



Port Gamble S'Klallam Housing Authority  
32000 Little Boston RD NE, Kingston, WA. 98346  
360-297-6350

## Port Gamble S'Klallam Tribe Home Repair Assistance Program Application

**\*\*ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED\*\***

Please carefully review the attached policy. If you feel you qualify for the program based on the policy, fill out this application *completely and attach all required documents listed below*. Only complete applications will be accepted and processed. Once your application has been processed you will be sent a letter of determination to the mailing address provided in this application. Applications can be submitted via mail to the address above, ATTN: Stormy Purser, Home Repair Assistance Program, emailed to [stormy.purser@pgst.nsn.us](mailto:stormy.purser@pgst.nsn.us) ATTN: Home Repair Assistance Program, or directly to the Housing Office.

### Required Documents

- Identification
  - a. Tribal Enrollment Card or Certificate of Enrollment
  - b. License or Photo ID
- Proof of Homeownership
  - a. Mortgage, Title or Deed to the home listing the *Enrolled Member*
- Receipts for any work done or deductibles that you are requesting reimbursement for
- Photos of repair needs (Optional: if you are safely able to get them)
- 3 current bids for repairs if home is off the reservation.



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<p><b>*FOR OFFICE USE*</b></p> <p>Date Received: _____ Time Received: _____ Received by: _____</p>
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### **Applicant Information**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

PGST Enrollment Number: \_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Mailing Address if different:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



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### Household Composition (persons living with the applicant)

Household Members	Name	Relation	Age	Any disabilities
Self				
2				
3				
4				
5				
6				

### Eligibility Criteria

1. Please check the box for which program you are applying for:  
 Small Home Repair or appliance replacement; Up to \$4,000 once in 4 years.  
 Large Home Repair Assistance; Up to \$30,000 in a 10-year period.
2. Are you the owner of the home for which you are applying for repairs and is it your primary residence? \_\_\_\_\_
3. If you have received *Home Repair Assistance* in the past, what year and what work was done?  
\_\_\_\_\_  
\_\_\_\_\_
4. If you have received *Down Payment Assistance* from PGSHA in the past, what year? \_\_\_\_\_





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## **Applicant Certification**

I \_\_\_\_\_, have read and understand the attached policy for the Port Gamble S'Klallam Tribe Home Repair Assistance Program. I have applied to the program in accordance with this policy and agree to uphold the terms. I further testify that the above information is all true and complete to the best of my knowledge. I authorize the Port Gamble S'Klallam Housing Authority to verify the above given information.

\_\_\_\_\_ I understand that the PGSHA will determine the scope of work necessary in accordance with the policy and that everything listed in my application may not be completed. All work will be done by licensed contractors of PGSHA's choosing.

\_\_\_\_\_ I understand that any balance above the assistance limit is my responsibility to pay prior to work being done.

\_\_\_\_\_ I understand that if I sell my home within 5 years of receiving assistance, I will be required to pay back any financial assistance received within a timely manner set by PGSHA and Tribal Council.

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Applicant Signature

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Date



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**\*Staff Use Only\***

Reviewed by: _____	Date: _____
Documentation Verified: _____	
Approved: _____	Denied: _____
Reasoning: _____	
Communication sent on: _____	Staff Signature: _____

**PORT GAMBLE S'KLALLAM TRIBE  
HOME REPAIR ASSISTANCE PROGRAM**

**Purpose:**

**This program exists to promote the general welfare of the Tribe by providing financial assistance to help cover costs of essential home repairs to address health and/or safety risks such as electrical, plumbing, roof, access points, heat system, and flooring. Depending upon the availability of funds, appliance replacement may also be requested through this program. The Tribe may delegate oversight of this program to the Port Gamble S'Klallam Housing Authority or Tribal Administration.**

**1. A PGST Tribal Member may apply for Home Repair Assistance if:**

- a. They are a homeowner, AND;
- b. They have home repair needs which present health and/or safety risks, AND;
- c. They have never received assistance from this Program or have received less than \$30,000 total from this Program and the Low-Income Repair Program in a 10 year period; AND
- d. The home is located:
  - i. within the boundaries of the Port Gamble S'Klallam reservation whether they reside in it or not; OR
  - ii. outside the boundaries of the reservation AND within Kitsap County, and they occupy the home as their primary residence.

