

Cover Sheet

Dear Tribal Member:

The Hoh Indian Tribe is pleased to announce that financial relief aid has been made available to the enrolled members of the Nation under the United States Department of Treasury's American Rescue Plan Act (ARPA) with the intention to alleviate the financial burden caused by the COVID-19 pandemic. The Hoh Business Committee established an Emergency Assistance Relief Program for tribal members with a portion of the ARPA funds received by the Tribe.

The financial assistance will be given to Hoh Tribal members who have submitted a complete application as described in the Hoh Relief Program Policy.

Payments approved under this Program will be made directly to the payee identified in the application i.e., landlord, mortgage company, service provider, etc. Only parents/legal guardians will have the authority to apply on behalf of the minor child. If applicant is a minor child, all aid will be given to the payee identified in the application on behalf of the minor child

Applications will be reviewed in the order that it is received. Applications will be processed until the Emergency Funds are depleted. Below you will find the application checklist, list of required verifications, and the application form.

Eligibility

- Enrolled Tribal Member of the Hoh Indian Nation
- Complete and submit the application

Application Checklist

- Completed Application Form
- Tribal Enrollment Card/Member Verification
- Supporting Documentation

all necessary documentation to the satisfaction of the Tribe, the staff will approve the application and forward the application to the Executive Director for final approval. Upon final approval by the Executive Director, the approval will be sent to the Hoh Accounting Office for issuance of checks or ACH funds and a letter verifying payment.

However, if the applicant fails to meet the above requirements, Hoh staff will recommend the application be denied and forward the application to the Executive Director along with the recommendation. If the Executive Director denies the application, a letter will be sent to provide the applicant the reason(s) for the denial, in writing. All determinations by Hoh staff are final. Resubmissions are allowed within the duration of the program and must follow the above procedures.

Notifications

The applicant will be notified within ten (10) business days of the decision of the Executive Director. Hoh shall inform applicants, in writing, of any approvals or the denials. Denied applicants will be informed of their ability to reapply if they can submit all required documentation within the program's duration.

Forfeiture

Relief Program assistance may be revoked or forfeited for any Tribal member who is found to have misapplied Tribal funds or to have made any misrepresentations during the application process. The Tribe shall have a right of recovery regarding any excess or improper payments. Tribal members who are subject to forfeiture shall be notified in writing by Hoh staff of the reasons for the forfeiture or proposed recovery of funds received. The Tribal member will have the opportunity to meet and discuss the reasons for the proposed forfeiture with the Hoh Executive Director prior to the staff obtaining recovery of the funds.

Checks must be deposited within 90 days of the payment date. If checks have not been deposited within 90 days, assistance is forfeited, except in the circumstance of a bank or Hoh error. Recipients must notify the Hoh Accounting Department within 30 days of check issuance if an error is identified.

Right to Revise

The Tribe reserves the right to revise, modify, delete, or add to any of the Relief Program depending on the funds available, and as determined by the HTBC who is exercising its inherent sovereignty to authorize and administer programs to benefit the general welfare of the Tribal community.

Questions

Questions about the Application Form or Enrollment may be directed to Kristina Currie at kristina.currie@hohtribe-nsn.org

- Have experienced a financial hardship or an increase in living expenses due to the COVID-19 pandemic; and
- Submit a completed application demonstrating the need for the financial assistance.

Allowable expenses

The intent of this program is to reduce the economic impact of the COVID-19 pandemic on Hoh Tribal members. All monies received under this program are intended to be used to support housing, personal, childcare, medical, education, air quality and other expenses caused or exacerbated by the COVID 19 pandemic.

Unallowable Expenses

The following are unallowable uses of these funds, which may require an applicant to repay the monies received:

- Alcohol
- Tobacco
- Marijuana
- Luxurious and Extravagant items
- Gifts

Application and Supporting Documents

Hoh Tribal members in need of assistance must apply by documenting requests for assistance through Tribal Programs, identifying their unmet need, amount of funds required and certification that the need is related to the pandemic caused by the COVID 19 virus. The following items are required to be considered for relief assistance:

- Hoh Tribal member name and enrollment number;
- Documentation of assistance sought from Tribal Programs;
- Amount requested;
- Description of need;
- Copy of supporting document (i.e., rent bill, mortgage statement, medical bill, repair estimate etc.); and
- Address of Payee (i.e., landlord, medical office, contractor etc.).

