



**Prairie Band Potawatomi Housing Department**  
**Office of National Programs**  
Season Dominguez, National Programs Specialist

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## 2022 RENOVATION REPAIR GUIDELINES

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### **PROGRAM DESCRIPTION:**

The Renovation Repair Program (RR) was created to enhance habitability through minor renovations or basic repairs to the primary residence of eligible Prairie Band Potawatomi Nation (PBPB) Tribal members. Through this program substandard housing conditions are corrected to improve the health, safety, welfare, and over-crowding.

### **ELIGIBLE ACTIVITIES:**

Include but are not limited to:

- roof/gutters/siding replacement
- windows/doors replacement
- structural/foundation damage
- heating/cooling/plumbing/electrical
- carpet/hardwood flooring
- garage addition/replacement
- outside drainage repair
- deck replacement
- weatherization
- insulation
- fencing
- tree removal
- kitchen/bathroom/bedroom/laundry room repair/upgrade/addition
- storm shelters only on a permanent foundation

### **INELIGIBLE ACTIVITIES:**

Include but not limited to:

- appliances
- window air conditioners
- ceiling/box fans
- mini blinds
- bath mats
- cosmetic towel/toilet bars
- aesthetic landscaping
- equipment sheds/tool sheds
- swimming pool/spa repair/installation
- project solely used for cosmetic/aesthetic purposes

### **ELIGIBILITY REQUIREMENTS:**

- The applicant must be an adult, enrolled PBPB Tribal member.
- The applicant must not have any past due debts owed to PBPB or the PBPBHD
- The applicant must provide proof of Homeownership, Long-Term Land Lease, or Title of the home to be renovated.

### **PROGRAM REQUIREMENTS:**

- The property listed for renovation or repair must be the applicant's primary address.
- The applicant must be listed as an owner of the property to be renovated and/or repaired or must have a long-term land lease with ownership of the residence.
- Properties associated with a "Rent-to-Own" or "Lease Purchase" contract are deemed ineligible for this program.
- The property must be located in the United States and legally zoned for residential use.
- Homes must be designed of wood frame construction. Modular, manufactured, or mobile homes of any age as defined herein are eligible with a permanent foundation. Travel trailers, recreational vehicles, and Tiny Homes are not eligible for this program.
- Renovation and repairs must be completed by an Insured contractor(s) and/or sub-contractor.

ADDRESS: 8273 156<sup>TH</sup> LANE MAYETTA, KS 66509 PHONE: (785)966-2756

**PRIORITY ASSIGNMENT:**

This program does not recognize HOUSING EMERGENCIES of any kind, NO EXCEPTIONS. For the purposes of all NAHASDA Housing, preferences shall be as follows:

- Applicant or Co-Applicant is an enrolled Prairie Band Potawatomi Nation Tribal member 18 years or older.
- Applicant family whose head of household is an enrolled member of any federally recognized tribe.
- Applicant non-Indian family determined to be eligible to receive assistance.

**APPLICATION PROCESS:**

Excluding all federal and Tribal holidays, the general timeframe to allow for processing a complete application is 1-2 weeks.

**BID PROCESS:**

Excluding all federal and Tribal holidays, the general timeframe to allow for processing a complete Bid is 1-2 weeks.

**PAYMENT PROCESS:**

Excluding all federal and Tribal holidays, the general timeframe to allow for processing a payment is 1-2 weeks. Payments for all National Programs are distributed directly from the PBPN Finance Department.

**PROGRAM TERMS AND CONDITIONS:**

- The income limit for households applying for low-income assistance is 80% of the area median income adjusted for household size. The U.S. Department of Housing and Urban Development User Guidelines are used to determine the median household income. Households applying for assistance not within "low-income" guidelines will be considered "over-income" and will be subject to the same median income limit to verify household income and assistance amount.
- Programs and awards include:
  - Down Payment Award from PBPN
  - Renovation & Repair Award from PBPN (1<sup>st</sup> year is considered your working year.)
  - Emergency Rental Assistance Program from PBPN (National Programs)
  - BIA HIP Grant (Category B or C, depending on the year received) of more than \$5,000.
- Applications received through fax or electronic submissions are not eligible.
- Applications must be received original with all required documents at time of submission.
- Incomplete applications will not be accepted and returned/sent back to the Applicant.
- All projects must be approved before work commences.
- Any project(s) started before approval will not be paid by this program.
- All projects must contain a W-9 and a Contractors Insurance Declaration with each bid. No exception.
- Awardee(s) is responsible for forwarding all program correspondence to the program's specialist.
- Under no circumstance will reimbursements be paid back to the applicant.
- Under no circumstance will refunds associated with this award be paid back to the applicant.
- Under no circumstance is the Awardee authorized to complete their own renovations/repairs.
- Materials cannot be purchased for applicant(s)/contractor(s)/sub-contractor(s).
- All projects must be completed within one (1) year of anniversary date. NO EXPECEPTIONS.
- Awardee will be responsible for any invoices past your anniversary date.
- Awardee(s) are responsible for any cost over the award amount.
- Projects deemed; cosmetic will be denied. Photos may be requested to support the project.
- Applicant to abide by all local and state laws regarding contractors permits/ordinances/zoning.



