



2205 Lashi St SE
Olympia WA 98513
Phone: (360) 493-0081
Fax: (360) 493-8167
housing@nisqually-nsn.gov

Rehabilitation & Modernization Program for Existing Homeowners

Guidelines, Procedures and Application



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Purpose:

The Nisqually Indian Tribal Housing is offering financial assistance for interior and/or exterior home rehabilitation for existing homeowners **not** under the management of the Nisqually Indian Tribal Housing (NITH).

Guidelines:

- This program may only be utilized by qualifying enrolled, federally recognized, Native American homeowner families who are ages 18 and older.
- This program is income based, per family/household size, using HUD's 2024 Income Limits for Thurston County. Once approved, the qualified household will fall into one of the three categories listed below:
 - 1- Income Exceeding 100% Median Income (Non-HUD Qualified Household) – *Additional restrictions apply: Head of Household must be an Enrolled Nisqually Tribal Member that has exhausted their NEAP/HAP Funds.*
Approved Households will be eligible for funds not to exceed a one-time per fiscal year \$10,000 per home/family.
 - 2- Household income Between 80-100% Median Income (HUD Non-Low-Income Households). **Approved Households will be eligible for funds not to exceed a one-time per fiscal year \$10,000 per home/family.**
 - 3- Household income Below 80% Median Income (HUD Low-Income Households). **Approved Households will be eligible for funds not to exceed a one-time per fiscal year \$20,000 per home/family.**
- These funds are not allocated to assist with rental assistance costs or any other form of temporary housing.
- Funding is based on a **first come first serve basis** if qualifications are met appropriately. If funding is no longer available applicants must apply at the beginning of the following year, applications will NOT be considered from prior years information.
- Funding for this program will **only** be provided until program funds are exhausted. Funding will be allocated per activity the applicant applied for, monies will not be carried over to another activity or year of funding. Monies will not be carried over to the following year, funds must be exhausted by October 31st of each year.
- Eligible appliances must be a part of the rehabilitation project. Includes all **major** appliances (fridge, stove/range, washer, dryer, dishwasher, microwave, etc.).
- NITH staff members will ensure accurate record keeping of files and documentation.
- If the activity is more than the amount received, applicant will be responsible for any overages.
- Applicants must provide verification documents (**only one** from each of the categories below) as documentation to show proof of eligibility:



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- Proof of Enrollment in a Federally Recognized Tribe:
 - Tribal enrollment card (ID)
 - Certificate of Tribal Enrollment
- Proof of Homeownership:
 - Deed or title
 - Mortgage documentation
 - Homeowners insurance documentation
 - Property tax receipt or bill
 - Manufactured home certificate or title
 - Home purchase contracts
 - Last will and testament (with death certificate) naming you heir to the property
- Proof of Income (for all household members):
 - Paystub
 - 1099
 - Bank statements
 - Tax returns
 - Employer Statement
 - Retirement Pension
 - Social Security Statement
 - Per-capita Statement
 - Zero-Income Cert
- Proof of Social Security Number (for all over 18):
 - Social Security card
 - Tax Form with Social Security number
 - Verification letter from Social Security Dept
- Approved applications will result in the creation of a payment check, issued by the Financial Services Department, and sent directly to the company/vendor. Company/vendor may request to pick up check instead of having it mailed by informing NITH staff at issuance of invoice. Company/vendor will be contacted when the check is ready for pick up by phone call.
- No check(s) will ever be issued directly to the participant.
- This program may NOT be used by multiple Tribal members applying for assistance to the same home/address (i.e., \$10,000 will be the limit per home/family); \$10,000 may not be issued to two different Tribal members who will be residing in the same home/address).
- Applicants upon approval are responsible for finding their own contractors/vendors who are licensed/bonded. NITH staff will not be performing any rehabilitation activities. If requested, NITH staff can provide participants with a contractors list that's been developed by NITH staff, but ultimately, it is the responsibility of the participant.



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- If the contractor/vendor bid/estimate is over \$10,000 it will be the applicant's responsibility to procure two (2) more bids/estimates for a total of (3) bids/estimates for the same job.
 1. Once all bids are received, the applicant must fill out a Housing Contract Contractor Selection Narrative Form (attached Pg. 9)
 2. Once selected, the contractor/vendor must sign a contract by the Nisqually Indian Tribe Financial Services Department to secure the quote, select a start date, & agree to the Tribe's terms and conditions.
 3. The contractor/vendor agrees the Tribe will distribute thirty five percent (35%) of the total bid amount as a down payment to start the activity/project. If contractors/vendors require more than a 35% down payment, they must submit a detailed invoice for **materials** needed to start the job OR obtain written approval prior to signing the Contract with Financial Services.
 4. If Contractors bid goes over the amount of the contract a Request for modification of contract for professional services must be filled out signed and returned to NITH.
- Non Low Income Household and Low Income Household applicants fall under HUD guidelines and must inform the contractor/vendor that **Davis Bacon wages are required** to be inserted into each bid over \$2,000.00 Contractor/Vendor must provide **certified payroll** after completion to receive their final check from the Nisqually Indian Tribe Financial Services Department.

