



# Muckleshoot Housing Authority

38037-158th Ave SE, Auburn, WA. Washington 98092  
Phone (253) 939-3311 Fax (253) 735-6473



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## Home Repair Program

Dear Tribal Member:

Please complete the attached application and submit the following documentation with your application.

**PROOF OF LAND OWNERSHIP** – This may include a copy of your deed, or a copy of the TSR (Title Status Report) along with your BIA approved lease and survey.

**PROOF OF HOME OWNERSHIP**

**PROOF OF INSURANCE ON THE HOME AND/OR SIGN HOMEOWNERS INSURANCE ACKNOWLEDGEMENT**

**PAYBACK AGREEMENT** – Please be sure to sign the payback agreement. This form must be signed and notarized before funds can be disbursed.

**PROOF OF ENROLLMENT WITHIN THE MUCKLESHOOT INDIAN TRIBE FOR FIVE YEARS** – This may include a copy of your Tribal ID card or a letter from the Tribal Enrollment Office that includes the date of enrollment.

**Release of Information Authorization Form** – This may be used by Muckleshoot Housing Authority to obtain your Deed to Indian Land from Realty or proof of enrollment from the Enrollment Department.

Please note this application will not be processed until all documentation is submitted. If you need any assistance with this application or have any questions, please call the Housing Authority at 253-939-3311 extension 3154.



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## HOME REPAIR GRANT PROGRAM

Muckleshoot Enrolled Members & Families Only  
(10/15)

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The information in this application is being collected to identify eligible families or individuals to participate in the Housing Program, and will be used to determine priority of funding. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will be subject to rejection from this program.

### A. APPLICANT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Maiden Name (if any)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Msg ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Do you have any unpaid debts owing the Muckleshoot Indian Tribe or the Muckleshoot Housing Authority? \_\_\_\_\_ If so, what is the debt?

\_\_\_\_\_  
\_\_\_\_\_

*Note: the disclosure of your Social Security numbers are requested for identification purposes, to differentiate you from others who may have similar names as yourself. The numbers may also be used, if necessary to avoid duplication of housing assistance.*

### B. FAMILY INFORMATION: List all other persons living in house hold on a permanent basis. Start with the

oldest and provide Social Security numbers

<u>Name</u>	<u>Birth date</u>	<u>Soc. Sec. No.</u>	<u>Relationship</u>	<u>Tribe/Roll No.</u>

Is head of household or spouse recognized as permanently disabled (see definition)? \_\_\_\_\_  
 If yes, provide name and description of condition, along with certified documentation from a doctor, Veterans Administration, Social Security Administration or other agency: \_\_\_\_\_

**C. HOUSING INFORMATION:**

Have you or anyone in your household ever received any type of housing assistance from the Bureau of Indian Affairs, The Muckleshoot Indian Tribe or the Muckleshoot Housing Authority? \_\_\_\_\_  
 If yes, when \_\_\_\_\_

Do you currently own or lease your present home?  
 Home: leased / owned (circle one)  
 Land: leased / owned (circle one)

Provide a brief description of the basic repairs you are requesting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(NOTE: Attach a BIA approved copy of Lease and or Deed with TSR and Legal Description)**

**You will need to have an approved lease or deed and TSR approved by the BIA from Realty.**

I understand that the above information is provided to the Tribe in order to determine my qualification for housing services as described above and included in the Tax Fund Housing Program Plan and Guidelines as adopted by resolution by the Tribal Council on May 12, 2000 and subsequent amendments thereto. I further understand that although every effort has been taken to insure that this program provides nontaxable benefits under the general welfare doctrine of tax law, if a personal tax liability is determined to be owed by me as a result of the benefits, then it will be my responsibility for its payment. Also, I understand that giving false or misleading information may be grounds for rejection of my request and may bar me from receiving any future benefits from this program. **Applicants for substantial financial assistance will sign a Residency/Pay Back Agreement and have it Notarized.**

**Please include a copy of the tribal enrollment card for the tribal member head of household.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



# MUCKLESHOOT INDIAN TRIBE

## Tribal Housing Program



### RESIDENCY/PAY BACK AGREEMENT

I (we), \_\_\_\_\_ enrolled member of the Muckleshoot Indian Tribe, enrollment number \_\_\_\_\_ certify and acknowledge that I (we) will be granted \$ \_\_\_\_\_ in **refinance/down payment and/or mortgage buy down assistance and/or home repair assistance** from the Tribe for the purpose of obtaining and maintaining affordable housing for me (us) and my (our) family. The property is a \_\_\_\_\_ and is (will be) located at \_\_\_\_\_. It is my (our) understanding that before I (we) can receive these funds, I (we) must agree to certain conditions governing the use of these funds and the ownership of the home being affected.

