

Supplemental Self-Help Small Repairs Grant Program Guidelines (3 grants per fiscal year)

\$5000.00 each for house or trailer

The purpose of the development of the Grant Program is to provide financial assistance to individual adult enrolled members of the Lower Brule Sioux Tribe who have achieved full ownership of their homes and who require financial assistance to bring their homes up to standard condition and who have no other means or resources to complete the needed repairs to their existing homes.

The Lower Brule Housing Authority is supportive of families who have achieved ownership status and who are seeking to maintain their units in a standard condition, and are encountering problems in obtaining financial resources to make such repairs.

Grant Funding to approved families can include costs for major appliances (stoves, refrigerators, furnaces, etc.). Funding can be used for replacement of windows, doors, floor covering (within reason), plumbing needs, electrical, sheet rock replacement painting, roof repair/replacement, winterization, and other costs associated with bringing a home up to standard conditions. Costs are not to exceed maximum amount of grants funds allocated on a per family basis.

Criteria: *(prior grant approval)*

- Must be an adult enrolled member of the Lower Brule Sioux Tribe.
- Must **own & reside in** the home you are applying for & provide documentation of full ownership.
- Home must be located on the Reservation or on Tribal Trust land.
- Must provide estimate of materials and labor.
- Applicants must not owe any monies to the Lower Brule Housing Authority or have had previous grant funds revoked in the past.
- Applicants must not have had previous approved grant **within a ten year period.**
- Applicant will not be eligible to apply for a low rental unit for at least ten (10) years after approved for grant.
- Must not have received HIP services or renovation to home for at least a minimum of five (5) years.
- Applicant must be income eligible.

Requirements: (after grant approval)

- Approved applicants will need to provide list of materials to grant administrator.
- Approved applicants will need to provide labor estimate from laborer prior to work being completed to grant administrator.
- Grant administrator will issue purchase order and provide the documentation to warehouse manager for material orders.
- Payments will only be issued to vendors, laborers, etc.
- Labor bills will need to be submitted prior to payment. *Immediate family members cannot submit labor bills for payment.*
- All work will be inspected for completion by LBHA inspector and/or maintenance supervisor.
- Approved applicants will have six (6) months from date of grant approval to utilize all grant funds. *Extension requests will need be submitted in writing before deadline date.*
- Grant funds will be revoked if it is noted that applicant has misused grant funds (*selling of materials/tools*). Applicant will have to repay all utilized funds.
- If approved applicant misuses grant funds, they will not be eligible for services indefinitely.

Failure to follow the requirements of the Supplemental Help Small Repair Grant Program will result in loss of grant funds.

Applications can be picked up from the Lower Brule Housing Authority

Contact Person: Tiauna Obago
P.O. box 183
Lower Brule, SD 57548
P: (605) 473-5522

Supplemental Self Help Small Repairs Grant Application

Name: _____ Date: _____

Address: _____ Ph #: _____

_____ Birth Date: _____

The following questionnaire is to determine if you are eligible for such services.

Are you an enrolled member of LBST? Yes No
(attach copy of tribal enrollment)

Enrollment No: _____

Is your home located within the Lower Brule Reservation Boundaries? Yes No

Provide physical Address/Directions to your home: _____

Do you own & reside in your home? Yes No

How long have you owned your home? _____ Years _____ Months

Can you provide proof of ownership? Yes No
(attach copy of proof of ownership)

How many people live in your home? _____

What is your source of income? _____

What is your monthly gross income? _____
(attach copies of current income for the month)

Have you ever received HIP services or renovation services in the past five years?

Yes

No

If you are 65 or older and are of low income, have you applied for services from the FmHa Program?

Yes

NO

If you have applied for FmHa and were denied, what was the basis for their denial? Please provide a brief description.

Please provide a list of services (repairs) you are requesting for your home: _____
(Attach material estimate if possible)

Who will be completing repairs for you? **(Attach labor estimate if possible)**

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Social Security No. Or Tax I.D. #: _____

CERTIFICATION

This is to certify that all information contained on this application is true and correct to the best of my knowledge. I understand that all information will be verified by the Lower Brule Housing Authority. I understand that it is my responsibility to follow the requirements of the grant program and that failure to follow such requirements will result in loss of grant funds.

I also understand that should the repairs or services exceed the approved amount I have qualified for, that I will be responsible for paying any and all exceed amounts. I further understand that if I abuse the small repair grant program by selling materials, tools, etc. that my grant will be revoked and I will have to pay back all grant funds that were utilized. I also will not be eligible for these services again.

Applicant Signature

Date

APPROVAL CERTIFICATION

The application submitted by _____ Has met the income limits & all other requirements and is deemed eligible for the Supplemental Help Self Repair Grant Program.

Applicants Annual Gross Income: _____

Income Limit Requirement: _____

Eligible Grant Amount: _____

Grant Administrator Signature

Date

On _____ Day of _____, 20____, The Lower Brule Housing Authority Board of Commissioners hereby **Approve** the above named applicant for the Small Repairs Grant Program.

Executive Director Signature

On _____ Day of _____, 20____, The Lower Brule Housing Authority Board of Commissioners hereby **Disapprove** the above named applicant for the Small Repairs Grant Program.

Reason for Disapproval: _____

Executive Director Signature