



SALISH  KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION 


Dear Applicant,

Attached is an application for Housing Improvement Program (HIP), also known as the home rehabilitation program. You must fill in all the blanks; please print as clearly as possible. In order to process your application all information requested must be supplied and the income verification must be attached, for every member of the household over age of eighteen (18). If you are working, a copy of your current check stub will be sufficient. If you are receiving Social Security, General Assistance, AFDC (Welfare), or any retirement benefits, you should attach a copy of your last check or a current letter that refers to the benefits you are receiving. All income supporting your family must be verified. Proof of ownership with a legal description and home ownership insurance is required. The HIP Program follows the Salish & Kootenai Housing Authority Criminal & Drug Related Criminal Activity Policy; you will find this policy attached to the back of application. Please read the Salish & Kootenai Housing Authority Criminal & Drug Related Criminal Activity Policy thoroughly and sign where indicated. Applications received without this policy signed will be considered incomplete and could hinder the processing of application.

Once your application is returned and your income verification is verified, it will be presented to the Home Improvement Board for approval when it reaches the top of the waiting list. Please keep in mind that there are Federal Regulations that restrict the number of times a person can receive assistance. Types of assistance are also limited. You will be notified of the status of your application as soon as it is processed.

If you have any questions please feel free to call me at the Housing Authority Office. The number is (406) 675.4491 or (406) 883.4211, extension 1507.

Sincerely,


Michelle Morigeau, Home Improvement Program Coordinator
Salish & Kootenai Housing Authority

Section C. Income Verification

1. Earned income: Start with applicant/ self then list all permanent family members 18 years and older who are listed in Section B and have earned income, such as signed copy of SF-1040 (income tax), W2 forms, wages, stubs, etc. for verification.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Yearly Earned Income: \$ _____

2. Unearned Income: Start with applicant/ self then list all permanent family members 18 years and older who are listed in Section B and have unearned income.

Example: Social Security, Retirement, Disability, Unemployment, Child Support/ Alimony, Royalties, Per Capita, Interest, Etc. Provide check stub statements, Individual Indian Monies (IIM) ledgers, etc., for verification.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Yearly Unearned Income: \$ _____

COMBINED ANNUAL INCOME TOTAL: \$ _____

If anyone residing in your home, over the age of eighteen (18), regardless of relationship to the applicant, has no income, a No Income Declaration must be signed. You can obtain a No Income Declaration by contacting the Salish & Kootenai Housing Authority Home Improvement Program personnel and one will be mailed to you.

Section D. Housing Information

Physical address and **detailed** directions of home that you are applying for repairs to be made:

1. Approximate age of home: _____ Size of home: _____ (square footage)
_____ Length (feet) _____ Width (feet): _____ Number of rooms
2. Do you own the land which the home is located on? _____ Yes _____ No
3. Do you know the status of the land? _____ Individual Trust _____ Fee
_____ Tribal Restricted _____ Individually Restricted Tribal Trust _____ Tribal Fee
4. Do you live in a mobile home? _____ Yes _____ No
5. If so is it a double wide or modular? _____
6. Is the mobile home on a foundation? _____ Yes _____ No
7. Primary source of heat? _____ Electric _____ Wood _____ Propane _____ Oil
8. Is electricity available? _____ Yes _____ No
9. Type of sewer system? _____ City _____ Septic _____ Other
10. Water source? City _____ Well _____ Community Water Tank _____
11. Bathroom facilities? _____ Yes _____ No Number of Bathrooms _____
Bathtub _____ Shower _____ Sink _____ Toilet _____
12. Have you received assistance from HIP previously? _____ Yes _____ No

If yes, please give date, what was done, approximate amount of repairs, and to whom received the repairs: _____

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13. Do you own any other property (house/land) that is NOT occupied by your family?
_____ Yes _____ No

If yes, state where the home/land is located and who occupies it:

-
14. Please provide a brief description of the home repairs which you are applying for or needing repaired: _____

