



**HO-CHUNK HOUSING
HOME OWNERSHIP PROGRAM**

**GOT
HOME REPAIRS
THAT NEEDS
FIXING?**

**ARPA- HIP grant is here!
HOP will begin excepting
applications**

Monday October 11, 2021

****no early apps will be accepted****

FOR MORE INFORMATION

CALL 608-374-1225

VISIT HO-CHUNK HOUSING: [HTTPS://HO-CHUNKNATION.COM/GOVERNMENT/EXECUTIVE-BRANCH/HOUSING/](https://ho-chunknation.com/government/executive-branch/housing/)

**ALL COMPLETED APPLICATIONS CAN BE DROPPED OFF
AT OUR OFFICE:**

HO-CHUNK HOUSING

27374 HWY 21 EAST BLD 5 & BLD 1 TOMAH, WI 54660

MAIL TO: P.O. BOX 170 TOMAH, WI 54660

OR

EMAIL: HOUSINGHOP@HO-CHUNK.COM

Minor home improvement can include, but is not limited to the following:

Roof repair

HVAC repairs

Plumbing repairs

Electrical

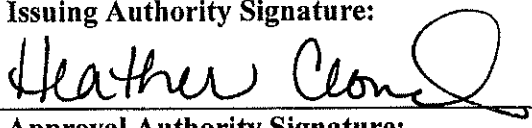
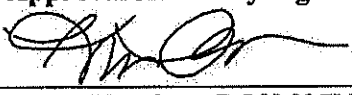
Kitchen updates

Etc...

Applicants must be; a home owner and an enrolled Ho-Chunk Nation Member and must provide proof of enrollment, be eighteen (18) years of age or older.



HO-CHUNK NATION POLICY & PROCEDURE

Title: American Rescue Plan Act -- BIA Housing Improvement Plan	Subject: American Rescue Plan Act -- BIA Housing Improvement Plan
Scope: Eligible Ho-Chunk Nation Enrolled Members	Effective Date: 08/16/21
Issuing Authority: Heather Cloud Executive Director -- Department of Housing	Issuing Authority Signature: 
Approval Authority: Kimberly Lonetree Executive Director -- Department of Personnel	Approval Authority Signature: 
Legislative Authority: Ho-Chunk Nation (HCN) Employment Relations Act (ERA) 6 HCC § 5 Ch. 1. 4. (b) Each department, division, or unit of the Nation, with the prior approval and consultation of the Executive Director of the Department of Personnel, may develop, implement, and revise as necessary internal procedures, operating rules and policies pertaining to the unique operational requirements of the work unit for efficient and effective performance. Advance notice of internal unit procedures and rules shall be provided to employees and must be posted in public places to serve as notice to all employees.	Policy Number: DOH-HCN-07-16-21-002

1.0 Policy Statement:

- 1.1 The intent of this policy is carry out and enforce the American Rescue Plan Act.
- 1.2 March 11, 2021, the Congress enacted the American Rescue Plan (ARP) Act which appropriated \$100,000,000 to the Bureau of Indian Affairs (BIA) for the Housing Improvement Program (HIP).
- 1.3 The Ho-Chunk Nation Department of Housing shall provide centralized leadership to develop equal housing opportunities using grant funding for improving the use of socio-economic resources, and by creating unified goals and objectives stimulating durable housing options which benefit Ho-Chunk members by improving access to safe and affordable housing. This will develop housing opportunities creating self-sufficiency/sustainability.

2.0 Policy Purpose:

- 2.1 The purpose is to define the terms and conditions under which assistance is given to Indians under the Housing Improvement Program (HIP).



HO-CHUNK NATION POLICY & PROCEDURE

3.0 Rationale and Background:

- 3.1 The HIP is a safety-net program that provides grants for the cost of services to repair, renovate, or replace existing housing and/or provide housing.
- 3.2 Overcrowding, homelessness, home affordability, and access to financing continue to be critical problems faced by HCN Members.
- 3.3 The American Rescue Act (ARP) will assist enrolled Ho-Chunk Nation members in accessing grant funds due to the difficulty of obtaining financial assistance with an outside lender.