Procedures:

Applicants must fill out and sign the Rehabilitation and Modernization Application (attached with this policy) which will provide all necessary documentation required for NITH staff. The application must be completed prior to approving a request. It will be the applicants' responsibility to ensure that the below listed items are completed prior to applying:

- Proof of Tribal Enrollment in a Federally Recognized Tribe
- Proof of Homeownership
- Social Security Card (Copy)
- Proof of Income (for entire household)
- Proof of insurance (if applicable)
- W-9 from Vendor/Company
- Release of Information (ROI)

Eligible Activities:

Activities will include, but not limited to roofing, siding, insulation, exterior painting, gutters, sheet rock, flooring, cabinets, windows, doors, trim packages, major plumbing issues, electrical repairs, HVAC units, wood/pellet stoves, and major appliances relevant to rehab project.



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Ineligible Applicants:

NITH staff will not approve ineligible applications. Reasons for ineligibility include:

- Incomplete applications
- Funds cannot be utilized for any home other than applicants primary residence
- Applicants who have not expended HAP/NEAP funds
- Applicant is unable to prove homeownership
- Proposed activity is not deemed eligible – final determination will be made by NITH staff
- Applicant with an outstanding debt to the Tribe

Billing & Payment for Activities:

Creation and distribution of checks for companies/vendors will be based on policies and procedures set forth by the Financial Services Department. Tribal members may contact the Financial Services Department once qualifying applications have been routed, to inquire about the issue date of check(s).

Income Limits:

The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the Rehabilitation and Modernization Program. NITH uses HUD’s income limits do determine eligibility. Income limits are subject to change annually in April.

FY 2024 Income Limits Summary

FY 2024 Income Limit Area	Median Family Income (HUD)	FY 2024 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Olympia-Tumwater, WA	\$116,700	Very Low (50%) Income Limits	\$39,450	\$45,100	\$50,750	\$56,350	\$60,850	\$65,350	\$69,900	\$74,400
		Low (80%) Income Limits	\$63,100	\$72,150	\$81,150	\$90,150	\$97,400	\$104,600	\$111,800	\$119,000
		Over (100%) Income Limits	\$81,690	\$93,360	\$105,030	\$116,700	\$126,036	\$135,372	\$144,708	\$154,044

I have read and understand the above policies and procedures for the Rehabilitation & Modernization Program for Existing for Homeowners.

 Applicant Signature

 Date



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REHABILITATION AND MODERNIZATION APPLICATION

PERSONAL INFORMATION

Applicant Full Name _____ Today's Date ____/____/____
 Property Address: _____
 Mailing Address: _____
 Phone Number (____) _____ Message (____) _____
 Email address _____
 Social Security Number ____-____-____ Date of Birth ____/____/____
 Are you enrolled in a Federally Recognized Tribe? Yes No
 Tribe Affiliation _____ Tribal Number _____

HOUSEHOLD COMPOSITION

FULL NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1)			
2)			
3)			
4)			
5)			
6)			
7)			



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EMPLOYMENT/INCOME INFORMATION

NAME	EMPLOYER/SOURCE OF INCOME ADDRESS & PHONE NUMBER	ANNUAL GROSS INCOME

PROPERTY INFORMATION

Property Type: Apartment | Condominium | Home | Other _____
 Do you own your home ____ Yes ____ No | Date Purchased ____/____/____
 Do you have a Homeownership Association Yes No
 Do you have Homeowners insurance Yes No
 Do you have a Deed, Title, or Court order for your home Yes No

REQUEST

Please leave a brief description of why you are requesting assistance for:

Signature of applicant: _____

Date of signature ____/____/____

<p>For Official Use Only: NITH Staff Received _____ Time and Date Stamp _____</p>
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Authorization for Release of Information