Section E. Household Health & Medical Information

1. Is anyone listed in sections A or B who is a permanent resident, have a severe health condition, handicapped, or *permanently disabled? _____ Yes ___ No

If yes, please describe _____

2. Is anyone listed in sections A or B who is a permanent resident have Asthma or any Respiratory conditions? ___ Yes ___ No

If yes, please describe _____

3. Is anyone is your household a United States Veteran? _____ Yes ___ *No

***If so please provide a copy of your DD214 for verification, this will give you additional priority points.**

***If a permanent resident has a medical condition, or disability please attach official documentation from their primary Medical Doctor. Or if receiving Social Security Disability/Veterans Administration Disability, please be sure to make note of this.**

If you have any other physical disability, or needs you this should be addressed, please write a brief statement below:

APPLICANT CERTIFICATION

. READ THIS CERTIFICATION CAREFULLY BEFORE YOU SIGN AND DATE YOUR APPLICATION. SIGNATURE MUST BE IN INK.

I declare that the information I have provided to the Salish & Kootenai Housing Authority is full, true and complete to the best of my knowledge. I hereby authorize the Salish & Kootenai Housing Authority to obtain any, and all, information that may be necessary for the purpose of verifying statements made in application for the Home Improvement Program. I acknowledge I have thoroughly read the attached Salish & Kootenai Housing Authority Criminal & Drug Related Activity Policy, and grant the Salish & Kootenai Housing Authority the authority to obtain any/all information necessary in confirming statements made, in verifying information submitted on application. Furthermore, I grant the Salish & Kootenai Housing Authority permission to obtain/release information necessary in assisting me to obtain other services for which I may be eligible and for determining eligibility for my eligibility in the Home Improvement Program.

To make false or misleading statements may constitute a violation of the 18 U.S.C.1001

(Applicant Signature)

(Date)

(Spouse Signature)

(Date)

_____ It is very important you have a working telephone number, or a working message number, for us to be able to contact you. If you do not keep us updated if you change your telephone number, or have a working message phone number, this could possible delay your application for assistance, as it is important we are able to reach you. **PLEASE INITIAL THAT YOU HAVE READ THIS STATEMENT.**

Attachments: Salish & Kootenai Housing Authority Criminal & Drug Related Activity Policy

CRIMINAL & DRUG –RELATED ACTIVITY POLICY

The Authority Board of Commissioners adopted the forgoing policy for the following programs:

Programs funded by NAHASDA

The Salish and Kootenai Housing Authority is governed by the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. The Act states in Public Law 104-330-October 26, 1996, 25 USC 4137, Section 207. (a) (b) LEASE REQUIREMENTS AND TENANT SELECTIONS: 6(c) is criminal activity (including drug-related criminal activity) on or off premises.

Other Authority programs:

**Maggie Ashley Trailer Park I & II
Low Income Tax Credit Units
Rural Development Units
Transitional Living Center
Home Improvement Program**

Section 1

Applying for Salish and Kootenai Housing Authority Services

When an application is received for housing or any other assistance program with the Salish and Kootenai Housing Authority and the head of-household or a member of the household composition, has engaged in Drug-Related Criminal Activity, as defined below under Section 3- Definitions, Criminal Possession of Drug Paraphernalia, as defined below under Section 3-Definitions, or other Criminal Activity as defined below under Section 3-Definitions, the following policies shall apply:

Drug-Related Criminal Activity or Criminal Possession of Drug Paraphernalia

If the Authority has a preponderance of evidence documentation that the applicant or a member of the applicant's household composition is/was engaged in drug-related criminal activity or criminal possession of drug paraphernalia within the last five (5) years, the applicant cannot apply for services with the Housing Authority for one (1) year from the date of occurrence. Applicant must provide written documentation from a professional source that all person(s) listed on the applications that were involved in the drug-related criminal activity or criminal possession of drug paraphernalia, has successfully completed an approved rehabilitation program, or did not require rehabilitation. The applicant must also provide a court order or written documentation from his/her probation officer or professional counselor that all person(s) listed on the applications that were involved in the criminal activity have; 1) successfully completed

all requirements of the court; 2) is in good standing with his/her probation or parole officer; 3) has a parole plan in place deemed acceptable by the Department of Corrections parole analyst or Board of Pardons and Parole; 4) if in an outpatient treatment program, must be in good standing with his/her treatment provider.

