



WILI DEPARTMENT MEDICAL ADAPTATION ASSISTANCE PROGRAM APPLICATION CHECKLIST

Please use the following checklist to make sure you have submitted all required documentation.

Items below must be completed, signed, and turned into the Wili Department to be processed:

- ☐ Program Application
- ☐ Medical Adaptation Assistance Policies
- ☐ Payback Agreement
- ☐ Statement of Potential Conflict of Interest
- ☐ Income verification form
- ☐ Release of information form

Items to be supplied for application to be considered complete (not supplied in packet):

- ☐ Verification of applicants Cow Creek Tribal enrollment
 - ☐ Referral from medical professional, peer support group, ect.
 - ☐ Project description
 - ☐ Photos of area(s) to be improved at least two photos of each area
 - ☐ Proof of ownership of the residence
 - ☐ Verification of the year the house was built
 - ☐ Homeowner's insurance binder verification
 - ☐ At least two bids from licensed contractors/reputable materials suppliers
 - ☐ Homeowner Repair Waiver, if applicable
-

If you have any questions, please contact the Wili Department. All information can be mailed, emailed, faxed, or dropped off at either the Roseburg or Tri City Office.

Contact information:

Maria Bosell

Administrative Assistant

Brandi Gardner

Residency Program Manager

Jennifer Bryant

Wili Director

Email: info-housing@cowcreek.com

Phone: 541-492-5215

Fax: 541-677-5550

Roseburg Office

Cow Creek Band of Umpqua
Tribe of Indians
2371 NE Stephens St Ste 100
Roseburg OR 97470

Tri City Office

239 Taylor St
Myrtle Creek OR 97457





WILI DEPARTMENT MEDICAL ADAPTATION ASSISTANCE PROGRAM FACT SHEET

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary permanent home. The Medical Adaptation Assistance Program is intended to aid eligible Cow Creek Tribal Elder/disabled Tribal members with eligible accessibility modifications to their home.

Medical Adaptation Assistance Program Facts:

- Maximum Medical Adaptation Assistance funding amount for 2022: **\$5000**
- Funding can be used every two years.
- Must meet all the following criteria:
 - Enrolled Cow Creek Tribal Member
 - Must be 18 years of age or older
 - Geographical location: 7 county service area (Coos County, Deschutes County, Douglas County, Jackson County, Josephine County, Klamath County and Lane County)
 - Must meet low to moderate HUD National median income limits
 - Must have no outstanding debt to any program or department of CCBUTI
 - Must provide copy of homeowner's insurance
 - Must be permanent residence for five years. Payback is prorated if sold prior to five years.
 - Referral from medical professional, a peer support group, a non- medical service agency, or a reliable third party who has professional knowledge of the Tribal member's specific medical needs.
- Modifications should strive to be constructed/installed by a licensed contractor. 2 bids are to be evaluated for due diligence.
 - Funding will be made by check directly to the contractor or reputable material supplier. Contractor must sign contractor agreement and submit W9.
- Modifications performed by the homeowner will require signing a Repair Waiver.
 - Funds cannot be paid directly to a Tribal member unless approved by the Wili Director. Funds will be payable to reputable material supplier. 2 bids are to be evaluated for due diligence.
- Eligible Costs: ramps, grab bars, toilet supports, shower and tub conversions, air filtration system, other improvements approved by Wili Director.

This is intended as an overview of the Medical Adaptation Assistance Program. It is not intended to replace the policy. See complete policy for details.





