

INDIAN HEALTH SERVICE - APPLICATION FOR SANITATION FACILITIES



RESERVATION:

APPLICANT NAME (please print):

ENROLLMENT NO.:

CURRENT HOME ADDRESS:

CITY:

STATE:

ZIP:

CURRENT MAILING ADDRESS:

P.O. BOX:

CITY:

STATE:

ZIP:

CHECK BOX IF SAME AS HOME ADDRESS

ADDRESS OF NEW HOME (if applicable):

CITY:

STATE:

ZIP:

CELL OR HOME PHONE:

WORK PHONE:

EMAIL (email will only be used by IHS to correspond with you regarding your application and proposed facilities):

SERVICES REQUESTED:

WATER:

Individual

Community

NEW SERVICE

RENOVATION

SEWER:

Individual

Community

NEW SERVICE

RENOVATION

HAVE YOU EVER BEEN SERVED BY THE INDIAN HEALTH SERVICE BEFORE?

YES

NO

IF YES, WHAT YEAR WERE YOU SERVED? _____

HAS THE SITE BEEN SERVED BY THE INDIAN HEALTH SERVICE BEFORE?

YES

NO

IF YES, SERVED UNDER WHOSE NAME? _____

HOME/SITE INFORMATION:

WHAT IS THE LAND STATUS OF THE HOME SITE?

TRUST LAND

OR

TAXABLE LAND

WHAT IS YOUR OWNERSHIP STATUS OF THE HOME?

OWN

LEASE

RENT

WHAT IS THE HOUSE CONSTRUCTION TYPE?

STICK BUILT

MOBILE

MODULAR OR MANUFACTURED

WHAT TYPE OF FOUNDATION DOES THE HOME HAVE?

BASEMENT

SLAB

CRAWL SPACE

WHAT YEAR WAS THE HOME CONSTRUCTED OR INSTALLED ONSITE? _____

ARE YOU AWARE OF ANY ARCHAEOLOGICAL RESOURCES ON THE PROPERTY?

YES

NO

DOES THE HOME HAVE ELECTRICAL SERVICE?

YES

NO

ARE YOU CURRENTLY RESIDING IN THE HOME?

YES

NO

IF YES, HOW LONG HAVE YOU BEEN IN THE HOME? _____

IF NO, WHAT IS THE PROPOSED OCCUPANCY DATE? _____

OF BEDROOMS: _____

OF BATHROOMS: _____

OF PEOPLE IN THE HOME: _____

IF AN EXISTING HOME, PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR WELL AND/OR SEPTIC SYSTEM:

NOTE TO APPLICANT: PLEASE ATTACH A MAP SHOWING THE LOCATION OF YOUR HOME. IF AVAILABLE, PLEASE PROVIDE A SURVEY MAP OF YOUR HOME SITE SHOWING LOT LINES.

INDIAN HEALTH SERVICE - SANITATION FACILITIES CONSTRUCTION PROGRAM

INFORMATION FOR THE APPLICANT

Public law 86-121 allows the Indian Health Service to assist members of Federally recognized Native Tribes in obtaining a potable drinking water supply and a safe means of disposing of waste water for their home use, provided that funds are available and that the homes meet basic standard of living requirements (well insulated, have electricity, indoor plumbing, etc.).

Applications received late in the year, especially for those sites that require mound-type septic systems, may not allow sufficient time for service during the current construction season.

APPLICANT'S RESPONSIBILITIES AND CONDITIONS FOR SERVICE

(READ CAREFULLY, THIS IS A LEGAL DOCUMENT)

- 1 This is an application for service. The provision of sanitation facilities is dependent on Indian Health Service (IHS) site review, verification of home construction, improvements, and availability of funds.
- 2 No services can be provided without a completed and signed application for sanitation facilities form.
- 3 This application must be submitted to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the application to IHS.
- 4 Applicant must provide proof of a legal claim to the land (e.g. copy of a lease or deed). Attach a copy of the lease or deed to this application and return to the Tribal representative.
- 5 The homesite must be the primary residence of the applicant. No services can be provided to other than primary residences.
- 6 Applicant agrees to grant access to the IHS, Tribe, and contractor(s) to enter onto the premises as needed to complete inspections and the construction of the proposed sanitation facilities.
- 7 Prior to the initial site visit from an IHS representative, the applicant must locate property corners and the proposed house location (new homes only).
- 8 The home must meet current housing codes, be in sound condition with fully operable plumbing (including provisions against freezing in the winter, i.e. mobile homes must be skirted), and have 230v electrical power.
- 9 For homes with slabs, the applicant will provide cut outs for the water/sewer connections at the locations required for services; for homes with basements, provide sleeves for water/sewer service connections at the locations/elevations required for the services. If cut-outs/sleeves are not provided, the Contractor will stop five (5) feet outside of the building and the owner will be responsible for the connections to the interior plumbing.
- 10 Under public law 86-121, IHS cannot own, operate, or maintain the installed sanitation facilities. All facilities will be transferred to the applicant when construction is completed and the applicant will be responsible for proper operation and maintenance. For connections to community facilities, the applicant's responsibility is mandated by the applicable utility authority.
- 11 Well water quality will be tested for certain parameters to ensure that it does not pose a health threat in accordance with applicable codes and ordinances. In the event that the water quality is found to pose a health risk, the applicant agrees to allow a water treatment system to be installed to provide a safe water source.
- 12 Applicant is responsible for any construction costs that exceed the IHS cost cap. If costs to install a water and/or sewer facility are anticipated to exceed the current IHS cost cap (\$53,592.50 for water and sewer or \$36,833.33 for one service only, water or sewer), IHS will consult with the applicant and Tribe prior to construction start.
- 13 IHS will provide written approval to the Tribe for construction to proceed once the environmental review is completed, all appropriate permits are obtained and the availability of project funding is verified. Work completed prior to the IHS approval will not be reimbursed.

