Multi-Program Application for Elderly and Disabled Homeowners

INFORMATION

This application is used to apply for home repairs/improvements for elderly and disabled households.

This form functions as an application for three different programs: Elderly Assistance, Disabled Assistance and Elderly Home Preservation Programs.

Before Filling Out This Application! To provide services to more homeowners, clients who received services through one of these programs will have a waiting period of five (5) years before being eligible for service again. If you received service through one of these programs, or you are unsure if you have received service, please contact the Housing Department at 715-799-3236 or at mcorn@mitw.org to find out if you are currently in a waiting period.

Applicants must own the home, reside in it and be an enrolled member of the Menominee Tribe. For Enrollment purposes, if the homeowner is not enrolled but their spouse is, they still qualify for these programs. Rental property is not eligible for these programs.

Once you submit a completed application to the Housing Department, it will be processed to determine your household income and disability status, which will determine which one of the three programs you qualify for. Being qualified for a program does not guarantee you will receive assistance.

Applications are good until the end of the fiscal year in which they are submitted. Fiscal year starts on October 1 and ends on the following September 30. After the close of the fiscal year, any applicant still wishing to receive assistance must submit a new application.

The application provides a place to list the single most important item you want repaired/replaced/installed in your home. Good examples include “replace all windows” or “install ramp” or “replace furnace”. Listing more than one item to repair will delay the processing of your application so list only one item.

Applicants with one or more household members who receive Medicaid may be eligible for home repairs/improvements through Medicaid. These applicants will be referred to the Department of Aging and Long Term Care to determine if they will be eligible for service through Medicaid.

Questions can be directed to the Menominee Tribal Housing Department at: 715-799-3236 (phone) or to mcorn@mitw.org (email).

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Attached is a check list of items that you will need to include with your application to make it a complete application and other items that will make the processing of your application easier for the Housing Department to complete. All the items on the check list will be copied and returned to you.

You may keep these first two pages and the checklist for your records. Applications and all the required materials (see checklist), can be submitted in three ways:

In Person at:
Menominee Tribal Housing Department
W3196 Our Children's Road
Keshena, WI 54135

By Mail:
Menominee Tribal Housing Department
P.O. Box 459
Keshena, WI 54135

By E-Mail:
mcorn@mitw.org

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CHECKLIST

Required Items

___ Deed to home, land lease, or property tax bill.

___ Complete the entire application.

___ Owner and Spouse/Co-Owner complete (sign and date) Section 3.

___ All adult household members must complete Section 4.

___ Social Security Award Letter. Submit an award letter for each person in the household receiving social security. The award letter must be dated in the year you are applying for assistance; example: applications in 2021 must have a Social Security award letter from 2020. Elderly applicants needing help in obtaining a current award letter can contact the Department of Aging and Long Term for assistance.

___ Unemployment Award Letter. Submit an award letter for each person in the household receiving unemployment assistance.

___ Self-Employment. All household members who are self-employed will need to submit their tax return for the prior year. In the event this is their first year of operations they will need to sign an affidavit attesting to their income.

Items that Help Process Your Application

___ Veterans Benefits. If anyone in the household is receiving veteran's benefits, bring in their most recent award letter.

___ Child Support. If anyone in the household is receiving child support, bring in a report showing the amount of child report received in the past 12 months. This may be obtained from Tribal Child Support.

___ TANF/Kinship/W2 or any other type of support payments, bring in a report from the agency showing the current amounts of support.

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Extra Space for page 4 of 6
Use this area for Household Assets (Section 1.13) if needed

SOURCE OF ASSET	NAME(S) of Person(s) receiving asset	NAME(S) of Bank, Credit Union or Company, etc. - Provide address or phone #

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APPLICATION

Print clearly and neatly.
Incomplete applications and illegible applications will not be processed.

Section 1 – Applicant's Information

In order to determine which program you are eligible for, you will need to complete all questions in this section. If a question does not apply to your household put "N/A" in the space provided.

1.1. Homeowner's Name: _____

1.2. Spouse / Co-Owner's Name: _____

1.3. Mailing Address: _____
(Street Address or P.O. Box)

_____ _____ _____
(City) (State) (Zip Code)

1.4. Physical Address (Fire Number): ☐ Check here if it's the same as your mailing address

_____
(Street Address / Fire Number)

_____ _____ _____
(City) (State) (Zip Code)

1.5. Primary Phone Number: _____

1.6. Secondary Phone Number: _____

1.7. E-mail Address: _____

1.8. Does anyone in the Household receive Medicaid? (circle one) Yes No

If "Yes" who in the Household receives it? _____

1.9. Do you own the home you are asking help for? (circle one) Yes No

If "Yes" is this your only residence? (circle one) Yes No

1.10. Is the home on taxable land (subject to property taxes): (circle one) Yes No

If "Yes" are there any past due property taxes owed? (circle one) Yes No

If "Yes" is the property in foreclosure or pending foreclosure? (circle one) Yes No

1.11. Can you provide proof of ownership of the home? (circle one) Yes No

(This can be a copy of the Deed, Land Lease or Property Tax Bill)

Continue onto page 2

FOR OFFICE USE ONLY

Applicant Qualifies For:

☐ Elderly Assistance Program ☐ Elderly Home Preservation Program

☐ Disabled Assistance Program ☐ Possible Medicaid Assistance

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1.12. Household Composition.
Fill in the following information for **ALL** people living in your home, including the homeowner and spouse/co-owner.