4.0 Policy:

- 4.1 This policy will address how the American Rescue Plan (ARP) will be implemented according to HIP.
- 4.2 This policy dictates Housing staff procedures for ARP approved applicants, contingent on available funds.
- 4.3 This policy will be enforced by the Department of Housing Home Ownership Program.
- 4.4 Property cannot be manufactured.
- 4.5 Property must not be in a floodplain unless there is flood insurance on the property.
- 4.6 Applicants must be an enrolled Ho-Chunk Nation Member and must provide proof of enrollment, be eighteen (18) years of age or older, and legally competent.
- 4.7 A completed HIP application includes:
 - 4.7.1 Proof of ownership of residence and/or land
 - 4.7.2 Proof of annual income
 - 4.7.3 Proof of Tribal enrollment
 - 4.7.4 Current Utility bills (two)
 - 4.7.5 Work scope
- 4.8 Grant Terms:
 - 4.8.1 Grants shall be given on a first-come, first-served basis when the completed application and required documents are received, contingent on grant funding.
 - 4.8.2 The grant shall not exceed the maximum amount of \$7,500.
 - 4.8.3 The Tribal Annual Performance Report (TAPR) will be used to score the applicant.
 - 4.8.4 Annual household income does not exceed 150% of federal poverty income guidelines.
 - 4.8.5 Eligible applicants must submit a work scope.
 - 4.8.6 Minor home improvement can include, but is not limited to, the following:
 - 4.8.6.1 Roof repair



HO-CHUNK NATION POLICY & PROCEDURE

- 4.8.6.2 HVAC repairs
- 4.8.6.3 Plumbing repairs
- 4.8.6.4 Electrical
- 4.8.7 At the applicant's expense, a state licensed Home Inspector will be required to inspect the property prior to and after work is completed.
- 4.8.8 The Home Inspector, Project Coordinator (PC), HOM, and homeowner will review the inspection report for necessary repair(s) or replacement(s).
 - 4.8.8.1 If the price estimation exceeds the grant amount, the homeowner will have to make decision(s) in order to meet the grant amount.
 - 4.8.8.2 Some homes may be beyond repair, in which case the HOM and Home Inspector will determine that repairs to the home would not be beneficial.
- 4.8.9 All materials choices are to be made by the homeowner (color, style, etc.).
- 4.8.10 The contractor is not allowed to place liens against the homeowner's home.
- 4.8.11 Any repairs or improvements outside of the "agreement for services" between the HOP and the contractor with a scope of work that increases the contract cost must be paid by the homeowner.
- 4.8.12 All work performed will have a one (1)-year workmanship and material warranty.
 - 4.8.12.1 The warranty will be the responsibility of the homeowner.
 - 4.8.12.2 Any warranty work shall be requested by the homeowner to the contractor.
 - 4.8.12.3 The one (1)-year period starts when the final inspection is completed and is accepted by the homeowner and the HOP.
- 4.8.13 Grievances or disputes will be submitted to the Contracting Officer in writing.

5.0 Procedure:

- 5.1 Interested applicants can request a copy of the American Rescue Plan ACT – BIA Housing Improvement Program Policy, which includes the Housing Assistance Application and program eligibility requirements.
 - 5.1.1 A copy of the Policy can be obtained through the Ho-Chunk Nation Website at www.Ho-ChunkNation.com or through the Department of Housing.
 - 5.1.2 Complete applications with required documentation can be delivered to the Department of Housing:
 - 5.1.2.1 In person
 - 5.1.2.2 Mailed through the U.S. Postal Service



