____________
Amount specifically designed for shelter/utilities	$ ____________
Other assistance – Type___________	$ ____________
Total Monthly Grant	$ ____________
Other Income Source: ____________	$ ____________
MINIMUM ALLOWANCE FOR RENT & UTILITIES	$ ____________
Amount of assistance given during last 12 months	$ ____________

Remarks:
____
____

Signature: __________________________________ Title: _____________________

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ZERO INCOME CERTIFICATION

(To be completed by all adult household members, if applicable)

Name: ____________________________________

Application for: Elders Home Repair Program

1. I hereby certify that I do not individually receive income from any of the following sources:

   a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
   b. Income from operation of a business.
   c. Rental income from real or personal property.
   d. Interest or dividends from assets.
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
   f. Unemployment or disability payments.
   g. Public assistance payments.
   h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
   i. Sales from self-employed resources (Avon, Mary Kay, EBay, etc.).
   j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement or other assistance offered by QHA.

____ ______________
Signature of Applicant/Resident Date

QUINAULT HOUSING AUTHORITY
ELDER HOME REPAIR PROGRAM POLICY

Approved by the Quinault Housing Authority Board of Commissioners this 13th day of November, 2014 during its duly convened Special Meeting, during which a quorum of its members was present, by a vote of 3 for, 0 against, 1 not voting, and 3 absent. The effective date of this Policy is November 13, 2014.

POLICY STATEMENT:

The purpose of the Quinault Housing Authority's Elder Home Repair Program is to provide qualified members of the Quinault Indian Nation with grant funds to remediate health and safety risks present in the homes of elderly and disabled privately owned residences, and to help improve the quality of life in tribal communities.

The Quinault Housing Authority's Elder Minor Home Repair Program shall comply with all applicable regulations of the Native American Housing Assistance and Self-Determination Act of 1996; (NAHASDA), along with other applicable rules and regulations while assisting elderly and handicapped tribal members. The Quinault Housing Authority Board of Commissioners shall be responsible for periodically amending this policy to comply with any applicable laws or regulations.

I. Purpose.

It is the Quinault Housing Authority's (QHA) goal to provide elders with assistance to remove health and safety hazards in privately owned residences. This is a one-time grant that does not require repayment, unless the residence is sold to a non-elderly or non-low income family within five years of the grant award date. Grants may not be used to make changes to the dwelling for cosmetic purposes, unless directly related to removal of health and safety hazards.

II. Scope.

Grant 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 up to QHA 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.

III. Eligibility Requirements.

A. **Member of the Quinault Indian Nation.** Applicant must be enrolled member of the Quinault Indian Nation.

B. **Age Requirement.** Applicant must be fifty-five (55) years of age or older.

C. **Disabled Applicants.** Applicants who are in need of handicap accessibility, and are not yet fifty-five (55) years of age, may be eligible if all other requirements are met. Specifically, consideration for limited services will be given to Tribal Members who have permanent physical impairments and whose request for grant assistance is based on making their home more accessible.

   1. Those individuals who have the need for home modifications to accommodate a physical disability where the modification is necessary in order for the applicant to function independently are eligible to apply.

   2. A doctor's note will be required to confirm the applicant's impairment.

   3. ALL NAHASDA income guidelines shall apply as well as maximum grant limits described in section V of this policy. Disabled applicants are subject to the same requirements and procedures as elderly applicants, but the fifty-five year age requirement does not apply, and all work must relate to increasing accessibility to the disabled applicant's home.

   4. The scope of work may include, but is not limited to: ramps, bathroom and shower facilities, and wall rails. The grant will be utilized to help persons with disabilities live their lives independently under decent, safe, and sanitary conditions.

D. **Low-income Applicants.** Applicants must be low-income, defined as an annual adjusted income at or less than eighty percent (80%) of the median income for the area. A copy of the most recent income requirements is available at the QHA Main Office. Adjusted income is defined in the QHA Rental Admissions and Occupancy Policy.

   1. All sources of income must be reported by all members of the household who are eighteen (18) years of age or older.

2. Applicants must provide documentation of household income. Examples of acceptable documentation for income verification are: paystubs, income tax statements, copies of checks, bank statements where payments are received through direct deposit, and statements from Federal, State and Local Agencies.

3. 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.

E. Non-low income Applicants. Non low-income applicants may be eligible if:

1. The applicants adjusted household income does not exceed 100% of the median income for the area (a copy of the most recent income requirements is available at the QHA main office. Adjusted income is defined in the QHA Rental Admissions and Occupancy Policy); and there are no low-income applicants who have applied for grants funds who have not been funded. At no time will QHA spend its NAHASDA grant funds on households with an adjusted income in excess of one-hundred (100%).

2. The applicant has a documented need which cannot reasonably be met without assistance.

3. The QHA has not spent in excess of ten percent (10%) of its NAHASDA grant funds on assistance to households with an adjusted income between eighty percent (80%) to one- hundred percent (100%) of the median income for the area.