**WILI DEPARTMENT
PROGRAM APPLICATION**

QUESTIONNAIRE (answer all questions that are applicable to what you are applying for)

Do you live in the Cow Creek seven county service area? ☐ **YES** ☐ **NO**

What year was the home built? _____

Does anyone outside of your household provide you with regular financial support or pay any of your bills? ☐ **YES** ☐ **NO**

Have you sold or disposed of any assets in the past two years? ☐ **YES** ☐ **NO**

Have you or any adult household family member ever committed fraud or knowingly misrepresented information to a federal-assisted housing program? ☐ **YES** ☐ **NO**

Do you or any adult household family member have unpaid debts to the Cow Creek Band of Umpqua Tribe of Indians? ☐ **YES** ☐ **NO**

Are you a student? ☐ **YES** ☐ **NO**

I am disabled and can provide documentation of my disability. ☐ **YES** ☐ **NO**

Have you or any other member of your household ever lived in federally assisted housing? ☐ **YES** ☐ **NO**

Do you or any adult household family member currently owe money to a federally-assisted housing authority? ☐ **YES** ☐ **NO**

PRESENT LANDLORD:

Name: _____

Address: _____
Street address City Zip

Phone: _____ Monthly Rent: _____ How long at current address: _____

I/we certify that all information provided on this form is accurate and complete. I/we know that I am required to cooperate in supplying all information needed to determine my eligibility. **I/we understand that knowingly supplying false, incomplete, or inaccurate information may cause immediate termination from this program and is punishable under federal or state criminal law.**

Applicant Signature: _____

Date: _____

Applicant Printed: _____

Applicant Signature: _____

Date: _____

Applicant Printed: _____



SECTION 1: PURPOSE

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary permanent home. The Medical Adaptation Assistance Program is intended to aid eligible Cow Creek Tribal Elder/disabled Tribal members with eligible accessibility modifications to their home.

SECTION 2: MEDICAL ADAPTATION ASSISTANCE PROGRAM

The Medical Adaptation Assistance Program is available for Cow Creek Tribal families who meet Native American Housing Assistance and Self Determination Act (NAHASDA) low-income and moderate-income guidelines.

This funding is only available for Tribal Members living in the Tribes 7 County Service Area. The Tribes Service Area is: Coos County, Deschutes County, Douglas County, Jackson County, Josephine County, Klamath County and Lane County.

SECTION 3: ASSISTANCE MAXIMUMS AND REAPPLICATION TIMELINES

The Medical Adaptation Assistance Program has a maximum assistance amount that is evaluated annually through the Indian Housing Plan (IHP). Funding may be limited depending on availability of budgeted funding on hand for the particular year.

SECTION 4: PROPERTY STANDARDS

Each home purchased must meet at a minimum Tribal Program Housing Quality Standards (TPHQS) minimum requirements.

SECTION 5: IHBG INCOME AND HOUSING PAYMENT LIMITS

Tribal members applying for IHBG low-income Repair Assistance must meet federal NAHASDA income limits which are established by the Office of Native American Programs (ONAP) HUD Office on an annual basis.

SECTION 6: DEFINITIONS

MEANING OF ANNUAL INCOME: The Wili Department uses the meaning of annual income in accordance with NAHASDA for the purpose of determining eligibility as defined by 24 CFR Part 5, subpart F, Census, or the Internal Revenue Service (IRS) definition, which-ever is most beneficial to the family.

EXCLUSIONS: Federally Mandated Exclusions to income as updated by HUD are considered when calculation a family's gross annual income.

INCOME LIMITS: The Wili Department utilizes the HUD National Median Income Limits or the HUD Regional Median Income Limits as amended annually (whichever is most beneficial to the Participant) unless otherwise required by other program policy or regulations.

SECTION 7: APPLICATION

Application procedures are developed and implemented by the Wili Director.

The application also includes standard forms and agreements. The application also includes a checklist of required supplement documentation.



WILI DEPARTMENT MEDICAL ADAPTATION ASSISTANCE PROGRAM

SECTION 8: ELIGIBLE RECIPIENTS

Tribal members who meet **all** of the following minimum eligibility criteria described in the following table.