HO-CHUNK NATION POLICY & PROCEDURE

- 5.1.2.3 Emailed electronically
- 5.1.2.4 Faxed
- 5.2 Applications received by the Department of Housing will be date stamped on the application and forwarded to the Residential Services Advocate (RSA).
- 5.3 The RSA reviews applications for completeness and verification of the following documents:
 - 5.3.1 Ho-Chunk Nation enrollment
 - 5.3.2 Homeowners Insurance
 - 5.3.3 Copy of Warranty Deed, Land Lease, or Tax bill.
 - 5.3.4 Verification of Income which includes, but is not limited to:
 - 5.3.4.1 Most current pay stubs
 - 5.3.4.2 2 yrs. Tax returns
 - 5.3.4.3 2 yrs. of W-2s
 - 5.3.4.4 Per capita
 - 5.3.4.5 SSI
 - 5.3.4.6 Child Support
 - 5.3.5 Verification of being current on mortgage and property taxes by contacting the applicant's Financial Institution or the Ho-Chunk Nation Treasury Department via e-mail or telephone requesting documentation.
 - 5.3.6 If an application is not completed, the RSA will make three (3) attempts to contact the applicant to send in the required missing documents. The three (3) attempts will be a phone call, email, and a letter mailed through the US Postal Service. The applicant will have up to ten (10) days to provide the requested documents.
 - 5.3.6.1 Once the ten (10) days has expired, the application will be voided and the RSA will draft a cover sheet and send the file to Records.
 - 5.3.7 The RSA will score a completed application using the TAPR score sheet.
 - 5.3.8 Once completed, the RSA will give the completed application and score sheet to the PC to review.
 - 5.3.9 The PC will review the entire completed application and score sheet. Upon completion of review, the PC will give the entire file to the HOM to review.
 - 5.3.10 The HOM will once again review the entire file for accuracy.
 - 5.3.11 The HOM will have the RSA prepare a letter of approval or denial, and mail it to the applicant within forty-five (45) days of receipt of the completed application



HO-CHUNK NATION POLICY & PROCEDURE

- 5.3.12 The HOM will present the completed application package to the Executive Director (ED).
- 5.3.13 If the applicant is approved, the HOM assigns the applicant (herein "client") to a PC.
- 5.3.14 The PC will contact the client to determine the scope of work.
- 5.3.15 The PC will schedule a home inspection.
- 5.3.16 Any applicants that are out-of-state will need to hire a Home Inspector at their expense.
- 5.3.17 The PC will review the scope of work (project must be compliant with necessary permits, codes, and inspections).
 - 5.3.17.1 If the project is on trust land, the PC will contact the appropriate HCN department to verify if a building permit will be required.
 - 5.3.17.2 If the project is on fee simple land, the project coordinator will contact the local municipality to determine if a building permit and inspections are required.
- 5.3.18 The client will select a state licensed contractor.
- 5.3.19 The PC will gather necessary documents from the selected contractor, of which includes:
 - 5.3.19.1 A current, signed Construction Service Provider Agreement (SPA)
 - 5.3.19.2 W-9
 - 5.3.19.3 A Certificate of Liability Insurance
 - 5.3.19.4 A signed bid from the selected contractor
- 5.3.20 The PC will fill out a contract cover sheet and submit it to the Fiscal Division for the line item the vendor will be paid from.
- 5.3.21 The Fiscal Division will forward the application package with a coversheet to the ED for approval.
- 5.3.22 When the coversheet is signed, the ED will return the completed and signed application package and coversheet to the initiator.
 - 5.3.22.1 If the application is missing information, is incomplete, or is ineligible for the grant funding, the ED will return the application package and the coversheet to the initiator with an explanation.
- 5.3.23 The PC will upload the completed contract into the contract database.
- 5.3.24 The PC will notify and email a copy of the contract to the selected vendor.
- 5.4 The PC will prepare the Draw Request for down payment, and will submit it to the Junior Accountant (JA).



HO-CHUNK NATION POLICY & PROCEDURE

- 5.4.1 The JA will process fifty percent (50%) down and fifty percent (50%) upon completion.
- 5.5 The JA will process the Draw Request for payment through the current financial software.
- 5.6 The PC will obtain periodic updates to monitor progress.
- 5.7 The PC will submit any change order(s) to the JA following the contract process.
 - 5.7.1 The PC & HOM will make a site visit or obtain proof of completion along with a letter of satisfaction from the homeowner prior to a final payment request.
 - 5.7.2 A letter of satisfaction from the homeowner, and inspection if applicable, is required for final payment.
- 5.8 The PC will submit the final draw and file to the HOM for review and signature.
- 5.9 The PC will submit a copy of the Homeowners satisfaction letter and the final draw request to the JA for final payment to be processed.
- 5.10 The RSA will draft up a cover sheet for the completed client's file, and will send it to Records.
- 5.11 The HOM will provide the BIA yearly detailed reports.