4. The grant provided to a non-low income applicant shall not exceed $5,000.00.

F. NAHASDA Requirements. The physical improvements must meet the requirements of the Native American Housing Assistance and Self-Determination Act of 1996, Section 202(2) and Section 504 of the Rehabilitation Act of 1973. Specifically, persons with disabilities shall not be discriminated against on the basis of accessibility and grant funds may be used for new construction, reconstruction, or moderate or substantial rehabilitation of affordable housing, which may include site improvement, development of utilities and utility services, conversion, demolition, and projects related to disability accessibility.

G. Property Requirements. The property to be improved must meet the following criteria:

1. The property must be the primary and permanent residence of the applicant.

2. The property must be located in the QHA NAHASDA service area.

3. The residence cannot be located in a flood plain area, unless otherwise in accordance with the Tribe's floodplain management regulations for the area, and any National Flood Insurance Program requirements applicable.

4. The applicant(s) must have ownership interest in the property that needs improvement, or for disability assistance only, written documentation of approval by the owner of a home in which the applicant lives full time.

5. The residence cannot be a tribally owned or rented house.

6. The residence cannot be a current QHA Mutual Help or other homeownership unit or rental unit under management.

7. Any applicant owning a debt to the QHA shall be considered ineligible until such debt is paid in full. The QHA may, at its sole discretion, waive this requirement if the applicant and the QHA have entered into a payment agreement regarding the outstanding debt, and the applicant has made two consecutive monthly payments.

8. Applicants with a history of poor credit, disturbance of the rights of neighbors to quiet and peaceable enjoyment, criminal activity at the residence, or ineligibility on the basis of criminal convictions under the QHA Rental Admissions and Occupancy Policy are grounds for rejection of an application.

IV. **Application.** Applicant(s) must complete and sign QHA's Application for the Elder Home Repair Program. To be considered by QHA, the application must contain the following documents. Any exceptions to submission of required documents must be approved by the QHA Executive Director.

A. Verification of Quinault Tribal Enrollment.

B. Verification of age.

C. Wage verification for all members of the household.

D. The legal description of the home site.

E. Verification of ownership of the home and home site. Examples of acceptable documentation are title, a copy of the mortgage, for trust land, a copy of a lease between the QIN and the applicant, or a title status report.

F. Social Security numbers with a copy of the social security card or documentation.

G. Documentation of the needed repairs to the dwelling, and an estimate of the cost.

H. Applicant must sign an Acknowledgement of Interim Application stating that the applicant consents to an on-site house inspection will be conducted to determine the unit meets minimum guidelines. A list is prepared to determine type of renovation needed.

1. Upon completion of the inspection by the Procurement and Compliance Coordinator, the Interim Application will remain pending until funding becomes available.

2. The Executive Director will review files, Final Report and Cost Analysis to determine final eligibility.

I. Such other information as may be needed or requested by QHA to determine eligibility for the program.

V. **Repairs:** Repairs are defined as follows:

A. Major Repairs: Any repair exceeding five-thousand dollars ($5,000.00) up to thirty-five thousand dollars ($35,000.00). No repairs in excess of thirty-five thousand ($35,000.00) will be eligible for funding.

1. No applicant may receive more than one Major Repair grant in a lifetime.

2. Major repair grants must be expressly approved by the QHA board of Commissioners.

3. Normally such a grant may not exceed ten-thousand dollars ($10,000.00); however, the board of Commissioners fund a major repair grant up to the thirty-five thousand dollar ($35,000.00) maximum where the QHA has determined that there are other non-QHA funds available to leverage with QHA funds; the repairs will result in preservation of the useful life of the property for five or more years; and the repairs are necessary to prevent an imminent loss of the structural integrity of the property or to remedy an imminent threat to the health or safety of the applicant.

4. QHA may require major repair applicants to apply for alternative sources of funds as a condition of grant award.

B. Minor Repairs: Any repair not exceeding five-thousand dollars ($5,000.00).

1. A minor repair grant may include a single repair of multiple repair items, so long as the amount does not exceed five-thousand dollars ($5,000.00) per year.

2. Applicants may not be awarded more than five (5) Minor Repair grants in a lifetime, or more than one minor repair and one major repair grant in a lifetime.

VI. Selection of Grantees and Priority Ratings: The QHA will select grantees based on applicant's current living condition and based on the availability of funding. No applicant has a right or entitlement to a grant. The QHA will prioritize the order in which Elder Home Repair projects will be selected based on the application, and interview, and a QHA Inspection Report. The priority designations are as follows:

A. **<u>Priority "1":</u>** 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 deficiencies, inadequate plumbing, or structural integrity.

B. **<u>Priority "2":</u>** Conditions that cause a decline in the standard of living for the elder or pose a threat of future health or safety hazard will be given second priority. Examples include, but are not limited to, the following: Repairs to the bathroom facilities, disability accessibility, roofing and weatherization.