<u>CATEGORY</u>	<u>ELIGIBILITY CRITERIA</u>
<u>Tribal affiliation</u>	Enrolled Cow Creek Tribal member.
Age	Not less than 18 years old.
Property Location	Must be located in the Tribes 7 County Service Area.
Income Restrictions	Must meet at a minimum: HUD National Low-income eligibility threshold and not exceed 80% of median income for family size.
Over-80% of HUD National Median Income Limits	<p>Moderate income applicants may be eligible without HUD approval when a percentage of IHP funds (not to exceed 10% of the total fiscal year IHP allocation) are designated for moderate-income families. Consideration of moderate-income families beyond the above mentioned 10% limitation and all other above income families can only be considered under an IHP specified model activity approved by HUD.</p> <p>Moderate income applicants will be funded through program income until exhausted. The Wili Director will make a determination at that time based on need of Tribal Members whether to use IHBG funding for moderate income DPA not to exceed 10%.</p> <p>Families who are at or over 100% of HUD National Median Income Limits are not eligible for Wili Department IHBG programs.</p>
Insurance	Must provide copy of homeowner's insurance.
Residence	Must use home as permanent residence.
Debt	Must have no outstanding debt to any program or department of the CCBUTI.
Homeowner repair	Modifications performed by the homeowner will require signing a Repair Waiver accepting liability for work performed.
Contractor	Modifications should strive to be constructed/installed by a licensed contractor (best practice). 2 bids are to be submitted for evaluation for due diligence.
Referral	A referral from medical professional, a peer support group, a non- medical service agency, or a reliable third party who has professional knowledge of the Tribal member's specific medical needs. If the Tribal member is unable to provide verification from the sources listed, the issue should be discussed with the Wili Director.

SECTION 9: FUNDING

The IHBG funds available to an applicant is contingent upon the applicant's income, the amount of funds available to each are specified in the years annual IHP, and the maximum limits set individually for each low/moderate program category of assistance. Completed applications are evaluated to determine the Tribal member's eligibility.

It is the contractor's responsibility to submit an invoice and a W-9 for final payment to the Wili Department once work is completed. Prior to sending final payment, Wili Department staff will confirm with the homeowner

Tribal Member Initials _____



WILI DEPARTMENT MEDICAL ADAPTATION ASSISTANCE PROGRAM

that the work is completed satisfactorily. Final payments are mailed within 10 business days after the invoice is received and the homeowner has verified that the work is complete.

Medical Adaptation Assistance funds cannot be paid directly to a Tribal member, unless approved by the Wili Director under extenuating circumstances. Tribal Members conducting their own work can send invoices for materials that will be paid directly to the vendor.

SECTION 10: ELIGIBLE COSTS

Funds may be used to provide assistance to qualified Tribal members in one or a combination of the following categories contingent upon the availability of funds and the limitations set forth in the approved Indian Housing Plan:

- Ramps
- Grab bars, Toilet supports, shower and tub conversion
- Air-filtration system
- Other improvements approved by the Wili Director

SECTION 11: WORK COMPLETION AND FINAL PAYMENT

It is the contractor's responsibility to submit a W-9 and an invoice for final payment to the Wili Department once work is completed. Prior to sending final payment, Wili Department staff will confirm with the homeowner that the work is completed satisfactorily. Final payments are mailed within 10 business days after the invoice is received and the homeowner has verified that the work is complete.

SECTION 12: RESPONSIBILITIES AFTER WORK COMPLETION

Homeowners are required to send at least two photos of the completed work to the Wili Department. Non-receipt of photos will delay final payment to the contractor.

For five years, at each assistance calendar year (January 1), participants must verify that they are still using the home as their primary residence. The preferred method of verification is to send a copy of a property tax statement, utility bill, mortgage statement, or county tax assessment documentation.

It is the responsibility of the Tribal Member to provide this information to the Wili Department on an annual basis by February 1st. Failure to do so may result in a garnishment of your annual distribution until documentation is provided and verified or until the award is paid back in full.

SECTION 13: DEFAULTS AND REPAYMENTS

The Medical Adaptation Assistance Program is not intended to be used to generate a profit for the Tribal Member. If the Participant sells the Residence, defaults on any loan secured by the Residence, or ceases using the property as their Primary Residence during the Residency Term, the Participant may be subject to Repayment of the assistance funds.