It is strongly recommended that development of new sites not occur until availability of water and sewer service has been determined. It is further recommended that occupancy of new homes not occur prior to receipt of sanitation facilities.

I understand the applicant's responsibilities and conditions for service as described, and I agree to the IHS verifying information provided on this application.

APPLICANT SIGNATURE:	DATE:
TRIBAL REPRESENTATIVE SIGNATURE:	DATE:



AUTHORIZATION FOR SPECIFIC CONFIDENTIAL COMMUNICATIONS

Your housing information is confidential. In order to discuss or answer questions about your housing assistance with anyone, such as your spouse/significant other, adult child, etc., the Gun Lake Tribe Tribal Member Benefit Department ("TMB Department") needs your "Authorization". If you choose, you may indicate that you do not want us to discuss your housing information with anyone by writing "NONE" on one of the lines below and signing this form. If you choose NONE, a notary signature is not required. Otherwise, please indicate below the name, relationship, telephone number and information that you authorize to be released. I authorize the TMB Department to disclose the following confidential housing information to:

Name	Relation	Phone Number
		() -
		() -
		() -

Check the box(es) next to the information you want released to those listed above.

- | | |
|--|---|
| <input type="checkbox"/> Application
<input type="checkbox"/> Lease Information
<input type="checkbox"/> Personal Identifying Information
<input type="checkbox"/> Financial (Bank Statements, Employment, Other)
<input type="checkbox"/> Criminal Background Information
<input type="checkbox"/> Household History
<input type="checkbox"/> Medical | <input type="checkbox"/> Benefits Received
<input type="checkbox"/> Eligibility Determination Information
<input type="checkbox"/> Housing Agreements
<input type="checkbox"/> Third Party Verification Information
<input type="checkbox"/> Confidential Correspondences
<input type="checkbox"/> Legal (Order of Support, Divorce Decree, Other)
<input type="checkbox"/> Other _____ |
|--|---|

This Authorization shall be in force and effect and does not expire until it is revoked in writing. I understand that I have the right to revoke this Authorization in writing at any time by sending such written notification to: TMB Department, 2872 Mission Drive, Shelbyville, MI 49344.

Name (Last, First, Middle)	
Social Security Number	DOB (mm/dd/yyyy)
Signature	



CONSENT AND RELEASE OF INFORMATION AUTHORIZATION

(A separate form must be completed for each household member who is age 18 or older.)

I, the undersigned hereby acknowledge, consent and authorize the Gun Lake Tribal Member Benefit Department ("TMB Department") to take any and all action necessary to obtain information about me or my household that is pertinent to eligibility for participation in housing assistance programs. Said acknowledgment, consent, and authorization shall be valid for release of information to the TMB Department by any and all agencies, entities, or person(s) possessing information necessary to process TMB Department eligibility determinations for housing assistance or to update Department files during any period of receipt of housing assistance.

This acknowledgment, consent, and authorization for release of information to the Department includes, but is not limited to, information or records regarding rental history including personal references, financial and credit reports, private, public benefit, or tribal information, criminal activity reports to include requests from the National Crime Information Center and other law enforcement agencies, employment verification, medical or child care expenses, household composition, or handicapped assistance expenses.

By signing this Consent and Release of Information Authorization ("Authorization"), I acknowledge and agree that this Authorization may be photocopied and used for receiving the information described herein, for as long as I remain a recipient of housing assistance, or am eligible to reside in a Tribally-Owned Dwelling Unit or benefit from the receipt of any housing assistance within a household for which I am a resident, including any period of recertification. For applicants seeking housing assistance, this Authorization shall be valid for a period of one year. I also acknowledge and agree that during any term or residency in Tribally-Owned Dwelling Unit upon a finding of probable cause by the Department Director that a crime has been committed by an individual residing within any Tribally-Owned Dwelling Unit a criminal background check may be performed.

I further acknowledge and agree that information received by the Department may be shared interdepartmentally in order to fulfill the requirements related to that housing assistance program under which I receive a benefit, either directly or indirectly. For example, this sharing of information may include, but is not limited to, criminal background checks being shared with the Education Director and Health & Human Services Staff for determining how services will be provided.

For purposes of this Authorization, probable cause shall mean facts or evidence that would make a reasonable person believe that a crime or wrong doing has been, is being, or will be committed in violation of Department policies, rules or regulations.

If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

Name (Last, First, Middle)	
List any other names used (<i>including maiden names</i>)	
Social Security Number	DOB (mm/dd/yyyy)
Signature	