



WILI DEPARTMENT ELDER HOME REPAIR 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
- ☐ Elder Home Repair Assistance Policies
- ☐ Payback Agreement
- ☐ Statement of Potential Conflict of Interest
- ☐ 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 (copy of Tribal ID)
 - ☐ Project description
 - ☐ Photos of area(s) to be repaired 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
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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:

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Administrative Assistant

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Residency Program Manager

Jennifer Bryant

Wili Director

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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

ELDER HOME REPAIR 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 Elder Home Repair Assistance Program is intended to aid eligible Cow Creek Tribal families with purchasing a home.

Elder Home Repair Assistance Facts:

- Maximum Elder Home Repair Assistance funding amount for 2022: **\$10,000**
- It is required that Tribal families who qualify for IHBG or Tribal Repair assistance use that funding source first.
- Funding can be used once every five years.
- Complete application must be submitted and approved prior to funding.
- Must meet all the following criteria:
 - Enrolled Cow Creek Tribal member
 - Must be 60 years of age and older
 - Geographical location: United States
 - Housing condition must pass minimum Tribal Program Housing Quality Standards
 - Must provide copy of homeowner's insurance
 - Must be permanent residence for five years. Payback is prorated if sold prior to five years.
 - Must have no outstanding debt to any program or department of the CCBUTI
- 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.
- Funds may be used for energy efficiencies, structural repairs, infrastructure improvements, and other reviewed and approved expenses by Wili Director.
- For five years, Tribal member must provide proof of residency by February 1st of each year. Failure to provide proof of residency will result in garnishment of Tribal distribution funds until paid in full. 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.

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





WILI DEPARTMENT ELDER HOME REPAIR ASSISTANCE PROGRAM

SECTION 1: PURPOSE

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary permanent home. The Elder Home Repair Assistance Program is intended to aid eligible Cow Creek Tribal Elders with repairs to their home.

SECTION 2: ELDER HOME REPAIR ASSISTANCE PROGRAMS

The Elder Home Repair Assistance Program is available to all Cow Creek Tribal Elders, including those who qualify for Indian Housing Block Grant (IHBG), and Tribal funding. There are no income or location limitations for Elder Home Repair Assistance Program.

It is required that Tribal families who qualify for IHBG assistance use that funding source first.

SECTION 3: ASSISTANCE MAXIMUMS AND REAPPLICATION TIMELINES

The Elder Home Repair Assistance Program have a maximum assistance amount that is evaluated annually through the Tribal Board of Directors. This program can be used once every five years.

SECTION 4: 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.

SECTION 5: ELIGIBLE RECIPIENTS

Tribal funds can be used to assist Tribal Members who meet all of the following minimum eligibility criteria described in the following table:

CATEGORY	ELIGIBILITY CRITERIA
Tribal Affiliation	Enrolled Cow Creek Tribal Member.
Age	Not less than 60 years old.
Property Location	United States.
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.
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.
Homeowner repair	Modifications performed by the homeowner will require signing a Repair Waiver accepting liability for work performed.
Priority Payment	Must have utilized all other funding sources. • Damage not covered by homeowner's insurance (if applicable) • Exhausted IHBG funding (if applicable) • Exhausted Tribal Home Repair Assistance (if applicable)

SECTION 6: FUNDING

Completed applications are evaluated to determine the Tribal Member's eligibility.

Elders may use this assistance program to cover repair costs above and beyond what general repair assistance covers (can be layered with IHBG, or Tribal if applicable). Elders may also use this program to cover insurance deductibles if the remainder of the damage can be covered by homeowner's insurance.



WILI DEPARTMENT ELDER HOME REPAIR ASSISTANCE PROGRAM

It is the contractor's responsibility to submit an invoice and 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 that the work has been completed satisfactorily. Final payments are mailed within 10 business days after the invoice is received.

Elder Home Repair 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 7: 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:

- Energy Efficiency upgrades like (double paned windows and doors, sliding doors, insulation, other items approved by the Wili Director).
- Structural Repairs
- Infrastructure Improvements (to be approved by the Wili Director)
- Other improvements approved by the Wili Director

SECTION 8: 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. 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 10: DEFAULTS AND REPAYMENTS

The Elder Repair 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: _____



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: _____

