

Dear Water/Sewer Applicant:

Attached is an application for sanitary services provided by the Indian Health Service. The information provided on this form will enable us to determine your eligibility, assure the viability of your project and design your system. If you are unsure of any part of this form, please contact us at the Salish & Kootenai Housing Authority, P.O. Box 38 Pablo, MT 59855 or call (406) 675-4491 or (406) 883-4211. Incomplete forms will not be processed until all information is received.

Projects will be approved based on eligibility and funds available. Part of the eligibility requirements is determination if you have received prior services. If you received prior services you may not be eligible for additional services.

Once applications are approved they are grouped into projects in order to speed up the contracting process and minimize the cost of installing services. Money for projects is limited and it may become necessary to prioritize applicants, serving some on later projects. The Home Improvement Board has final approving authority of project applicants.

Once your application has been approved an environmental review must be completed on your site. No funds will be committed until the environmental review is completed and there are no findings that would prohibit the project from going forward. You will also need to attend a preconstruction meeting to start coordinating a schedule for your services.

We look forward to assisting you with your needs and welcome any questions you may have about our programs.

Sincerely,

Raquel "Rocki" Davis

Community Systems Program Manager

CHECKLIST FOR SERVICES PLEASE READ THE FOLLOWING AND SIGN:

1.	Prima	ry residence. Services can only be provided if this will be your primary residence. Primary		
	residen	ace is defined as 24-hour year-round family dwelling. Please be aware that 2 nd homes, vacation		
	homes	and travel/camp trailers are not eligible. If you currently own a home elsewhere proof you		
	have th	nat home sold or listed for sale must be provided to this office.		
2.	No pri	or assistance. Applicant cannot have received well and sewer installation prior. If you have		
	receive	ed prior assistance you must provide a statement on what happened to previous service.		
3.	Site Co	Attaclicu		
	a.	Must have Street Address		
	b.	Legal Verification of ownership or homesite lease		
	c.	Site must have the property corners identified. Also the site must be accessible for		
		construction, includes removable of any debris, weeds, etc. that may prohibit access.		
4.	FEE L	and. If you are requesting services to be placed on Fee Simple Land, you must complete an		
	applica	ation for sewer installation at the County. Please be aware that any fees that are required for this		
	review	will be the responsibility of the applicant.		
5.		ndicating property location and potential home location		
6.		ical service must be on site		
7.	Manufactured home			
	a.	Must have adequate foundation or will need to be blocked, anchored and skirted including		
		removal of the wheels		
		Plumbing must be stubbed out		
8.	Home	Construction		
	a.	Have protection from the elements and have adequate exterior doors, windows, screens, roof		
	10	and insulation.		
	b.	Have adequate plumbing without leaks including kitchen sink, water heater, and complete		
		bathroom with water closet, bathtub and lavatory.		
9.	Replac	cement of existing service, if outside source has identified problems with your existing service		
		provide copies of their reports.		
10.	Conne	ction into existing community system, Meeting with staff at location to determine location of		
	home. Any required fees will need to be paid prior to connection into system. Home will need to have			
	electricity on and if it is a manufactured home it must be adequately skirted or on a foundation.			
11. Environmental Review, completed by this office				
	a.	Have met the home site requirements of IHS including lot size, access, flood hazard, site		
		slope and archeological/cultural clearances.		
10	b.	No funds will be committed until the site passes an environmental review.		
12.	<u>Pre-construction meeting</u> , Attendance of the pre-construction meeting upon approval for services.			
	Once a	pproved for service you will be given dates of meeting times. You must attend prior to your		
	service	being provided.		
I ha	ive read	d and understand the above checklist must be completed prior to me receiving services.		
Sig	nature	of Applicant: Date:		



RETURN APPLICATION TO: Salish & Kootenai Housing Authority Attn: Rocki Davis PO BOX 38 Pablo, MT 59855	
THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPL Proof of Land/Property Ownership Home site lease Proof of Tribal Enrollment or Tribal Descendant Member of other Federally Recognized Tribe-Proof that you have not receive If failed service, statement from 3 rd party on system failure	Map of property and location of home
ASSISTANCE REQUESTED: Water service Replace failed service New Connection into Communication	Sewer service nity System
APPLICANT Name:	
	(maiden name)
	Social Security #:
Are you a member of Federally Recognized Tribe? Yes No Tribe: If you are a Tribal Descendant, what Tribe:	Enrollment #:
Co-applicant Name:	
Co-applicant Name: (first) (last) Date of Birth:	(maiden name)
Are you a member of Federally Recognized Tribe?	
Yes No Tribe:	Enrollment #:
If you are a Tribal Descendant, what Tribe:	
Total Number in household:	
Current Mailing Address:	
City:	ST ZIP
Telephone (Home) (Work)	(Message)
Is it acceptable for you to be contacted at work if necessar	y? 🗌 Yes 🗌 No
Have you received previous water/sewer services from this offi If yes, location	
If yes, what happened to those services:	
Were the services received under another name?	

Alem	there existing water/sewer services on this site? Yes	∐ No
1.	. If the request is to replace existing services please desc	cribe the problems you are having and
	identify any company you may have had look at your	current service and the date
	Verification of problem having with existing service	ee
2	Prior Owner(s) if known Approximate date of installation	
2.	. Approximate date of installation	
If ther	ere is a community system near your site please be awa nunity system.	re you may be connected into the
INFO	DRMATION REGARDING HOME	
	. Are you living at the site where services are being requ	nested? Yes No
2.	. Will this be your <u>primary residence</u> ? Yes No (1) year-round family dwelling. Please be aware that 2 nd h trailers are not eligible)	Primary residence is defined as 24-hour nomes, vacation homes and travel/camp
3.	. In your home how many bedrooms? How ma	ny bathrooms?
4.	 Is this new construction? Yes No, a. If yes what is your proposed construction date b. Who is your contractor: 	s (start to finish)
5.	 a. If yes when will the home be set-up b. When will it be skirted and plumbing stubbed 	No out?
6.	. When will you have electricity to site?	
PHYS	SICAL ADDRESS of site where services are being reque cal address you will need to contact the county to get this	ested (REQUIRED, if you don't have the
		City:
LAND	D STATUS: What County is the property located in?	
	☐ Fee Simple, when did you submit your sewer appli☐ Individual Trust ☐ Tribal Homesite	cation to the County?
What a mileage	are the DIRECTIONS to the site where you are requestinge, lot#, etc.). PLEASE ATTACH A MAP	ng services (Be specific, road names, OF YOUR LOCATION.
The int	nformation on this application is correct to the best of my to be false, I agree to withdraw my application for service	knowledge. If any of the information is
Signati	ature of Applicant Date	