**Resale Restriction:** If the property benefiting from this financial assistance is sold during the first five (5) years of ownership from receipt of these funds, the amount advanced to me (us) must be repaid to the Muckleshoot Indian Tribe by me (us) according to the following prorated schedule:

1 <sup>st</sup> Year	100% of the funds must be paid
2 <sup>nd</sup> Year	80% of the funds must be paid
3 <sup>rd</sup> Year	60% of the funds must be paid
4 <sup>th</sup> Year	40% of the funds must be paid
5 <sup>th</sup> Year	20% of the funds must be paid

**NOTE:** This requirement is void if the property is sold for a loss. After the fifth year of ownership, no funds need to be repaid.

**Refinance Restriction:** A refinance of the mortgage for the purpose of obtaining a lower interest rate and monthly payment is allowable. However, I (we) understand that the Tribe will not subordinate its 2<sup>nd</sup> Deed of Trust position or Lien in order to allow me (us) to obtain an Equity Loan, unless the Tribe in its sole discretion determines that it will be used to make health and safety type of home improvements. I (we) understand that the purpose is to insure that I (we) live in a safe, decent and affordable dwelling.

I (we) understand and agree to the conditions placed on the above referenced receipt of funds under the Tribal Housing Program of the Muckleshoot Indian Tribe. The Tribe reserves the right to record this document and place a Lien on the subject property to insure repayment.

\_\_\_\_\_  
Applicant/Homebuyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Homebuyer

\_\_\_\_\_  
Date

Notary Public

State Of Washington                    )  
  )  
County of \_\_\_\_\_                    )        SS.

On this day personally appeared before me \_\_\_\_\_ and \_\_\_\_\_  
Know to be the individual(s) described in and who executed the Muckleshoot Indian Tribe Residency/Pay  
Back Agreement of the Tribal Housing Program and acknowledge that they signed the same as their free  
and voluntary act indeed, for the use and purpose herein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 2016

\_\_\_\_\_  
Signature of Notary Public Title

\_\_\_\_\_  
Appointment Expiration

Residency/Payback Agreement

**Muckleshoot Housing Authority**  
**RELEASE OF INFORMATION AUTHORIZATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency organization, business, or individual to release to the Muckleshoot Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Indian Housing Program(s), and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by The Muckleshoot Housing Authority in administering and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Medical or Child Care Allowances
Employment, Income and Assets	Credit
Current Residence/Rental History	Criminal Background Check

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous/Current Landlords	Past/Present Employers	Veterans Administration
Welfare Agencies	Retirement Systems	Utility Companies
Courts and Post Offices	State Unemployment Agencies	
Credit providers and Credit Bureaus	Banks and other Financial Institutions	
Health Institutions	Schools and Colleges	Social Security Administration
Tribe/State ICW Agencies	Law Enforcement Agencies	Medical and Child Care Providers
Support and Alimony Providers	Tribal Tax Fund	

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that the Muckleshoot Housing Authority may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information.

**CONDITIONS**

By signing below, understand the intent of this form and agree that a photocopy of this authorization may be used for the purpose stated above.

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**SIGNATURES**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## *Homeowner's Insurance Acknowledgement*

Homeowner's insurance is a type of property insurance that covers a private residence. It is an insurance policy that combines various personal insurance protections which can include losses occurring to one's home, its contents, loss of use, or loss of other personal possessions of the homeowner, as well as liability insurance for accidents that may happen at the home or at the hand of the homeowner.

The cost of homeowner's insurance is often based on the replacement cost and additional riders that are attached to the policy. Special insurance policies can be purchased to provide additional coverage based on the needs of the homeowner. Home insurance policies are typically term contracts. To ensure continued coverage, the homeowner is responsible for payment of the premium based on the payment schedule.

The Muckleshoot Housing Authority recognizes that it is a personal decision of the homeowner to carry and maintain homeowners insurance for their place of residence. **Homeowners are fully responsible for the costs associated with any damage or destruction that occurs at their place of residence.** It is highly encouraged that each homeowner protects themselves and their investment by obtaining a policy. Housing staff is available to assist with obtaining quotes for coverage.