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- Conflict of Interest: During the period of this contract or any extensions to it, The Awardee shall disclose knowingly hiring a contractor who is an immediate family member or any professional personnel who are also in the employ of the Nation and who are providing services involving this contract or services similar in nature to the scope of this contract. It will be expected for the Awardee to obtain 3 complete bids for the scope of work related to the Conflict of Interest.
- Approved applicants and/or residences will not be eligible to re-apply for assistance for three (3) years from the date of forfeit of their previous award. The first year of your Award is considered your "working year" and is not calculated for the purpose of reapplying. Awardee(s) will receive a Completion Letter with the date you are eligible to reapply for Housing Services.
- **FUNDING RECEIVED FROM THE DOWN PAYMENT PROGRAM PAST, PRESENT, OR FUTURE:** If the Closing/Settlement Statement was not received by this office, the \$10,000 down payment you received from this program is subject to a refund and will be recorded as a "DEBT" owed to PBPND. The eligibility date to reapply for ANY Housing Service, does not begin until this document is received by the program's specialist.
- The sources to obtain Debt information includes but is not limited to the following Tribal entities:
  - PBPN
  - PBPN Housing Department
  - Planning & Environmental Protection
  - Prairie Band Propane
- If the recipient of this award sells the home within 3 years from the completion date, the recipient will be required to reimburse the PBPN a prorated amount contingent upon the date the home is sold. The prorated amount will be determined by PBPN at their discretion.
- Applicants may receive one Renovation and Repair Award per household and may not be combined with any other grant or award.
- Receipt of this assistance may have tax consequences.
- Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, or household size to receive benefits you are not entitled to receive. If you or any member of your household knowingly and willingly violates the Renovation Repair program, it is considered an intentional program violation (IPV). Household members determined to have committed an IPV will be ineligible to participate in this or any other programs with the Prairie Band Potawatomi Housing Department (PBPND) for the term of three (3) years from the date of the IPV. In the event an IPV has been committed and funds have been dispersed, those funds will be paid back to the PBPND in full and will be ineligible to participate in this or any other programs with PBPND for the term of three (3) years from the date funds are paid in full.
- The 2022 Renovation Repair Guidelines supersede all previous Renovation Repair Guidelines.

## APPLICATION CHECKLIST:

You will need the following documents to complete this application. If you are missing any documents with this application, the application will be returned to the applicant and the application will not be processed until received complete.

### APPLICANTS:

- State Issued driver's license or identification card for applying including.  
***For each Adult member in the household.***
- Tribal identification (CDIB) or military identification for **ALL individuals** applying.  
***For each person in the household.***
- Social Security cards for **ALL individuals** applying.  
***For each person in the household.***
- Authorization for the Release of Information  
***For each person in the household.***

### INCOME:

- Social Security income.  
***For each person in the household that this applies to.***
- State disability award.  
***For each person in the household that this applies to.***
- Unemployment award.  
***For each person in the household that this applies to.***
- Per capita payment verification.  
***For each person in the household that this applies to.***
- one (1) month of current and consecutive pay stubs.  
***For each person in the household that this applies to.***
- Copies of W2's or tax returns for 2020.  
***For each person in the household that this applies to.***
- Zero Income Affidavit if applicable.  
***For each person in the household that this applies to.***

### REQUIRED DOCUMENTS:

- Proof of Homeownership. Warranty Deed, Long-Term Land Lease, or Title  
***May be obtained from your local county courthouse***
- Current Homeowners Insurance Declaration.

1. Tribal Member/Applicant:

Full Name: (First, Middle, Last)			
Address:			
City:		State:	Zip:
County:		Phone number	
Date of Birth:	Age:	Tribal Affiliation:	
Email address:			

2. Native or Non- Native Spouse/Co-Applicant: [ ] Not applicable

Full Name: (First, Middle, Last)			
Address:			
City:		State:	Zip:
Phone/Cell number		Message number	
Date of Birth:	Age:	Tribal Affiliation:	
Email address:			

3. Household composition. List ALL persons residing in the home:

Name	Date of birth	Tribal enrollment number	Monthly Gross Earnings	Other income
Self	Self	Self		

4. Alternate Contact Information:

First Name	Last Name	Phone number:
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6. **Earned Income:**  
List all earned income. Anyone in the household currently working, receiving money to care for another person or is self-employed.

Name	Date of birth	Tribal enrollment number	Monthly Gross Earnings	Other income
Self	Self	Self		

7. **Un-Earned Income:**  
List all unearned income the household is currently receiving. Please list from any source, such as:  
(1) Unemployment Benefits (2) Welfare (3) Insurance Settlements (4) Worker's Compensation (5) Financial Aid (6) Veteran's Benefits (7) Retirement Account (8) Dividends/Interest (9) Social Security/SSI (10) Food Stamps (11) Child Support/Alimony (12) Per Capita (13) Other.