Assistance Payments

Upon receipt of the completed application, verification of tribal membership and approval by the Executive Director, the Accounting Department will issue the approved payment via check or ACH, made payable to the requested payee, which will then be mailed, or deposited electronically, to the address listed on the application.

The amount allowed per Hoh Tribal member will be \$2500.00.

Review Procedures

Hoh staff or HTBC Treasurer will review all applications in the order that they are received and determine whether the applicant meets the Relief Program's eligibility requirements, and the applicant has submitted all necessary documentation. If the applicant meets the requirements and has submitted

COVID-19 Emergency Relief Program

Purpose

In response to the financial and health crisis resulting from the coronavirus pandemic, the COVID-19 Emergency Relief Program ("the Relief Program") provides emergency assistance to enrolled members of the Hoh Indian Tribe ("Hoh" or "Tribe") under this Emergency Relief Program. The purpose of this emergency assistance program is to assist Hoh tribal members and their families who have lost employment, incurred unexpected expenses, or need financial assistance to maintain or obtain housing, pay utilities or medical expenses related to COVID 19.

The Hoh Tribal Business Committee (HTBC) recognizes the continuing impact of the COVID-19 pandemic and the ongoing limitations to economic activities by the Tribe, the region, and the state of Washington.

Hoh is a federally recognized Indian Tribe. Hoh exercises its sovereign power to provide member assistance consistent with the Internal Revenue Service (IRS) General Welfare Doctrine:

1. The IRS, through its General Welfare Doctrine, has recognized the sovereign right of all governments, including federal recognized Indian Tribes, to provide public health, safety, basic need, and financial support assistance to individuals under certain circumstances on a non-taxable basis.
2. Hoh, as a sovereign government, exercises its right to provide general welfare assistance through the HTBC's approval of programs to foster the health, safety, basic need, and financial support assistance to individuals under certain circumstances on a non-taxable basis including this Emergency Relief Program.

Benefit Assistance

Relief provided through this program is intended to ensure the Hoh Tribal members and their families can maintain adequate housing, transportation, food, water, medication, medical care, utilities, and basic life necessities. It is intended to help alleviate the financial, physical, and emotional hardships of Tribal member caused by the COVID 19 pandemic.

The HTBC has appropriated the federal American Rescue Act Plan funds received by the Tribe to fund this Emergency Relief Program and directed staff to develop this Emergency Assistance Program and distribute the funds to Hoh Tribal members based on need. Once the funds appropriated are expended, this Program will be suspended unless or until the HTBC appropriates additional funds.

Prior to applying for assistance from the Emergency Assistance Program, tribal members must first seek assistance through Tribal Programs which provide housing, medical, education and job training assistance. They must provide documentation of requests for assistance through Tribal Programs as well as detailing the assistance received.

Applications will be reviewed in the order that they are received.

Eligibility

To qualify for this program, the applicant must:

- Be an enrolled member of Hoh on or before October 1, 2021;

Application

Applicant Name: _____ Date of Birth: _____
Applicant Enrollment #: _____ (Please attach copy of Tribal ID)
Mailing Address: _____
City: _____ State: _____ Zip code: _____

New Address? If yes, please check this box.

Phone #: _____ Email: _____

Description of Need:

(Please attached copies of supporting documents examples: rental document, medical bill, tuition bill etc.)

Certification

By my signature, I hereby certify that COVID -19 has impacted me and my household in the following ways and that the funds I am requesting are to help address these impacts:

Check all that apply.

