



Little River Band of Ottawa Indians

Housing Department

Mailing Address: 2608 Government Center Drive

Physical Address: 2953 Shaw Be Quo ung

Manistee, Michigan 49660

231-723-8288

Emergency Home Repair

This is an ARPA-BIA funded program with limited funds available.
Applications will be accepted on a first come, first serve basis up to
\$15,000 per home.

- Completed Application must be received in the Housing Office before determination can be made.
- Provide a copy of your active and current Tribal Identification or the parent or legal guardian of a Little River Band of Ottawa Indians member who has not reached the age of 18 (must show minor Tribal identification)
- Provide proof of ownership of property (Title, Deed, Life Lease, Etc.)
- Upon receipt of the application, a Housing Representative will inspect your application and address specific issues within 7 business days.
- Homeowners that have utilized the down-payment assistance program within the last 5 years are ineligible.
- Minimum of 3 bids are required from licensed and insured contractors, obtained by the homeowner.

Little River Band of Ottawa Indians Housing Department Emergency Home Repair Regulations

1. The emergency fund shall be used only for EMERGENCY repairs of LRBOI members who own their own home, anywhere within the United States.
2. EMERGENCY shall be defined as: **No heat, No hot water, Electrical hazards, Plumbing, Mold, Roof, Windows, Entry Doors, Imminent structural collapse** (foundation, floor, wall, roof that is determined by LRBOI Housing Department as ready to collapse.) **Minimum State Building Standards will be met.** Upgrades optional at the homeowner's expense.
3. Once the Emergency Home Repair program is used by an individual, Down Payment Assistance cannot be accessed for a period of five (5) years from the latest date the program was used.

4. No more than \$15,000 will be accessed by any homeowner for this program. If a Tribal member does not use the whole \$15,000 at one time and has another emergency while funds are available, they may access the program again but cannot access more than the \$15,000 combined.
5. The Tribal member must own the home that is to be repaired and the home must be the full-time permanent residence of the Tribal member. (No rentals or land contracts).
6. The Emergency Home Repair Program may also be accessed for Tribal members for placement of mobile/modular units not to exceed \$2500. Units must either have a BOCA or an ICC approved label or a label required by Section 2323.362 (2) of the federal Mobile Home Procedural and Enforcement Regulations. The home has been purchased and wishes to have it "set" on a track of land for set up costs. (Water, Electric, Skirting, Winterizing, Plumbing). This is not a down payment resource but is intended to aide the Tribal member to set up a mobile/modular home and to make sure the unit safe and healthy for family occupancy.
7. All funding for repairs will be at the discretion of the Housing Director and made by licensed and insured contractors. Appeals of the decisions made by the Housing Director may be made through the Housing Commission Appeal process unless the denial was based on no funding available.
8. All payments will be made directly to the contractor/vendor (licensed and insured).

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Emergency Home Repair Program Application

Assistance you are applying for: (Please circle all that apply)

- Heating Issues (furnace)
- Water issues (hot water heater, well pump, etc)
- Electrical Standards
- Plumbing
- Mold
- Roof
- Windows
- Entry Doors
- Imminent structural collapse
- Modular/Mobile Set up
- Septic Pumpout (cannot be accessed more than once every 24 months)

Applicant Information:

Full name of Applicant: _____

Spouse's Full Name: _____

Are you an enrolled member of LRBOI? _____ Yes _____ No

If yes, ID# _____ Copy of Current Tribal ID is required.

Is your spouse an enrolled member of LRBOI? _____ Yes _____ No

If yes, ID# _____

Physical Address: _____

Mailing Address if different: _____

Phone Number: _____ Home/Work

_____ Cell Phone

Email: _____

Household Information:

1. Proof of Homeownership is required.
2. List all who live in your home

Name	Relationship	Date of birth

Any comments you would like to make?

Signature of Applicant Date

Office Use Only

Application Received:

DPA? Yes _____ Date: _____ No _____ Amount Available: _____

Application Approved: _____ Denied (Reason) _____