Name	Date of birth	Tribal enrollment number	Source of unearned income (enter # from above)	Paid how often	Amount of each payment
Self	Self	Self			

8. **Debts and Housing Services:**  
List all sources of debts owed and any housing services assistance received. Sources include but are not limited to: (1) Prairie Band Potawatomi Nation (PBPB) (2) PBPB Housing Department (3) Planning & Environmental Protection (4) Mayetta Propane. All questions must be answered.

Do you or anyone in your household currently have a debt that you owe to the PBPB or any PBPB Tribal entities?		YES	NO
Which Tribal entity do you owe a debt to?			
How much is owed to each entity?			
Have you or anyone in your household received any type of housing assistance from BIA or PBPB?		YES	NO
What kind of assistance?		When?	
Is anyone in your household currently receiving any kind of Renovation or Repair Assistance from any other Tribal entity?		YES	NO
Name of Tribal entity:		Phone:	
Address:			

City:	State:	Zip:
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**9.Housing Information:**

All questions regarding your residence must be answered and explained.

Does the Tribal Member/Applicant own the home you are applying assistance for?		YES	NO	
Is the home you are applying assistance for your primary residence?		YES	NO	
Is the home you are applying for covered under a Homeowner's Insurance Policy?		YES	NO	
What type of housing best describes the home you are applying for:				
STICK BUILT	MANUFACTURED	MOBILE HOME	DUPLEX	TINY HOME
Is the home you are applying for placed on a PERMANENT FOUNDATION?		YES	NO	
What condition is the home you are applying for?		GOOD	FAIR	POOR
Briefly describe some of the basic repairs you are requesting:				
CERTIFICATION STATEMENT: I certify that I have read this application and that the information contained herein is true and accurate to the best of my knowledge. I understand that I must comply with program guidelines and provide additional documentation if required, and that falsification of information on this application may be grounds for disqualification and/or claim action and refund of entire award.				
PRINTED NAME OF APPLICANT:			DATE:	
SIGNATURE OF APPLICANT				

# Zero Income Affidavit

(Separate Zero Income forms must be completed by all adult household members if applicable)

First/Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 form assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employment resources (Avon, Mary Kay, Herbalife, Thrive, 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.
  
3. I will be using the following sources of funds to pay for rent, utilities, and other necessities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The United States expressly disclaims any and all responsibility or liability to the Recipient or third persons for the actions of the Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by the Recipient does not in any way constitute an agency relationship between the United States and the Recipient.

Funds provided by US Treasury for Low Income Families.

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Signature of Applicant/Tenant



# AUTHORIZATION FOR THE RELEASE OF INFORMATION

**Organization Requesting Release of Information:**

Prairie Band Potawatomi Nation Housing Department  
8273 156<sup>th</sup> Lane  
Mayetta, KS 66509  
P: (785)966-2756

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**The purpose in signing this Consent Form:**

you are authorizing Prairie Band Potawatomi Nation Housing Department (PBPND) to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and/or criminal history. PBPND and PBPNNP needs this information to verify your eligibility for housing assistance. PBPNNP may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be obtained:**

PBPNNP will protect the information it obtains with appropriate and reasonable security measures. PBPNNP may disclose information (other than tax information) for certain routine uses, such as other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information and fraud prevention purposes. PBPNNP is required to protect the information it obtains in accordance with any applicable privacy law. PBPNNP employees may be subject to penalties for unauthorized disclosures or improper uses of information that is obtained based on this consent form.

**Who must sign the Consent Form:**

Each member of your household who is 18 years of age or older must sign the consent form. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

**Failure to Sign Consent Form:**

Your failure to sign the consent form may result in the denial of eligibility for housing assistance.

**Consent:**

I consent to allow PBPND to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my typed name shall have the same legal validity and enforcement as a manually executed signature to the fullest extent permitted by applicable law.

**Signatures:**

\_\_\_\_\_  
Applicant/Tribal member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other family member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other family member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other family member over age 18

\_\_\_\_\_  
Date

**Sources of Information:**

The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Current and Previous Landlords
- Tribal/Public Housing Agencies
- Courts and Post Offices
- Law Enforcement Agencies
- Schools and Colleges
- Medical and Child Care Providers
- Welfare Agencies
- Support and Alimony Providers
- Past and Present Employers
- Banks and other Financial Institutions
- State Unemployment Agencies
- Social Security Administration
- Veterans Administration
- Credit Providers and Credit Bureaus
- Retirement Systems
- Utility Companies

Penalties for Misusing this Consent: HUD, the PBPND and any owner (or any employee of HUD, the PBPND or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PBPND or the owner responsible for the unauthorized disclosure or improper use.