- Currently Unemployed
- Experienced an increase in expenses
- Experienced a decrease in income

Other, please explain:

Homeless/facing loss of housing

Monthly Income

CERTIFICATION By signing this certification, I affirm that all information is true and complete. I further agree that the funds distributed by Hoh shall be used to relieve the negative financial impacts of COVID-19, as more fully described in provisions Hoh Indian Nation's COVID-19 Emergency Relief Program, Policy and Procedures which can be found on the Tribe's Webpage or Tribal Administration. If the application is submitted on behalf of a minor child, and the parent/legal guardian agrees to use funds for minor child's basic, education, and/or health needs to address the effects that COVID-19 has had on the minor child.

.....
Printed Name

.....
Signature

.....
Date



HOH INDIAN TRIBE

P.O. Box 2196
Forks WA 98331
PH: (360) 374-6582 • FAX: (360) 374-5426

Lisa Martinez – Chairwoman
Maria Lopez – Vice Chairman
Tahnee Hudson – Secretary
Josie Ward – Treasurer
Bernard Afterbuffalo Jr. – Member
Bryan Cole – Member
Mariana Gomez – Member

Bob Smith – Executive Director

Name: _____

Enrollment Number: _____

I authorize the Hoh Tribal Accounting Department to release an income verification for my Per Capita Income and/or Employment income to _____ of _____.

3 month income 6 month income 1 year income

Other (specify)

Contact Information for the person Income is released to:

Name: Kristina Currie Phone: 360-374-6502

Address: PO Box 2196

Forks, WA 98331

Fax: 360-374-5426

Signed _____

Date _____



HOH INDIAN TRIBE

P.O. Box 2196

Forks WA 98331

PH: (360) 374-5423 • FAX: (360) 374-2421

LIHEAP APPLICATION

Eligibility Requirements and Conditions

1. Applicant's primary residence must be in the Hoh Indian Tribe's service are.
2. The utility service **must** be in the applicant's name.
3. Applicant's **total** combined household income must be at or below 125% of the Federally Established Poverty level.
4. An annual reapplication is necessary to maintain eligibility.
5. A household may receive only **1** discount, either Senior or Disabled.
6. A **12** Month billing abstract from your local utility company
7. Fill out the **Release of Income** from attached

Is your primary residence served by the Clallam County PUD District? YES/NO

Have you received any other LIHEAP Assistance in the past 12 months?

NO/YES _____ Amount _____ Service Provider _____

Are you or any other person living in your household, currently receiving a PUD Senior or Disabled Citizen Discount? YES ___ NO ___

Please provide the applicants information. PLEASE PRINT:

Name: _____

DOB: _____

Address: _____

Driver's License and/or Tribal ID: _____

Phone No. _____

Social Security No. _____

PUD Account # _____ Number of persons in the household _____

Please provide the following for all members of the household. Please Print.

1. Name: _____

DOB: _____

Driver's License or ID# _____

2. Name: _____

DOB: _____

Driver's License or ID# _____

3. Name: _____

DOB: _____

Driver's License or ID# _____

4. Name: _____

DOB: _____

Driver's License or ID# _____

5. Name: _____

DOB: _____

Driver's License or ID# _____

6. Name: _____

DOB: _____

Driver's License or ID# _____

BASED ON TOTAL ANNUAL HOUSEHOLD INCOME

This includes combined income of applicant and spouse or co-tenants living in the household. Please give the total amount in 12-month period.

Unemployment Compensation \$ _____

Pension & Annuities Retirement Benefits \$ _____

Salary & Wages \$ _____

Social Security \$ _____

DSHS Benefits \$ _____

L&I Benefits \$ _____

Per Capita \$ _____

Other \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

Fill out the entire application; along with the income worksheet and release of income form (attach copies of supporting documents for each amount you have listed). Return all paperwork to the Front Office or fax to 360.374.5426.

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to provide the requested documentation to the LIHEAP Program Manager.

It is my understanding that any discounts offered by the LIHEAP Program are for residential use only and will be given as a onetime credit on my monthly billings. I further understand that a fraudulent application for any discount will result in my immediate removal from participation in the program.