**2. Applicants must submit a complete application to the Port Gamble S'Klallam Housing Authority.**

- a. Additional documentation may be required to prove eligibility for this program.

**3. Applicants will not receive assistance if:**

- a. They are eligible to instead receive assistance through the Low-Income Home Repair Program, except when that program's budget has been fully expended; OR
- b. They have received Down Payment Assistance within the past 5 years

**4. Applicants who have Homeowners Insurance:**

- a. Must utilize their insurance if coverage includes requested repairs.
- b. Applicant may apply for Home Repair Assistance to cover deductible costs.

**5. Home Repair Assistance will be paid toward repairs of:**

- a. Electrical,
- b. Plumbing,
- c. Roof,
- d. Access Points,
- e. Heat System,
- f. Floors (Only When the Subfloor is Damaged and Needs Repair)
- g. Appliance replacement,
- g. or the Insurance Deductible for Repair of any of Those Systems.

- 6. Staff will determine the scope of assistance to be approved on an emergency needs basis.**
  - a. An Approved Application Does Not Guarantee the Full Amount of the Project Will be Funded.
  
- 7. Applications for Small Home Repairs, less than \$4000, will be reviewed as they are received until the budget is expended.**
  - a. The benefit may be utilized once every 4 years and will only cover the total cost of the repair but shall not exceed the maximum benefit amount.
  - b. Appliance replacement will be considered through this review process.
  - c. If the repair or replacement totals more than \$4000, the applicant must be able to cover the difference in order to be eligible for this funding.
    - i. Additional funds cannot be granted for the difference
    - ii. Applicant may be required to enter a written agreement to this effect
    - iii. Applicants may be required to provide documentation of estimated project costs and/or additional funds that would be required
  
- 8. Small Home Repairs may be approved as a reimbursement.**
  - a. Application must be received within 3 days of the purchase.
  - b. Submitting application does not guarantee reimbursement will be approved.
  
- 9. Applications for Large Home Repairs, those with a maximum of \$30,000, will be accepted throughout the year and reviewed and ranked based on a tiered point system.**
  - a. The closing date for the application period will be widely advertised for a minimum of 3 weeks.
  - b. All employees involved in reviewing applications are subject to the employee Conflict of Interest Policy, found in Section 7.06 of the Port Gamble S'Klallam Tribe Employee Handbook.
  - c. Financial Assistance will be paid directly to a vendor.
  
- 10. Applications for Large Home Repairs will be prioritized according to the following Tiers:**
  - a. **Tier 1** –Emergency Housing Repairs to address critical issues that could cause significant damage, harm, or loss if not addressed.
    - i. Examples: Leaking roof and associated water damage, flooding repair; plumbing repairs, electrical system corrections, mold remediation
  - b. **Tier 2** – Safe Housing Renovation (non-emergency)
    - i. Examples: Deck, siding or roof repair (not leaking) appliances, heat source, ramps or generators needed for elderly, disabled or when it is medically necessary.
  - c. Elders will be treated as one Tier higher than indicated above; Tier 1 Elder Applicants will be given priority over Non-Elder Applicants.

- 11. The Tribe may conduct an inspection to ensure home repairs will bring the home back to a safe and livable condition.**
  - a. If the home will remain unsafe or hazardous despite the proposed repairs, the application may be denied.
- 12. Only contractors with a business license AND insurance may be paid using assistance granted by this program.**
- 13. Applicants cannot sell the repaired home for a minimum of 5 years or they will be required to pay back any Financial Assistance received.**
- 14. Assistance used outside the scope of this policy may result in repayment to the Tribe, ineligibility for future assistance, or applicable legal consequences.**
- 15. This program is discretionary and subject to Tribal Council approval of its Annual Budget.**
- 16. Records of assistance given will be tracked and subject to audit.**
- 17. This program shall be administered in compliance with Title 31 of the Tribe's Law and Order Code and §139E of the Internal Revenue Code of 1986, as amended, and therefore shall be excluded from the participant's gross income for Federal Income Tax purposes and State Benefit calculations.**