Repayment determinations are made by the Wili Director. Using sale proceeds toward another home purchase (an Equity Rollover) is exempt from repayment. Relocation for job opportunities or family medical issues is also eligible for an exclusion. The repayment amount is prorated based on the assistance received and the number of months remaining in the Residency Term. No interest, fees, or other charges are added to the Repayment amount. Repayment terms are set on a case-by-case basis. Grant recipients may repay grant funds in a lump sum, periodic payments, or by garnishment of annual Tribal distribution benefits.



WILI DEPARTMENT PAYBACK AGREEMENT

I, _____, a member of the Cow Creek Band of Umpqua Tribe of Indians, Tribal Roll # _____, hereinafter referred to as "Grantee", in consideration for being awarded a grant from the Wili Department, hereby agree to the following conditions on which the grant is made and received for the Residence described as follows:

Property Address: _____

Grantee understands that the award of this grant is made subject to the following conditions:

- 1. Grantee must have their primary residence in the home for which they receive assistance (the "Residence") for a period of 5 years from receipt of funds (the "Residency Term").*
- 2. Grantee is prohibited from using assistance for profit. A determination that a Grantee has used assistance for profit shall require the Grantee to repay any grant funds received.*
- 3. If, during the Residency Term, the Grantee sells, vacates, or materially defaults on any loan secured by the Residence, homeowner assistance funds received by the Grantee may be subject to rescission and repayment.*
- 4. If Grantee sells the property within the Residency Term and uses all proceeds toward another home purchase (an Equity Rollover), Grantee will be exempt from repayment.*
- 5. Rescission and repayment determination is at the sole discretion of the Wili Director.*
- 6. Repayment amount is prorated based on the assistance received and the number of months remaining in the Residency Term. No interest, fees, or other charges are added to the repayment amount. Repayment terms are set on a case-by-case basis. Grantee may repay grant funds in a lump sum, periodic payments, or by voluntary garnishment of annual Tribal distribution benefits.*
- 7. If the Grantee refuses to agree to repayment terms, the payment may be withheld from future Tribal distributions until the total amount has been paid. Grantee hereby waives Grantee's right to notice and a hearing before the Tribal Court, as provided in the Gaming Revenue Code, Title 100, Section 100-50 (L) of the Cow Creek Band of Umpqua Tribe of Indians Tribal Legal Code, if the payment is withheld from Grantee's gaming revenue distribution.*

Grantee acknowledges that the foregoing conditions have been fully explained and Grantee understands and agrees to these conditions. Upon full repayment of grant funds, the repayment amount will be available for future homeowner assistance in addition to any unused grant funds, subject to funding verification by the Grants Account Manager or their designee.

Grantee Signature: _____

Printed Name: _____

Date: _____



FACT SHEET

Cow Creek Band of Umpqua Tribe of Indians are required by Federal regulations to avoid any Conflict of Interest in its housing activities.

A public disclosure is required that states the nature of the assistance to be provided, state the name of the program you are applying for, and the specific basis for which the selection was made (that you were determined eligible). A copy of this disclosure will be submitted to the U.S. Department of Housing and Urban Development (HUD). The public disclosure is made at the time you are selected to receive housing services.

The public disclosure will include the following:

- Your name
- Program you were selected for
- Determination of eligibility

Your file with Wili Department will remain confidential and no other details will be made. Keep in mind that this disclosure will not state your income (or sources), but it will reveal that you are within the applicable income limits for the program for which you were approved.

Wili Department makes these disclosures public by sending them to the appropriate Tribal Communications Team for posting the disclosure on the Tribal Facebook page for ten days. Concurrently, Wili staff will post the disclosure in the common area of their offices or the disclosure will be posted in the CCBUTI office lobby area. The post will be taken down upon completion of the time frame.

For further information, you may request a copy of Wili Department's Conflict of Interest Policy or you can discuss this matter with the program coordinator assigned to the program for which you have been selected.



