

Leech Lake Band of Ojibwe Department of Public Works Application

- Community Services Program**-provides emergency home repairs (Electrical, Heating, Plumbing & Carpentry) to Elders, Veterans, Handicap & Leech Lake Band Members who own their home. We do not assist with rental units.

- Sewage Treatment Program**-provides construction and repair of sanitation facilities and waterlines, maintains (pumps) septic tanks and steams frozen sewer lines. Also, provides applications for new and replacement wells and septic systems through Indian Health Service (IHS).

- Well Department Program**-provides water well drilling, maintenance, rehabilitation and sealing of wells.

PLEASE PROVIDE THE FOLLOWING INFORMATION:



1. PROOF OF LAND OWNERSHIP

(Tribal Land Lease, Property Tax Statement, Multi-ownership (Allotted Land) must have executed lease through Bureau of Indian Affairs (BIA).

2. PROOF OF HOME OWNERSHIP

(Mortgage/Purchase Agreement, Deed, Title Card, Notarized Bill of Sale)

3. PROOF OF ALL HOUSEHOLD INCOME (Current pay stub, MFIP printout)

*NOTE: Elders, Veterans, Handicap Band Members are EXEMPT

4. PROOF OF DOCUMENTATION FOR MINOR CHILDREN

(Social Security Card, Current School Report Card, Immunization Record, Court Order, Birth Certificate- only 'one' for each minor child is required)

LLBO DPW RELEASE OF LIABILITY AND CONSENT AUTHORIZATION:

By signing and dating this application for services from the Department of Public Works (DPW), I am acknowledging that I am the sole owner of the property or that I am authorized by any other co-owners to act on their behalf. I agree to hold harmless the LLBO or any of its employees, agents, or contractors for any injury, damage, or other loss which may result from any actions undertaken to accomplish the work/activity. I understand that by giving my consent, I am receiving the benefit of the work/activity to be performed. In exchange for this benefit, I agree that I will not make any claim for compensation for the value, if any, of the structure(s) or other objects which may be damaged, removed, and/or disposed of, intentionally or unintentionally, as a result of actions of the LLBO, its employees, agents or contractors.

AKNOWLEDGEMENT OF PAYBACK

REPAYMENT LEVEL

#	0%	20%	40%	60%	80%	100%
TOTAL NET MONTHLY INCOME						
1	\$0 – 821	\$822 - 985	\$986 - 1149	\$1150 – 1314	\$1315 – 1478	\$ 1479 +
2	\$0 – 1056	\$1057 – 1267	\$1268 – 1478	\$1479 – 1690	\$1691 – 1901	\$1902 +
3	\$0 - 1291 -	\$1292 – 1549	\$1550 – 1807	\$1808 – 2066	\$2067 – 2324	\$2325 +
4	\$0 – 1526	\$1527 – 1831	\$1832 – 2136	\$2137 – 2441	\$2442 – 2747	\$2748 +
5	\$0 – 1761	\$1762 – 2113	\$2114 – 2465	\$2466 – 2818	\$2819 – 3170	\$3171 +
6	\$0 – 1996	\$1997 – 2395	\$2396 – 2794	\$2795 – 3193	\$3194 – 3593	\$3594 +
7	\$0 – 2231	\$2232 – 2677	\$2678 – 3123	\$3124 – 3570	\$3571 – 4016	\$4017 +
8	\$0 – 2466	\$2467 – 2959	\$2960 – 3452	\$3453 – 3946	\$3947 – 4438	\$4439 +
9	\$0 – 2701	\$2702 – 3241	\$3242 – 3781	\$3782 – 4322	\$4323 – 4862	\$4863 +
10	\$0 – 2936	\$2937 – 3523	\$3524 – 4110	\$4111 – 4698	\$4699 – 5285	\$5286 +

In signing below I acknowledge and agree that I am required to pay back a percentage of the cost of services for which I am applying according to the above scale. I agree that I will sign and honor a satisfactory payback agreement.

***NOTE: IHS installed sanitation and water services do not require payback.**

Signature of Applicant

Date

Signature of Co-Applicant

Date

**Leech Lake Band of Ojibwe Department of Public Works
190 Sailstar Drive
Cass Lake, MN 56633**

Applicant's Name: _____ Phone #: _____

Mailing Address: _____

Physical Address: _____

Tribal Affiliation: _____ Tribal ID: _____

LIST ALL PERSONS (INCLUDING YOURSELF) LIVING IN HOUSEHOLD:

#	First Name	Last Name	M.I.	Relationship	Sex	Tribal Affiliation
1				Self		
2						
3						
4						
5						
6						
7						
8						
9						

#	Place of Birth	Date of Birth	Occupation	Social Security Number
1				
2				
3				
4				
5				
6				
7				
8				
9				

HOUSEHOLD INCOME:

#	Source, rate, type of income	Who Receives?	Weekly, Bi-Weekly, Monthly	Annual Amount
1				
2				
3				
4				
5				

**COMMUNITY SERVICES PROGRAM (218) 335-3785 FAX (218) 335-4449
SEWAGE TREATMENT PROGRAM (218) 335-3717 FAX (218) 335-3710
WELL DEPARTMENT PROGRAM (218) 335-3717 FAX (218) 335-3710**

