

Leech Lake Band of Ojibwe Department of Public Works Application

- Community Services/HIP**-provides **emergency** home repairs, (electrical, heating, plumbing and carpentry) to elder, veterans and handicapped LL Band Members who own their home. We do not assist with rental units.

- Heavy Equipment (HERM)***-provides earth work construction, builds driveways, clear lots, moves mobile homes and demolition services.
*Permits are required from LLBO Department of Resource Management (DRM) for any ground disturbing activities.

- 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**-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 must have executed lease)

2. PROOF OF HOME OWNERSHIP

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

3. PROOF OF INCOME

(Current pay stub, MFIP print-out, Social Security, etc. All household members 18 or over must sign a Release of Information)

4. PROOF OF DOCUMENTATION FOR MINOR CHILDREN

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

This application will be considered incomplete if the above items are not attached.

- Copy of Land Ownership
- Copy of Home Ownership
- Proof of Income
- Documentation of Minors
- Sent to IHS _____

For Office Use Only

**Leech Lake Band of Ojibwe Department of Public Works
115 Sixth Street NW Suite E
Cass Lake, MN 56633**

Applicant's Name: _____ Phone: _____

Mailing Address: _____

Physical Address: _____

Social Security: _____ Tribal Affiliation: _____ Tribal ID: _____

List all persons (including yourself) living in household:

#	First Name	Last Name	M.I.	Relationship	Sex	Tribal Affiliation
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

#	Place of Birth	Date of Birth	Occupation	Social Security Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Household Income:

#	Source, Rate, Type of Income	Who Receives?	Weekly, Bi-Weekly, Monthly	Amount
1				
2				
3				
4				

Acknowledge for payback-

The chart below is based on **net income** of wages (gross income minus taxes) and 100% of unearned income and shall be used to determine the amount of repayment.

Repayment Level

#	0%	20%	40%	60%	80%	100%
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 +

Date: _____

Name: _____

Social Security Number: _____

Employer: _____

I, _____ agree to make weekly bi-weekly payment(s) to the Department of Public Works for materials and services provided. I understand that any unpaid balance will be deducted from my final paycheck in the event of employment separation.

(Please Circle One)

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

Applicants Signature Date

LLBO Supervisor/Director Date

HERM (Heavy Equipment):

If you are applying for services through **HERM**, please provide the following information, sign and date the **Release of Liability Form**. Thank you.

HERM provides the following services; please check the service(s) you are applying for:

Driveway Construction Demolition Land Clearing Mobile Home Relocation

1. Is your home site on? Tribal trust Allotted land Taxable or Fee land

2. Do you have a lease*? Yes No

3. Do you own any other houses or property not occupied by your family? No Yes, please provide property location:

4. If you are applying for **Mobile Home Relocation**, you must provide the following information listed, sign and date a **Release of Liability Form**.

Make _____ Size _____ Year _____

VIN # _____ Proof of Ownership (County) Tax Release (If not on reservation land)

Additions/decks (size) _____ No. of Axels _____ Skirting removed

Wheels/Tires (tires must be aired up and in working condition) Hitch Mounted Utilities Disconnected

These must be done by owner before services will be rendered.

5. What type of septic system do you have? City Sewer Private Septic System

6. What is your source of water? City System Private Well Other _____

7. Have you or anyone in your household received services through HERM in the past? No Yes, Year? _____

8. Does anyone in your family have a health problem, handicap, or permanent disability? No Yes **If yes, certified documentation is required.**

9. Are you a veteran? No Yes

10. Do you live in a HUD-Mutual help or MCT Home Loan dwelling? Yes** No

If yes, please indicate which dwelling: HUD-Mutual Help MCT

Please give specific directions and description of work to be done:

* A copy of your home site lease, mortgage and/or purchase agreement is required.

** Homeowners with MCT mortgages must first seek refinancing options before DPW HERM funds are expended. A denial letter is required. HUD-Mutual Help applicants must have their homes paid in full before HERM funds will be expended.

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

Signature of Applicant

Date

Signature of Co-Applicant

Date

Well & Septic:

If you are applying for **Water/Well or Septic** services- please provide the following information, sign and date the **Release of Liability Form**. Thank you.

1. If you are applying for **IHS (Indian Health Services)** please answer the following questions:

- a) What type of sewer facility are you are applying for? None New construction (for new site)
- Community sewer hookup 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 hookup Other_____
- c) What type of residence do you reside in? Primary HUD Rental Seasonal

(Please provide proof of home ownership; IHS does not install facilities at HUD, rental and seasonal dwellings).

- d) How many people reside in your residence (please 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 (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 payback.

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

- f) IHS requires one of the following documents to verify the land status**; check one that pertains to you:
- Tribal or BIA home site lease "Deed" if the property is private property 20 year 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 (may require payback-please fill out the **Acknowledge for Payback Sheet**), from **Well & Septic** please check the following:

- Septic Pumping Septic line steaming Septic pump not working properly Well pump not working properly
- 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 this is not a contract and does not bind either party.

Signature of Applicant Date

Signature of Co-Applicant Date

**LLBO DEPARTMENT OF PUBLIC WORKS RELEASE OF LIABILITY AND
CONSENT AUTHORIZATION**

I, _____ give my consent and authorization for the Leech Lake Band of Ojibwe through its employees, agents, or independent contractors to perform the following work/activities:

The work/activity to be performed on the property described as:

Address _____ City _____
Or Lot # _____ Section _____ Township _____ Range _____

By signing this agreement I acknowledge 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 the actions of the LLBO, its employees, agents or contractors.

Print Name

Mailing Address

Physical Address

Phone Number(s)

Signature

Date

Department of Public Works Mission Statement

“The Leech Lake Band of Ojibwe Public Works Division works to improve the quality of life for Band members by providing quality services through collaboration of all available resources.”

LLBO Department of Public Works

(FOR OFFICE USE ONLY)

Payments received will be credited to department(s):

- Well & Septic 1149.13 for the total amount of: \$ _____
- Community Services 1200.05 for the amount of: \$ _____
- HERM (Heavy Equipment) 1151.13 for the amount of: \$ _____
- Well 1183.13 for the amount of: \$ _____

<p>Attention: _____ Payroll Dept.</p> <p>Applicant name: _____</p> <p>Social Security Number: _____</p> <p>_____</p> <p>You are hereby authorized to deduct \$ _____ for _____</p> <p>Weekly Bi-Weekly Monthly Payments to Program # _____</p> <p>_____</p> <p>You are hereby authorized to deduct \$ _____ for _____</p> <p>Weekly Bi-Weekly Monthly Payments to Program # _____</p> <p>_____</p> <p>You are hereby authorized to deduct \$ _____ for _____</p> <p>Weekly Bi-Weekly Monthly Payments to Program # _____</p>
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I agree and understand that any unpaid balances will be deducted from my final paycheck in the event of separation from work.

Applicant

Date

LLBO Director

Date

Community Services/HIP (218) 335-3785 Fax (218) 335-4449
Heavy Equipment (218) 335-3785 or 8333 Fax (218) 335-4449
Sewage Treatment Program (218) 335-3717 Fax (218) 335-3710
Well Department (218) 335-8393 Fax (218) 335-3710

