

UNITED NATIVE AMERICAN HOUSING **ASSOCIATION** **HOME REHABILITATION PROGRAM** **POLICY & PROCEDURES**

These policies and procedures were adopted by the UNITED NATIVE AMERICAN HOUSING ASSOCIATION (UNAHA) Tribal Council by Resolution # _____ on _____,

Policy Statement

The Board of Commissioners of the UNAHA recognizes the need to establish policies regarding the rehabilitation of eligible homes within budget amounts that belong to tribal members who are unable to acquire assistance from other agencies.

Individuals and families who apply for assistance funded by the UNAHA using Indian Housing Block Grant funds will have to meet eligibility standards established by the UNAHA along with other agencies or financial institutions that may be partners in these programs.

1. General Information

- a. The UNAHA will provide assistance to pay for rehabilitation expenses, building permits, local licensing requirements, for individually owned homes or homes that are owned by the UNAHAs homeownership programs.
- b. Eligible low-income families may receive a grant up to \$ 5,000.00 every eight years for the rehabilitation of their home.
- c. Participation in the rehabilitation grant program is limited to low-income families as defined by the UNAHA. Participants will be required to provide documentation to verify the determination of low-income status.
- d. The Housing Director shall review and approve each rehabilitation grant application. Eligible low-income families must make their request for a rehabilitation grant on an application form developed by the UNAHA.
- e. This assistance is a grant to the tribal member and is paid directly to the vendor or contractor or appropriate agency that requires specific types of fees for permits, fees, or licensing requirements to rehabilitate a house. The payment is only made after the UNAHA has approved the application and the tribal member has received a letter of approval from the UNAHA and is verified before payment is made.
- f. The UNAHA shall determine the maximum dollar amount that may be spent on rehabilitation of eligible homes.

2. **PURPOSE** This policy describes the type of work that is allowable and the steps that must be followed to request payment for the rehabilitation work. The homeowner that requests this assistance will not be allowed to use rehabilitation funds for luxury items, as determined by the UNAHA. Each request will be considered on a case-by-case basis.
 1. Betterment is defined as: Any improvements made to the home or grounds that does not result in additional square footage.
 2. Additions are defined as: Any improvement made to the home that will result in additional square footage. Any request made by the homebuyer/homeowner to make additions or structural changes to the home shall be submitted to the UNAHA in writing with a plan and drawing of the proposed change(s) for approval.
 3. **Approval Process** the UNAHA will require the homeowner to submit the following documents.
 - a. A written request to use the rehabilitation funds for betterment, replacement or additions to the unit.
 - b. Proof of ownership of the structure to be rehabilitated.
 - c. The UNAHA shall determine whether to approve or deny request subject to the availability of funds.
 4. **Allowable Uses**
 - a. Rehabilitation of home to make accessible to persons with disabilities including bathroom(s), doorways, entrance ramps, etc.
 - b. Repairs and/or replacement of items that have been identified in a home inspection. Damage items that create a hazard to the life, health or safety of the occupants or cause serious damage to the property shall have priority over other requests.
 - c. Improvements such as roof replacement, upgrade of windows, cabinets, exterior doors, lighting and plumbing, electrical, insulation, wood stoves, by the UNAHA energy efficient up grades, drywall, paint/flooring.
 - d. Building additional bedrooms, living space, decks or bathrooms, expand, kitchen space.
 - e. Repairs shall be made in accordance with the UNAHA prioritization schedule.
 - f. Mold remediation, lead and asbestos.
 5. **Unallowable Uses** Rehabilitation funds shall not be used for luxury items as determined by the UNAHA such as hot tubs, spas, swimming pools, electronic equipment.
 6. **Payment for materials, construction costs and/or transport**

- a. The UNAHA will make direct payment to the vendor where the purchase for material was made using the UNAHA Purchase Order System. At no time will payments be made directly to the homebuyer or homeowner for any material or contractor invoices.
- b. For construction of additions or major improvements, payments shall be processed in accordance with the adopted UNAHA Procurement Policy and/or contract documents.

7. **Inspections**

- a. All homes must be inspected prior to being rehabilitated to assure that the proper level of environmental review has been conducted in accordance with the National Environmental Policy Act (NEPA) and any other application statutes, regulations and Executive Orders.
- b. All homes must have been inspected for the existence of any lead based paint prior to being rehabilitated in accordance with HUD regulations entitled Requirements for Notification, Evaluation and Reduction of Lead Based Paint Hazard in Federally Owned Residential Property and Housing Receiving Federal Assistance contained in 24CFR35.
- c. For construction of additions or structural changes, the UNAHA will conduct an interim inspection, and upon completion of the project, a final inspection will be performed with the homeowner. A certification of completion will be signed by the homebuyer or homeowner along with the UNAHA and the contractor prior to final payment being issued.
- d. All completed rehabilitation work must be inspected to assure that work completed meets any Housing Quality Standards and codes established by the UNAHA.

8. **Eligibility Requirements** An individual or family must first meet the following eligibility requirements to be eligible for a rehabilitation grant from the UNAHA.

- a. Be a low-income family as defined by the UNAHA.
- b. Reside within the service area as defined in the UNAHA's Indian Housing Plan.

9. **Resale Restriction**

- a. Document for Rehabilitation Program shall include resale restrictions. (For example, if the owner sells or transfers title to the home within a timeframe established by the UNAHA, the entire amount or a designated percentage of the cost of rehabilitation the home may be required to be paid back to the UNAHA. The Owner may be required to enter into a retention agreement or a forgivable note.
- b. If, at any time, the owner sells or transfers title to the home, the owner must repay the UNAHA any balance due.

10. **Other Requirements**

- a. The UNAHA rehabilitation program is to carry any UNAHA required insurance coverage on the home.
- b. The UNAHA will establish a warranty periods (for example, 1 year) on workmanship and products used in rehabilitation activities. Should have warranty on workmanship for 1 year.
- c. Will require the participants in any rehabilitation program to participant in counseling programs sponsored and paid for by the UNAHA.
- d. All eligible applicants selected to participate in the UNAHA's rehabilitation program shall sign a Rehabilitation Program Agreement with the UNAHA.

11. **Appendices**

- a. Sample Rehabilitation Program Application.

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**SAMPLE APPLICATION FOR HOUSING
REHABILITATION PROGRAM**

Your Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Phone# where you can be contacted: _____

Have you ever participated in a UNAHA housing program? Yes No

1. Family Composition

A. Person who live in your home

Family Member Number	Name(s) of Your Family members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

*Social Security number is required for all family members who are 6 years of age or older.

Are you an enrolled member of the Hopi Tribe? Yes No

Are you or your spouse a person with a disability? Yes No

B. Are any other members of your family who will live in your home persons with disabilities?

Yes No

If yes, which family members _____

2. **Estimated Family Income (for next 12 months)**

A. Income from employment

Family Member Number	Employer Name(s) & Addresses	Rate Per Hour	Rate Per Week	Total Per Year
1.				
2.				
3.				
4.				

B. Other Income

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

C. Total Family income for next 12 months \$_____

D. Please attach copies of the most recent IRS 1040 forms and most recent pay stubs for all applicable members of the family.

3. **Present housing condition and rehabilitation needs**

(Note: the UNAHA shall determine what type of information it desires in this space in either a question & answer or narrative type of format.)

4. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the UNAHA to obtain any and all information

necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the UNAHA if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

Your Signature

Date

Date application received by the UNAHA

Signature of UNAHA employee receiving application:

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