COMMUNITY SERVICES APPLICANTS ONLY:

1. Please tell us what **Community Services Program emergency home repairs** you are requesting. **Be specific.**

- a. _____

- b. _____

- c. _____

- d. _____

(Please use an additional piece of paper if needed)

- 2. Is your home site on: Tribal Trust Allotted Land Taxable of Fee Land
- 3. Do you have a lease? YES NO
- 4. Do you own your own home or mobile home? YES NO
 - a. Is the electrical meter available? YES NO Name of Power Co. _____
If yes, have you paid your electrical fees in full? YES NO
 - b. What type of septic system do you have? City Sewer Private Septic System
What is your source of water? City System Private Well Other _____
 - c. Have you or anyone in your household received services from the **Community Services Emergency Home Repair Program** in the past? YES NO **If, yes, what year?** _____
 - d. Does anyone in the household have a health problem, handicap or permanent disability? YES NO
If yes, please provide certified documentation of disability
 - e. Are you a Veteran? YES NO **If yes, please provide certificate of release or discharge from duty documentation.**
 - f. Do you live in a HUD-Mutual Help or MCT Home Loan dwelling? YES NO
If yes, please indicate which dwelling. YES NO
 - g. How many bedrooms are in your home? 1 2 3 4 5 6
 - ❖ Homeowners with MCT mortgages must first seek refinancing options before DPW Community Services funds are expended. **A letter of denial is required.**
 - ❖ HUD-Mutual Help applicants must have their homes paid in full before DPW Community Services funds are expended. **A notarized Bill of Sale is required.**

I swear the above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that is not a contract and does not bind either party

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

WELL & SEPTIC APPLICANTS ONLY:

1. If you are applying for IHS (Indian Health Services), please **answer/circle** all of the following questions that apply to you:
- a. What type of sewer facility are you applying for? NONE NEW CONSTRUCTION (for new site)
COMMUNITY SEWER HOOK-UP REPLACEMENT SEPTIC SYSTEM OTHER _____
 - b. What type of onsite water service do you need? NONE NEW WELL (for undeveloped site)
WATER SERVICE LINE REPLACEMENT WELL COMMUNITY WATER HOOK-UP
OTHER _____
 - c. What type of residence do you reside in? PRIMARY HUD RENTAL SEASONAL
(You must provide proof of home ownership; IHS does not install facilities at HUD, rental and seasonal dwellings).
 - d. How many people reside in your residence? **(include yourself)**
1 2 3 4 5 6 7 8 9 10 ? _____
 - e. What type of primary dwelling do you reside in? SINGLE FAMILY DWELLING (no. of bedrooms) _____
MOBILE HOME (year, make and model) _____

❖ **All of the following must be done before services can be rendered. Your home must be sound, well maintained, and capable of maintaining a temperature of 70 degrees during the coldest weather and be properly and safely supplied with a fully functioning electrical system and functioning plumbing and fixtures for a full bathroom and kitchen. Your home must provide adequate living space for the entire family. If a mobile home; all wheels must be removed, adequate insulated skirting installed and is tied down to a permanent foundation (i.e. blocking). IHS installed sanitation and water services do not require a payback.**

An application must be submitted in the name of the enrollee and must have either full or joint ownership of the land.

- f. IHS requires one of the following documents to verify land status; please **circle** the one that applies to you:
TRIBAL or BIA home site lease DEED (if the property is private property) 20 yr. signed lease (if owned by another)
- ❖ **A copy of your home site lease, mortgage and/or purchase agreement is required.**

2. If you are applying for other services (you may be required to payback-please sign acknowledgment for payback and payroll deduction forms) Please circle the service(s) that apply to you:

SEPTIC PUMPING SEPTIC LINE STEAMING SEPTIC PUMP ISSUE WELL PUMP ISSUE

INSTALLATION/REPLACEMENT OF SEPTIC RISER/INSPECTION PIPE DAMAGE TO WELL HEAD

OTHER _____

Please provide detailed directions to your home: _____

I swear the above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that is not a contract and does not bind either party.

Signature of Applicant

Date

Signature of Co-Applicant

Date

LLBO Department of Public Works
(FOR OFFICE USE ONLY)

- **COMMUNITY SERVICES PROGRAM-TOTAL AMOUNT:** \$ _____
- **WELL & SEPTIC PROGRAM-TOTAL AMOUNT:** \$ _____
- **WELL DEPARTMENT PROGRAM-TOTAL AMOUNT:** \$ _____

Attention: _____ *Payroll Dept.*

Applicant Name: _____

Social Security Number: _____

You are hereby authorized to deduct \$ _____ for _____

Weekly Bi-Weekly Monthly Payments to Program # _____

I agree to make satisfactory payments to the above program(s) for materials and services provided. I agree and understand that any unpaid balances will be deducted from my final paycheck in the event of employment separation.

Signature of Applicant

Date

Signature of LLBO DPW Director

Date

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