Signature

Date

Dear Housing Applicant:

Thank you for your interest in applying for housing at the Hoh Tribe.

Please complete the application for housing in its entirety. Do not leave any empty boxes; if any question does not apply to you simply write in "N/A". Any application left incomplete will not be accepted and will be returned to you for completion.

In addition to the Application for Housing, we will need copies of the following documents for each household member:

- Birth certificates for all household members
- Picture ID for household members 18 and above
- Tribal ID or CIB with enrollment # (if applicable)

The completion and returning of the application packet does not guarantee you housing. Once all of the above documents have been received you will be placed on our waiting list, according to the time and date we received your application for housing assistance. *Hoh tribal members will receive preference over non-tribal members for placement on the waiting list.* Once availability occurs, depending on your placement on the waiting list, you will be contacted in order to continue the verification process. Once you are deemed eligible for housing, your application packet will be submitted to the Hoh Tribal Committee for final approval and housing will then be offered to you.

Please be aware that if your contact information changes during any of this process, it is up to you to notify us of the change. If any of our notifications to you are returned due to not reporting a change, you will be removed from our housing waiting list and you will need to re-apply.

Again, thank you for your interest in housing at the Hoh Tribe. Please do not hesitate to contact me with any questions or concerns.

Sincerely,

**KRISTINA CURRIE
HOUSING DIRECTOR
HOH INDIAN TRIBE
P.O. Box 2196
FORKS, WA 98331
360-374-4281 OFFICE**

Application Received: (Date) _____ (Time) _____ By: _____

APPLICATION FOR HOUSING ASSISTANCE

Hoh Indian Tribe PO Box 2196 Forks WA 98331 Phone (360) 374-6582

- Applying For:**
- Emergency Home Repair Program (person applying should be legal owner)
 - Rental Assistance Program

NOTE: This is a pre-application. *Information provided on this application is subject to verification at the time your name comes to the top of the waiting list.* You will be determined apparently eligible or apparently ineligible based on the information you provide in this application. If you are determined apparently eligible you will be placed on the waiting list for the program(s) checked above. When your name comes to the top of the waiting list, you will be asked to submit a complete application, and all information will be verified, including proof of homeownership.

APPLICANT NAME: _____

Address: _____

City, State, Zip Code: _____

Home Phone No.: _____ Alternate Phone No.: _____

HOUSEHOLD COMPOSITION: List the Head of Household and all persons who are living in the housing unit.

First	Last	Relationship	Birthdate	Enroll #	Soc Sec Number
		Head			

INCOME INFORMATION: List below all sources of income for every family member. This information will be verified before assistance is provided. Include all income: such as wages, public assistance, all benefit payments net income from a business, child support, per capita payments, etc. Include all income you are now receiving or expect to receive during the next twelve months

Family Member	Source of Income	Amount	Payment Basis (weekly, monthly, etc)

Additional Information: Please check all that apply to you or any member of your household

Does any member of your household have special housing needs due to disability? Yes No

If Yes, explain: _____

Have you or any household member ever been convicted of a crime? Yes No

If Yes, explain: _____

Emergency Repairs: describe below the work to be done for which assistance is being requested. Attach additional page(s) if necessary.

Other Documents Required: Provide the following documents with this application:

- Certificate of Enrollment for all Native Americans Birth Certificates for all minor children
 Driver's License or State Issued ID (18 and over)

APPLICATION CERTIFICATION: I/we certify that all information provided in this application is true, complete and accurate to the best of my/our knowledge. I/we authorize the tribe to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Head of Household Signature/Date

Spouse Signature/Date

Housing Program Use Only

Total Income \$ _____ Income Limit for _____ Person Family \$ _____

Outstanding Balance Owed to tribe: \$ _____ Payback Agreement? Yes No

Note: Families with balance and Payback Agreement can be on the list, but must pay in full before assistance can be provided

Eligibility Determination: Apparently Eligible Apparently Ineligible

If ineligible, state reason(s): _____

Determination made by _____ Date _____

Approved by _____ Date _____