Criminal Activity

If the Authority has a preponderance of evidence documenting that the applicant or a member of the applicant's household composition is/was engaged in criminal activity within the last five (5) years, the applicant must provide a court order or written documentation from his/her probation officer or professional counselor that all person(s) listed on the applications that were involved in the criminal activity have successfully completed all requirements of the court.

Medical Use of Marijuana

Per Federal Law, use of marijuana for medical or medical treatment purposes is an illegal use of marijuana. Because the Housing Authority receives Federal funding and grants, the Housing Authority will follow Federal Law concerning the use of medical marijuana.

Section 2

Termination of Salish and Kootenai Housing Authority Services

A. Thirty-Day (30) Notice to Terminate Services

The Authority may terminate services by providing a termination notice not to exceed thirty- (30) days, if the Authority has a preponderance of evidence that a tenant, any member of the tenants household, or a guest or other person under the tenant's control has engaged in criminal activity as defined below under Section 3 Definitions, that:

1. Threatens the right to peaceful enjoyment of the Authority premises by other tenants or employees of the Authority.
2. Threatens the peaceful enjoyment of their premises by person(s) residing in the immediate vicinity of the Authority's premises.

B. Seven-day (7) Eviction

The Authority may terminate services by providing a seven- day (7) termination notice if the Authority has a preponderance of evidence that a tenant, any member of the tenant's household, or a guest or other person under the tenant's control was involved in the following:

1. Drug-related criminal activity, as defined below under Section 3- Definitions;

2. Criminal Possession of Drug Paraphernalia, as defined below under Section 3- Definitions; or
3. An act that threatens the health or safety to other tenants, employees or property of the Housing Authority
4. Threatens the health or safety of their premises by person(s) residing in the immediate vicinity of the Housing Authority's premises.

Tenant is in violation of the Criminal and Drug-Related Activity Policy whether or not the tenant has knowledge of the illegal activity. However, if the reporting party is a member of the household composition and is not the person committing the act, and action is being taken to ensure the activity will not reoccur, termination action may or may not be enforced at the discretion of the Board of Commissioners.

Section 3

Definitions

- A. "Drug-Related Criminal Activity" means the illegal possession, manufacture sale, distribution, or use of a controlled substance as defined in Section 102 of the controlled substance act (21 U.S.C. 802) or fraudulently obtaining or attempting to obtain a controlled substance, that occurs on or off properties under the management of the Housing Authority. The standard of proof used to determine "drug related criminal activity" has occurred is a preponderance of the evidence that the activity has occurred. A specific criminal conviction is not required.
- B. "Criminal Possession of Drug Paraphernalia" means the unlawful use or possession with the intent to use drug paraphernalia that occurs on or off properties under the management of the Housing Authority. This will include all equipment, products, and materials of any kind that are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a dangerous drug, that occurs on or off properties under the management of the Housing Authority. The standard of proof used to determine "possession of drug paraphernalia" is preponderance of the evidence. A specific criminal conviction is not required.
- C. "Criminal Activity" means activity that threatens/threatened the health, safety, or right to peaceful enjoyment of others including the Housing Authority employees, including but not limited to the following activities:
 1. **Criminal Activity that occurs on or off Salish Kootenai Housing Authority premises is as follows:**

Homicide, aggravated assault, stalking, indecent exposure, elder/ child

abuse, kidnapping, aggravated kidnapping, terrorism, designated as a Sexual Offender, designated as a violent offender, sexual assault and Sexual assault abuse of children, obstructing a law enforcement officer, obstruction of justice, weapons offense.

a. Designated Sexual Offender

Definition: Per Montana Code Annotated 2005, 46-23-502

“Department” means the department of corrections provided for in 2-15-2301 of the Montana Code Annotated 2005.