AUTHORIZATION TO DISCLOSE NISQUALLY INDIAN TRIBAL HOUSING (NITH) RECORDS OF:																											
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH																								
OTHER LAST NAMES (if any)		TRIBAL ENROLLED	TRIBAL ENROLLMENT NUMBER																								
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE																									
DISCLOSE TO:																											
LAST NAME	FIRST NAME	MIDDLE NAME	TITLE																								
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)																											
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE																									
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS																									
REASON FOR DISCLOSURE (not required)																											
AUTHORIZATION:																											
<p>SOURCES: I authorize the Nisqually Indian Tribal Housing (NITH) and the department(s) program(s) listed below, to disclose, release and/or obtain confidential information verbally or by computer data transfer, mail, fax, or hand delivery from the following department(s)/Program(s). Please mark the box(s) that apply to you:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Any Dept. of Nisqually</td> <td style="width: 33%;"><input type="checkbox"/> Financial Services</td> <td style="width: 33%;"><input type="checkbox"/> Training & Professional Development</td> </tr> <tr> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Health & Wellness Center</td> <td><input type="checkbox"/> Tribal Attorney</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td><input type="checkbox"/> Human resources</td> <td><input type="checkbox"/> Tribal Council</td> </tr> <tr> <td><input type="checkbox"/> Community Services</td> <td><input type="checkbox"/> ICW/NCFS</td> <td><input type="checkbox"/> Victims of Crime</td> </tr> <tr> <td><input type="checkbox"/> Court</td> <td><input type="checkbox"/> Planning</td> <td><input type="checkbox"/> Vocational Rehab</td> </tr> <tr> <td><input type="checkbox"/> Elder's</td> <td><input type="checkbox"/> Probation</td> <td><input type="checkbox"/> Wellness Center</td> </tr> <tr> <td><input type="checkbox"/> Emergency Management</td> <td><input type="checkbox"/> Social Services</td> <td><input type="checkbox"/> Work Force Development</td> </tr> <tr> <td><input type="checkbox"/> Enrollment</td> <td><input type="checkbox"/> SORNA</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Any Dept. of Nisqually	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Training & Professional Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Health & Wellness Center	<input type="checkbox"/> Tribal Attorney	<input type="checkbox"/> Building	<input type="checkbox"/> Human resources	<input type="checkbox"/> Tribal Council	<input type="checkbox"/> Community Services	<input type="checkbox"/> ICW/NCFS	<input type="checkbox"/> Victims of Crime	<input type="checkbox"/> Court	<input type="checkbox"/> Planning	<input type="checkbox"/> Vocational Rehab	<input type="checkbox"/> Elder's	<input type="checkbox"/> Probation	<input type="checkbox"/> Wellness Center	<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Social Services	<input type="checkbox"/> Work Force Development	<input type="checkbox"/> Enrollment	<input type="checkbox"/> SORNA	<input type="checkbox"/> Other _____
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<p>PLEASE NOTE: If confidential records include any of the following information, you must also complete the below section to allow disclosure of these records.</p> <ul style="list-style-type: none"> • This permission is valid for 180 days or until _____ (if not checked, will be 180 days) • I may revoke or withdraw my permissions in writing at any time, but that will not affect information already produced 																											
AUTHORIZED BY (SIGNATURE)		DATE SIGNED	TELEPHONE NUMBER																								
PRINT NAME		WITNESS/NOTARY (SIGN AND PRINT NAME IF APPLICABLE)																									
<p>If I am not the person who is the subject of the records, I am authorized to sign because I am the: (attach proof of authority)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Parent of a Minor</td> <td><input type="checkbox"/> Legal Guardian</td> <td><input type="checkbox"/> Personal representative</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Parent of a Minor	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Personal representative	<input type="checkbox"/> Other _____																				
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Housing Contract Contractor Selection Narrative Form

I, _____ (Applicants Name) have chosen
_____ (Contractor/Vendor Name) to complete
_____ (Job) located at
_____ (Applicant's Address) for the following reason:

The contractor:

- Provided the least expensive bid.
- Is on the NIT Building Departments Small Works Roster.
- Are the only contractors that specialize in their field in my area.
- Can perform the work most quickly to deal with a health and safety issue.
- Is a native owned business.
- Other reasons (explain below):

Applicants Printed Name: _____ Date: _____

Applicants Signature: _____

NITH Staff Printed Name: _____ Date: _____

NITH Staff Signature: _____



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REQUEST FOR MODIFICATION OF CONTRACT FOR PROFESSIONAL SERVICES

There was a contract that was signed and dated on ____/____/____ between Nisqually Indian Tribe and _____.

The compensation for this contract was set at \$_____.

With the unforeseen circumstances/Change Order the job will go over this amount by \$_____.

The total amount paid for this job will be \$_____.

The unforeseen circumstances consist of the following:

1. _____
2. _____
3. _____
4. _____

It is agreed that ____ NITH ____ Homeowner will be responsible for these charges/overages.

Nisqually Representative

Contractor Representative