



2020 Emergency Home Repair Application

Complete application thoroughly ~ Please print clearly

Applicant Name: _____ DOB: _____ ROLL# _____
Copy of CDIB Card

Physical Address of Home: _____

County: _____ Current Mailing Address: _____

Home Status: Owned Dept. of Housing Children in Home: Yes No (Circle one Please)
(Homeowner must provide proof of ownership)

Contact Number: _____ Message Number: _____
(Phone number is required) (Phone number is required)

Brief description of needed emergency home repairs:

PROGRAM GUIDELINES Partnership Services

Dept. of Housing: An Emergency Home Repair is defined as a water leak in the supply or drain and waste lines, conditions of electrical fire, HVAC break down, dangerous or life threatening issue or health related issue which requires immediate attention. Only enrolled members of the Cheyenne and Arapaho Tribes are eligible to receive assistance. If the applicant qualifies for assistance from the Dept. of Housing MEPA Funds, Housing will coordinate the repairs using established policies. If the applicant does NOT qualify for assistance from the Housing, the applicant will be referred to the Tribal repair program to coordinate approved repairs using applicable guidelines. No reimbursement for repairs shall be provided after work has been completed. Emergency Home Repair Assistance will be provided once in a 12 month period by either program. Failure of the homeowner's maintenance responsibility may disqualify an application. Work must conform with applicable local and state building codes. Proof of Ownership must be submitted with application. Example- Deed, Title, (TSR)-Title Status Report

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING:

I certify that the information on this application is true and correct to the best of my knowledge. I understand that false information will disqualify my application from consideration. I have read the policy for the Emergency Home Repair Service and agree to the terms and conditions.

Applicant Signature: _____ Date: _____

OFFICAL USE ONLY

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_____ Application received by Tribal Home Repair Program Date Received: _____ Initial _____

_____ Application forwarded to Dept. of Housing Date Received: _____ Initial _____

Action taken by Dept. of Housing: ELGIBLE FOR MEPA FUNDS: YES/NO-ELGIBLE CHG BK AGMT: YES/NO
Dept. of HOUSING TO PERFORM EMERGENCY REPAIRS: YES/NO FWD TO Tribal Home Repair: YES/NO