“Sex offender evaluator” means a person qualified under rules established by the department to conduct sexual offender and sexually violent predator evaluations.

“Sex Offender” means:

- i. any violation of or attempt, solicitation, or conspiracy to commit a violation of 45-5-301 (if the victim is less than 18 years of age and the offender is not a parent of the victim), 45-5-302, 45-5-303, 45-5-502(3), 45-5-503, 45-4-504(1) (if the victim is 18 years of age and the offender is 18 years of age or older), 45-5-504(2)©, 45-5-507 (if victim is under 18 years of age and the offender is 3 or more years older than the victim), 45-5-603(1)(b), or 45-5-625; or
- ii. any violation of a law of another state or the federal government that is reasonable equivalent to a violation listed in subsection (6)(a) or for which the offender was required to register as a sex offender after conviction.

“Sexual or violent offender” means a person who has been convicted of a sexual or violent offense.

“Sexually violent predator” means a person who has been convicted of a sexual offense and who suffers from mental abnormality or a personality disorder that makes the person likely to engage in predatory sexual offenses.

Applicants or Tenants that are designated as a sexual offender by a rulemaking authority i.e. the “Department” or a “Sexual Offender Evaluator”, assign one of three levels. The higher the level the higher the threat the sex offender is to public safety.

Level I – The risk of a repeat sexual offense is low;

Applications from Level I Sex Offenders will be accepted on the

condition that the applicant provides documentation that they have successfully completed a certified treatment program.

If already receiving Housing Authority services or a current Tenant, the person receiving the services or Tenant must provide documentation that they have successfully completed a certified treatment program. This designation may not have any bearing on their tenancy or services

Level II – The risk of a repeat sexual offense is moderate;

Applications from Level II Sex Offenders will be accepted as follows:

- i. Applications from Level II Sex Offenders will be accepted on the condition that the applicant provides documentation that they have successfully completed a certified treatment program.
- ii. Low Rent units: when placed in a unit the applicant has to agree to be placed on a renewable Housing Authority Probationary Dwelling Lease.
- iii. If already receiving Housing Authority services or a current Tenant is designated as a Level II the Housing Authority may proceed with termination of the services or Tenant's dwelling lease for violation of the section C(1) (above).

Level III – The risk of a repeat sexual offense is high, there is a threat to public safety and the sexual offender evaluator believes that the offender is a sexually violent predator.

Applications from Level III Sex Offenders will not be accepted, as Level III are subject to lifelong registration requirements..

If a current tenant is designated as a Level III Sex Offender, after move In, the Housing Authority will proceed with termination of the Tenant's dwelling lease for violation of the section C(1) (above).

- b. Notification: If a client is already receiving services then designated a Sex Offender or a Sex Offender is granted Housing Authority services the Housing Authority will distribute information obtained from the Sexual & Violent Offender Registry and/or the Department of Corrections web site and any other pertinent information to the surrounding Housing Authority Community in regards to this designation. This notification is to inform and protect all beneficiaries of Housing Authority's services.

2. Criminal Activity that occurs on properties under the management of Salish Kootenai Housing Authority as follows:

Assault, intimidation, domestic situations, robbery/burglary/theft unlawful restraint, contributing to the delinquency of an underage person, arson, trespass, harboring runaway(s), custodial interference, verified stolen property, driving under the influence or other crimes against persons or personal property, to include BB guns, air rifles, sling shots and paint guns.

Approved by the Board of Commissioners of the Salish and Kootenai Housing Authority at a Regular Meeting held November 15, 2016.

Head of Household

Date

Household Member

Date

Household Member

Date

Household Member

Date

Household Member

Date

SKHA Representative

Date