

OGLALA SIOUX TRIBE
COVID-19 HOME REPAIR EMERGENCY ASSISTANCE PROGRAM (Amended)

APPLICATION AND CERTIFICATION FORM – HOME REPAIR TO FACILITATE COMPLIANCE WITH PUBLIC HEALTH MEASURES TO PREVENT, PREPARE, AND RESPOND TO COVID-19

Name of Applicant _____ District _____

Mailing Address _____

Physical Address _____

Phone Number _____ Number of Household Members _____

Names of Household Members _____

Are you or anyone in your household able to pay for the home repairs for which you are requesting assistance? Y / N

Description of COVID-19-Related Job Loss, Income Loss, or Income Insecurity _____

General Description of the Home _____

Number of Bedrooms _____ Number of Bathrooms _____

Is the home, in its current condition, uninhabitable or substandard? Y / N

Description of Conditions Rendering the Home Uninhabitable or Substandard _____

I am requesting the repairs be made by (mark one): _____ District Day Labor _____ Contractor** _____ Self

The Oglala Sioux Tribe cannot and does not offer any warranty or guaranty on the work performed. We recommend selecting a contractor that offers such a warranty or guaranty.

Have you received a 2020 U.S. Census form?* _____ Have you completed your 2020 U.S. Census form?* _____

Reference: OST Ordinance No. 20-55; as amended by Ordinance No. 20-61
*OST Finance Committee Motion requiring all assistance application forms to include questions on the 2020 Census. (August 6, 2020)
**Expenses for a contractor will come out of the total grant amount.
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The applicant requests the following assistance (Check all that apply):

- Plumbing:** This option includes assistance for plumbing repairs to facilitate hand washing, personal hygiene, dishwashing, and laundering, all of which contribute to mitigating the spread of COVID-19. This includes repairs to sinks, toilets, showers, bathtubs, or areas used for hand washing or personal hygiene.

- Roof:** This option includes assistance for roof repairs to roof damage that is contributing to an uninhabitable or substandard housing or living environment and that is likely to increase the risk of COVID-19 transmission within the home or prevent those with COVID-19 from quarantining.

- Ventilation:** This option includes assistance to repair, replace, or appropriately outfit a home with ventilation that likely decrease the risk of COVID-19 transmission and improve quarantining, including but not limited to the repair, replacement, or outfitting of windows and HVAC systems.

- Barriers:** This option includes assistance to repair, replace, or appropriately outfit a home with certain barriers that likely decrease the risk of COVID-19 transmission and improve quarantining, including but not limited to the repair, replacement, or outfitting of doors and plastic or protective barriers for bedrooms shared by multiple household members.

- Appliances:** This option includes assistance to repair or replace *existing* appliances that's use is likely to reduce the risk of COVID-19 transmission and improve quarantining, including but not limited to the repair or replacement of existing dishwashers, washers, dryers, and water heaters.

I hereby certify the following (initial each line):

- I am in need of home repair assistance due to the COVID-19 public health emergency.

- I, the applicant, am the homeowner.

- Any home repairs I receive from the Oglala Sioux Tribe's COVID-19 Home Repair Emergency Assistance Program will be expended only on the home repairs the Oglala Sioux Tribe deems necessary to prepare for, prevent, and respond to the COVID-19 public health emergency, including compliance with public health measures.

- I understand this application does not create an entitlement to receive assistance under the Oglala Sioux Tribe's COVID-19 Home Repair Emergency Assistance Program and that the Oglala Sioux Tribe reserves the right to withhold any COVID-19 Home Repair Emergency Assistance it deems unnecessary.

- I understand that the Oglala Sioux Tribe will not make direct payments to the applicant or the members of the household described in this application for home repairs.

- I, as the applicant, am obligated to contact my District Service Center upon any change of information contained in this application and that any such change may alter or forfeit the amount of COVID-19 Home Repair Emergency Assistance provided.

- The information contained in the application and certification form is true and accurate in all material respects, and the applicant understands that knowingly making a false statement to obtain utility assistance from the COVID-19 Home Repair Assistance Program is punishable under the law

Applicant Signature: _____ Date: _____

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