Name of Household Member	Sex M / F	Date of Birth	Age	Social Security #

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1.13. Household Income. List **all** sources of income in the household, including income from jobs, social security, unemployment benefits, child support, per cap payments, veterans benefits, Kinship, TANF, etc.

Name of Household Member with Income	**Type of Income** (Job, socials security, child support, etc.)	**Source of Income** (Name of Employer, Agency, etc. providing the income)	**Amount of Income Received**	**How often is the Money Received?** (Weekly, biweekly, monthly, etc.)

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1.14. Household Assets.

Indicate ALL assets for ALL HOUSEHOLD MEMBERS, including children and any adult dependents. Check **"YES"** or **"NO"** for **EACH ASSET SOURCE** on the table below. If you check "YES" for an item, fill the name of the person(s) who have that asset and the name of the company holding/managing/keeping the asset. The MTHD will obtain 3rd party verification of all assets listed. If you need more space, please use the page behind the checklist (Additional space page).

SOURCE OF ASSET	YES	NO	NAME(S) of Person(s) receiving asset	NAME(S) of Bank, Credit Union or Company, etc. - Provide address or phone #
Checking Account				
Savings Account				
Direct Express Debit Card (balance)				
Money Market Account				
Certificate of Deposit (CD)				
Stocks / Bonds				
IRA				
Keogh				
401K				
Trust Account				
Pension / Annuities				
Retirement				
Equity in Real Estate / Land Contracts				
Life Insurance Policies (excluding term)				
Lottery Winnings (Lump Sum)				
Capital Investments				
✸✸Personal Property Held as an Investment				
Cash on Hand (List $ amount)				
Safety Deposit Box				
Assets disposed of for less than Fair Market Value within the past two (2) years (see question 1 below)				
Other (list)				

Answer "**Yes**" or "**No**" to each asset source

✸Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage early withdrawal penalties, etc.

✸✸Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

☐ Yes ☐ No Within the past two (2) years I/we have sold or given away assets (including cash, real estate, etc.) for more $1,000.00 below its fair market value (FMV). If yes, the difference between the FMV and the amount received is referenced in the chart above and a separate Divestiture of Assets form has been completed.

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Section 2 – Request for Assistance

2.1. Describe which single repair or improvement your home needs the most.

2.2. Have you received assistance for repair or improvements for this home before?

(circle one) Yes No

If "Yes" what program helped you? _____

What year did they help you? _____

Section 3 – Affirmation

I attest and swear that the information included on this application is true and correct to the best of my knowledge. I also understand that falsifying any information on this application can render me ineligible for assistance and requires the repayment of any funds received under this program.

_____	_____	_____
Owners Name (printed)	Owner's Name (signed)	Date
_____	_____	_____
Spouse/ Co-Owner's (printed)	Spouse/ Co-Owner's Name (signed)	Date

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Section 4 – Release of Information Form

MENOMINEE INDIAN TRIBE OF WISCONSIN
HOUSING DEPARTMENT

P.O. Box 459
Keshena, WI 54135

(715) 799-3236 Office
(715) 799-5893 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: The Menominee Tribal Housing Department may use this Authorization and the information obtained with it to administer and enforce program rules and policies of the programs offer by or serviced through the Menominee Tribal Housing Department.

PROGRAMS COVERED: Any programs offered by or serviced through the Menominee Tribal Housing Department, including, but not limited to Disabled Assistance Program**,** Elderly Assistance Program, Elderly Home Preservation Program, BIA Home Improvement Program (HIP) or Indian Health Service (IHS) sanitation programs.

AUTHORIZATION: I, authorize the release of any information, including documentation and other material pertinent to eligibility for participation in the programs offered by or serviced through the Menominee Tribal Housing Department. Additionally, I authorize the Menominee Tribal Housing Department to obtain information about me or my family that is pertinent to eligibility for participation in programs offered by or serviced through the Menominee Tribal Housing Department.

INFORMATION COVERED: Inquires may be made and information provided on ALL TYPES of the following:

Income	Loans	Taxes
Family Composition	Social Security Numbers	Bank Account(s)
Child Support	Assets	

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION: Any individual or organization, including any governmental organization, may be asked to release information. Examples of such agencies/organizations are:

Financial Institutions (all types)	Employers (Past/Present)	PROVIDERS OF:
Federal Government Agencies	State Government Agencies	Alimony, child support, pensions, annuities,
Tribal Government Agencies		Allowances and other assistance sources.

CONDITIONS: I, agree that photocopies of this authorization may be used for the purpose stated above. I also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for program assistance.

(PRINT Name of head of household)	(Signature)	(Date)	(Last 4 digits of Social Security #)
(PRINT Name of Spouse / Friend / Significant other)	(Signature)	(Date)	(Last 4 digits of Social Security #)
(PRINT Name of Other Household member - 18 and older - Signature)	(Signature)	(Date)	(Last 4 digits of Social Security #)
(PRINT Name of Other Household member - 18 and older - Signature)	(Signature)	(Date)	(Last 4 digits of Social Security #)
(PRINT Name of Other Household member - 18 and older - Signature)	(Signature)	(Date)	(Last 4 digits of Social Security #)
(PRINT Name of Other Household member - 18 and older - Signature)	(Signature)	(Date)	(Last 4 digits of Social Security #)

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