**WILI DEPARTMENT
CONFLICT OF INTEREST**

**APPLICANT DISCLOSURE
CONFLICT OF INTEREST STATEMENT**

APPLICANT NAME: _____

NAME OF Wili PROGRAM APPLYING FOR: _____

APPLICATION DATE: _____

I am applying for the Wili Assistance Program noted above, and I am disclosing that:

- ☐ I am a CCBUTI employee, CCBUTI Housing Review Board member, or Tribal Board of Directors member.
- ☐ I am an immediate family member of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member.
- ☐ I am a business partner of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member.

If you are a family member or business partner of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member, please complete the following:

NAME	RELATIONSHIP

ACKNOWLEDGEMENT

I understand that prior to receiving Wili assistance, a public disclosure of my selection will be made and that a copy of this disclosure will be submitted to the U.S. Department of Housing and Urban Development.

I have been offered a copy of the Conflict-of-Interest Policy.

Applicant Signature: _____

Date: _____

Applicant Name: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Name: _____

Date: _____



Wili DEPARTMENT EMPLOYMENT VERIFICATION

The below named applicant has applied for a Tribal program that operates under a state, federal, and/or Tribal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility.

APPLICANT:

Printed Name: _____ SSN (last four digits) _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to the program I am applying for and as required by the funding program associated with it.

Signature of Applicant: _____

EMPLOYER:

Company name: _____ Address: _____

Email/Fax: _____ Phone: _____

Employer to please complete the following: (Mark N/A if not applicable)

Employee Name: _____ Job Title: _____

Currently Employed ☐ YES _____ ☐ NO _____
Date of Hire _____ Date employment ended _____

Regular Wages: \$ _____ per ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Semi-Monthly ☐ Month ☐ Year

Average # of Regular Hours/Week: _____ Employee Works Overtime: ☐ Yes ☐ No
Average # of Overtime Hours/Week: _____ Overtime Rate: \$ _____
Average # of Shift Differential Hours/Week: _____ Shift Differential Rate: _____
Average # of Total Hours per Week: _____

Commissions/Bonuses: \$ _____ /Hour/Week/Month/Annual Tips: \$ _____ /Hour/Week/Month
Gross Year-to-Date (YTD) Earnings: \$ _____ Earned From: ____/____/____ to ____/____/____

Work is Seasonal or Sporadic: ☐ Yes ☐ No If yes, indicate lay-off period(s): _____

Employee participates in a 401K/Retirement Account: ☐ Yes ☐ No

I hereby certify, by my signature below, that the information I have supplied is true and correct:

Printed Name of Verifier _____	Title of Verifier _____	Signature of Verifier _____	Date _____
--------------------------------	-------------------------	-----------------------------	------------

When completed mail, fax or email directly to the Wili Department. Thank you!

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make a willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



PURPOSE

The Cow Creek Band of Umpqua Tribe of Indians Wili Department uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

AUTHORIZATION

I, _____ do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility/ application for assistance from the Cow Creek Band of Umpqua Tribe of Indians Wili Department. This authorization includes and is limited to the following:

- Post Office
- Employers
- Utility Companies
- Professional/Personal References
- US Department of Veterans Affairs
- Providers of: Alimony, child care, credit handicapped assistance, medical care, pensions, Tribal benefits such as Education, Member Benefits, Elder Retirement, Social Services.
- Bank and other Financial Institutions
- Federal scholarship providers
- Credit Bureaus
- US Social Security Administration
- Current/Previous Landlords
- Courts & Law Enforcement Agencies
- Educational Institutions State Agencies such as Welfare or Social Services

In addition, my signature allows the Housing Program Manager to release my case file information to the following agency/institution/person:

- Cow Creek Band of Umpqua Tribe of Indians Social Services, Member Benefits, Workforce Development and Education Departments, Tribal Administrator, Tribal Operations Officer
- Other: (please list any other individuals to receive this information you will need to list them here) _____

MY RIGHTS: I understand this authorization is voluntary and that I may revoke this authorization at any time, provided I do so in writing and submit it to address listed below.

I agree that photocopies of this authorization may be used for the purpose stated above.

Printed Name: _____

Applicant Signature: _____