C. **<u>Priority "3":</u>** Projects will be given third priority where minor repairs and improvements are needed to increase the comfort level for the elder, but cause no immediate threat to health or safety. Those applicants will be placed on a waiting list according to QHA's evaluation of the situation with consideration given to the date the application is deemed eligible.

VII. Limitations: The following limitations will apply to all applicants received for this program.

A. The number of grants to be made under this program will be subject to the availability of funds QHA has set aside for that purpose.

B. QHA may use any and all eligible funding sources to complete the repairs.

VIII. Authorized Purposes for Grant: The purposes for which funds may be granted under this program include, but are not limited to, the following:

A. Installation or repair of plumbing and fixtures that meet local health department requirements.

B. Energy conservation measures such as:

1. Insulation

2. Energy efficient windows and doors.

C. Repair or replacement of heating systems.

D. Minor electrical wiring.

E. Repair or replacement of roof.

F. Replacement of deteriorated siding where energy efficiency is a concern.

G. Mobile/Manufactured Home: No repairs will be made on mobile/manufactured homes that are older than twenty-five (25) years old. Title or other evidence of ownership will be required to verify the manufacture date. Necessary repairs to mobile/manufactured homes will be contingent upon the following:

1. The applicant owns the home and has a leasehold or ownership interest in the home site, and has occupied the home prior to filing an application with QHA.

2. The mobile/manufactured home is on a permanent foundation. Permanent foundation will be either:
   i. A full below grade foundation, or

   ii. A home on blocks, piers or similar foundation with skirting and anchoring tie-downs to meet local building authority requirements.

3. 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 useable for disabled persons.

J. Other necessary repairs or replacement.

IX. Disallowed Uses of Grant Funds:

A. Assist in the construction of 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 health and safety of the occupants.

C. Move a mobile/manufactured home from one site to another.

D. Refinance any debt or obligation of the borrower/grantee.

E. 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:

1. Painting.

2. Paneling.

3. Carpeting.

4. Improving clothes closets or shelving.

5. Improving kitchen cabinets.

6. Air conditioning.

7. Landscape planting.

8. Lighting fixtures where there is no electrical malfunction or other health or safety hazard.

X. **Grant Acceptance Agreement:** An applicant who is selected must enter into a Grant Acceptance Agreement with QHA, setting out the terms and conditions of the grant. Those terms and conditions must include, but shall not be limited to, the following:

A. The agreement will include and require that grantees enter into such binding agreements as are applicable to ensure that the dwelling remains affordable housing for its "useful life". If a grantee violates this requirement, the grantee will be required to repay the QHA the amount of the grant provided pursuant to the repayment procedure detailed in the following subsection.

B. Program participants are subject to resale restrictions on the home assisted with program funds. If a grantee sells or transfers title to the home within three years of the Grant Award Date, the designated percentage of the cost of rehabilitation the home must be repaid to the QHA. Furthermore, owners will be required to enter into a retention agreement or a forgivable note. A grantee must maintain the assisted dwelling as his or her primary place of residence for at least three years or agree to repay the grant on the following schedule:

1. Less than one year after the Grant Award Date: The Grantee must repay the full grant amount.

2. Less than two years but more than one year after the Grant Award Date: The grantee must repay sixty-six percent (66%) of the grant.

3. Less than three years but more than two years after the Grant Award Date: The grantee must repay thirty-three percent (33%) of the grant.

C. If a grantee no longer desires to own the assisted property and intends to sell or otherwise transfer title within three years of receiving funds pursuant to this policy, the grantee must notify QHA of their intent in writing.

XI. **Abuse of Program:** Misuse of this program, providing false information, or omitting relevant information, or misuse of grant funds may result in the applicant having to repay any grant funds received, ineligibility for grant funds and other actions by the QHA.

XII. **Lead Based Paint and Asbestos:** QHA will comply with all applicable provisions of the Lead Based Paint Poisoning Prevention Act as well as any other applicable environmental requirements under NAHASDA, as set forth under 24 C.F.R. Part 1000.18-1000.24, including regulations regarding asbestos remediation.

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Elder Home Repair Program Applicants:

Please be aware that some changes have been made to the elder home repair program that will affect the application process.

- The program grant is a one-time grant that does not require repayment, unless the residence is sold to a non-elderly or non-low income family within five years of the grant award date.
- A major repair is defined as any repair exceeding five-thousand dollars ($5,000.00) up to thirty-five thousand dollars ($35,000.00). No repairs in excess of thirty-five thousand ($35,000.00) will be eligible for funding.

In order to determine the cost of any project, an in house estimate will be developed, including cost of labor and material. If the cost of the project exceeds the $5,000.00 limit, the Quinault Housing Authority (QHA) must request permission from the board of Commissioners (BOC) to proceed with the project. The permission to proceed on these applications will be requested from the BOC at their regularly scheduled monthly meeting. If your project requires BOC approval, it could delay the start of your project.

QHA staff request your patience as we work to accommodate all elders requests, while complying with this new policy. If you would like additional information, a copy of the Elder Home Repair Program Policy can be requested from the QHA office during normal business hours.

Thank you