By signing below, you acknowledge that you have been advised of the importance to obtain homeowners insurance and that the homeowner is responsible in the event of any fire or other casualty.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant Signature

Date: \_\_\_\_\_



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## HOME REPAIR GRANT PROGRAM

### POLICY AND PROCEDURES

#### ***I. ELIGIBILITY REQUIREMENTS***

Applicant must be a Muckleshoot Tribal member at least eighteen (18) years of age and be enrolled in the Muckleshoot Indian Tribe for a minimum of five (5) years or be enrolled with the Muckleshoot Indian Tribe less than five (5) years and having resided within the Muckleshoot Reservation their entire life.

The applicant must not have any unpaid debts owed to the Muckleshoot Indian Tribe or the Muckleshoot Housing Authority.

An eligible applicant may qualify for up to \$35,000 in assistance for cost effective home improvements. Each eligible applicant may qualify for up to an additional \$10,000 in assistance to repair and/or renovate his or her home to make the home safe and in compliance with the version of the Uniform Building code in effect at the time the repairs are requested. The total home repair assistance may not exceed \$45,000.

If the Eligible Applicant does not use all of the maximum benefit in the first year s/he qualifies, s/he may apply for additional assistance within the remaining term of qualification by submitting an updated application.

The amount of the grant will not exceed \$45,000. The same terms and conditions with respect to eligibility, application requirements, residency agreements and repayment will remain. If the applicant does not remain in the home or conveys title to the home within five (5) years of receipt of assistance, the assistance grant will be voided and the eligible applicant will repay the Tribe 1/5<sup>th</sup> of the amount of assistance received for each year or portion of a year that s/he does not occupy the home within the five year payback period. If the applicant does not repay the amount of the grant remaining at the time the title is conveyed, or if the applicant ceases to occupy the assisted home, the entire unpaid balance may be subject to federal income taxation during that year.

TRIBAL HOUSING is not authorized to nor will it waive or revise the eligibility requirements or benefit level restrictions described in the Tribal Housing Assistance Program.

The Tribal Housing Assistance Program Committee may reverse the staff's decision with respect to eligibility and level of benefit as long as the eligibility and benefit restrictions described herein are not exceeded. If the Applicant requests a service that the Tribal Housing Assistance Program is not authorized to provide by the Tribal Housing Assistance Ordinance, the Applicant can file an appeal with the Committee but the Committee cannot authorize the service. However, if the service is one that the Committee believes would benefit the Tribe and its members, the Committee can submit a formal recommendation to the Tribal Council that this Ordinance be amended to include the service requested. If



the Tribal Council accepts the recommendation of the Committee and amends the Tribal Housing Assistance Ordinance accordingly, the Applicant may then be eligible to receive this service.

Applicants will be pre-screened by Tribal Housing Assistance Program staff to determine their ability to qualify for financing at the time of their application, if applicable, and prior to approval of any award.

Applicant will be required to provide the following information:

- a. Applicant's name, address, date of birth and social security number;
- b. Name, age and relationship to the Applicant of all permanent household members.
- c. Proof of Muckleshoot tribal enrollment for the Applicant
- d. Signed Muckleshoot Housing Authority Release of Information Authorization

Within a reasonable time of the receipt of a complete application, not to exceed 60 days, TRIBAL HOUSING will notify the Applicant as to the determination of program eligibility and benefit level, if any.

Payment for all assistance provided by the Tribal Housing Assistance Program will be made directly to the vendor, contractor or other supplier of materials, goods, supplies and services. **In no event will any payment be made directly to the eligible applicant.**

## ***II. PROPERTY REQUIREMENTS***

The property to be renovated or repaired may be located anywhere in the United States. However, Tribal Housing Assistance Program may focus resources in "Priority of Assistance" and "Priority Area" as defined the Tribal Housing Assistance guidelines.

The property must be legally zoned for residential use.

The dwelling must be a site-built home or a modular home. If the dwelling is a modular home, it must have a minimum of 840 square feet of living space, and be less than ten years old. Modular homes must meet all state and local construction and placement specifications.

Ineligible properties include, but are not limited to: vacant land, fixer-uppers, rental or commercial property, mobile homes or travel trailers.

The repairs and renovations should bring the home up to the applicable building code standards or otherwise bring the home up to a "safe housing standard.

Independent repair or construction trade persons, home building contractors or construction companies will perform the repairs, renovation or construction of an Eligible Applicant's home. Such contractors must be licensed, bonded and insured by the State.

An Eligible Applicant must sign a written agreement stating that if s/he sells or no longer occupies the home for which the assistance was provided within five years of receipt of assistance, the assistance grant will be voided and the Eligible Applicant will repay the Tribe 1/5<sup>th</sup> the amount of assistance provided for each year or portion of a year less than a full year that s/he occupies the home.