6.0 Attachment/Forms:

- 6.1 Housing Assistance Application

7.0 Definitions:

- 7.1 **Change Order** – Work that is added or deleted from the original scope of work of a contract which alters the original contract amount and/or completion date.
- 7.2 **Down Payment** – An initial or partial amount paid.
- 7.3 **Draw Request** – Process used to request payment to a contractor.
- 7.4 **ED** - Executive Director
- 7.5 **Fee Simple** – The maximum possible estate or right of ownership of real property continuing forever.
- 7.6 **First-Come, First-Served Basis** – An applicant must provide all required documentation to be considered for a loan, contingent upon available funds.
- 7.7 **Home Inspector** - An inspector that assesses the condition of the property.
- 7.8 **HOM** - Home Ownership Manager
- 7.9 **HOO** - Home Ownership Office
- 7.10 **JA** - Junior Accountant
- 7.11 **Land Lease** – A contract for payment or services that conveys the use of real property to another for a specific period of time.



HO-CHUNK NATION POLICY & PROCEDURE

- 7.12 **Legally Competent** - Means a member determined to be, or recognized as, capable of prudently managing such member's interest in Per capita payments which are or have become due to such members.
- 7.13 **Manufactured Home** – Formerly known as “mobile homes”. Manufactured homes are homes built in a factory, after 1976, which are governed by federal building codes (not eligible for this program).
- 7.14 **Mobile Home** – Homes built in a factory before 1976 that are governed by federal building codes (not eligible for this program).
- 7.15 **Modular Home** – Homes built in a production facility, and governed by local and state building codes (eligible for this program).
- 7.16 **PC** - Project Coordinator
- 7.17 **RSA**- Residential Services Advocate
- 7.18 **Satisfaction** – Giving the fulfillment of the demand of meeting a requirement or expectation.
- 7.19 **Scope of Work** – The area in an agreement where the work to be performed is described.
- 7.20 **Tribal Annual Performance Report (TAPR)** – an automated software tool that is supplied annually to assist the Tribal servicing housing office.
- 7.21 **Trust** – Land held in trust by the United States of America for the benefit of a federally recognized Indian tribe or a member of a federally recognized Indian tribe.
- 7.22 **Warranty Deed** – A deed that guarantees a clear title to the buyer of real property.
- 8.0 Policy History:**
- 07/16/21: Issued by the Executive Director – Department of Housing
- 07/16/21: Approved by the Executive Director – Department of Personnel
- 08/09/21: Issued by the Executive Director – Department of Housing
- 08/09/21: Approved by the Executive Director – Department of Personnel

**UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
HOUSING ASSISTANCE APPLICATION**

- All questions in this application must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

A. APPLICANT INFORMATION

1. Name: _____
Last First MI Maiden Name (if any)
2. Current Address: _____
Street Address P.O. Box # (if any)

City State Zip Code
3. Telephone Number: (____) _____
4. Date of Birth: _____ 5. Social Security Number: _____
6. Tribe: _____ Roll Number: _____
 Reservation/Rancheria: _____
7. Marital Status: Married Singled Widowed Other
 If you checked "Other", please explain, _____
8. Are you Homeless? No Yes 9. Are you or spouse a Veteran? No Yes

Information About Spouse:

10. Name: _____
Last First MI Maiden Name (if any)
11. Date of Birth: _____ 12. Social Security Number: _____
13. Tribe: _____ Roll Number: _____

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Social Security Number, Relationship to Applicant, and Tribe/Roll Number.

Name	Date of Birth	Social Security #	Relationship to Applicant	Tribe/Roll Number

If you need more space, use a blank sheet of paper.

Date of this application: _____

C. INCOME INFORMATION

14. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

15. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ _____

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION

17.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? No Yes
	If yes, provide name of owner(s):
20.	Are you living in Overcrowded Conditions? No Yes
21.	Is the condition of the home in a dilapidated state? No Yes

Date of this application: _____

HOUSING INFORMATION, continued.

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____				
23.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank	
Other (Please describe): _____					
24.	No. of Bedrooms _____				
25.	House Size:	(Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]	
26.	Bathroom facilities in existing house:		Facility	Yes	No
			Flush toilet		
			Bathtub		
			Sink/lavatory		

E. LAND INFORMATION

27.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide the name of the owner(s): _____				
28.	What is the current status of the land?	Fee	Tribal Fee	Native/Restricted
		Individual trust land	Tribal trust land	Public Domain
		Individually restricted	Tribally restricted	Other:
29.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain: _____			

F. GENERAL INFORMATION

		Yes	No
30.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: 19____; and the location of the house: _____		
31.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
35.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
36.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate) _____

Date: _____

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____