



Leech Lake Band of Ojibwe Department of Public Works Application

Priority services will be given to Elders, Veterans, and Disabled Leech Lake Band Members who own their home. We Do Not Assist with Rental Units. All prior payback agreements must be in satisfactory standings to receive services.

Community Service Program-provides **Emergency** home repairs. (*Electrical, Heating, Plumbing & Carpentry.*) If seeking a new furnace, a denial letter from Energy Assistance must be provided. ***DPW does not service Central Air Systems.***

Sanitation & Well & Septic Program-provides construction and repair of sanitation facilities and waterlines, maintains (pumps) septic tanks and steams frozen sewer lines. Also, provides applications for well drilling, maintenance, rehabilitation, replacement & sealing of wells and septic systems through Indian Health Service (IHS).

Heavy Equipment Program-provides earth work construction, clears lots, builds driveways, moves mobile homes, and demolition services. ***DPW cannot move Double-Wides, Homes, or Cabins. Homeowner will be responsible for special permit & fees for oversized loads.***

THE FOLLOWING INFORMATION MUST BE PROVIDED

PROOF OF LAND OWNERSHIP

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

PROOF OF HOME OWNERSHIP

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

PROOF OF DISABILITY

Physician Letter or Social Security Statement

PROOF OF INCOME IF APPLICABLE

Paystub, Bank Statement, Tax Document, Social Security Benefit Verification Letter, MFIP Award Letter

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.

Department of Public Works

190 Sailstar Drive NW Cass Lake, MN 56633 * (218) 335-7296 Phone

Applicant's Name: _____ Phone: _____

Mailing Address: _____

Physical Address: _____

Tribal Affiliation: _____ Tribal ID # _____

(INCLUDING YOURSELF) LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD

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

#	Source of Income	Pay Rate	Weekly, Bi-Weekly, Monthly	Annual Amount	Who Receives
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Department of Public Works

190 Sailstar Drive NW Cass Lake, MN 56633 * (218) 335-7296 Phone

(Be Specific) Tell us what *Emergency* home repairs you are requesting.

(Use additional paper if necessary)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Community Services Program Applicants Only

Is your home site on Tribal Land Allotted Land Taxable Fee Land?

Do you have a land lease? Yes No

Do you own your own home or mobile home? Yes No

Name of Power Company _____

- Is there an electrical meter installed? Yes No
- Have you paid for services in full? Yes No

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

Do live in a HUD-Mutual Help home? Yes No

Note: HUD-Mutual applicants must have their home paid in full before Community Services funds are expended. A notarized bill of sale is required.

How many bedrooms are in your home? _____

Does anyone in the household have health issues or a permanent disability? Yes No
If yes, please provide documentation of disability. (Physician Letter or Social Security Statement.)

Are you a Veteran? Yes No

If yes, please provide a DD-214 Form or Veteran's Card.

Any unauthorized invoices from vendors will not be paid.

By signing this form, I swear the above information is true and complete to the best of my knowledge. I agree to any inquiries being made for the purpose of verifying information.

Signature of Applicant

Date

Sanitation & Well & Septic Applicants Only

For Indian Health Services, applicants must provide proof of homeownership. IHS does not install facilities at rental units, seasonal dwellings or HUD homes. An application must be submitted in the name of the enrollee and must have either full or joint ownership of the land. I.H.S. services **Do Not** require payback. Please fill out the Indian Health Service Sanitation Facilities application.

The home must be sound, well maintained and capable of maintaining a temperature of 70 degrees during the coldest weather. The home must be properly and safely supplied with a fully functioning electrical and plumbing system and have all fixtures in the kitchen and bathroom. The home must provide adequate living space for all occupants. If a mobile home, all wheels must be removed, be blocked to a permanent foundation and have adequate insulated skirting. All must be completed before services are rendered.

Indian Health Services requires one of the following documents to verify land status. Submit with application, a Tribal or BIA home site lease, Deed for private property, or a signed lease if the land is owned by someone else.

Is this your only and primary residence? Yes No

How many people reside with you (including yourself?) _____

For a Single-Family dwelling, how many bedrooms are there? _____

If you have a mobile home, provide the Year, Make, and Model _____

What type of services are you applying for? Check all that apply.

- New Construction Septic System (undeveloped site) New Well (undeveloped site)
- Community sewer Hook Up Community Water Hook Up Water Service Line
- Replacement Septic System Replacement Well Other _____

If you are applying for **Other Services** check all that apply.

- Septic Pumping Septic Line Steaming Septic Pump issue
- Installation/Replacement of Septic Riser/inspection pipe Damage to Well Pipe

Other _____

Please provide detailed directions to your home: _____

By signing this form, I swear the above information is true and complete to the best of my knowledge. I agree to any inquiries being made for the purpose of verifying statements. I understand that is not a contract and does not bind either party.

Any unauthorized invoices from vendors will not be paid.

Signature of Applicant

Date

APPLICATION FOR SANITATION FACILITIES

LL

RESERVATION:	DISTRICT/COMMUNITY:
--------------	---------------------

APPLICANT/HOMEOWNER NAME (please print):	Date:
------------------------------------------	-------

PHYSICAL ADDRESS FOR SERVICES REQUESTED: _____

ON RESERVATION OFF RESERVATION

CITY:	COUNTY:	STATE:	ZIP:
-------	---------	--------	------

CURRENT MAILING ADDRESS: <input type="checkbox"/> SAME AS PHYSICAL	CITY:	STATE:	ZIP:
--------------------------------------------------------------------	-------	--------	------

CELL OR HOME PHONE:	WORK PHONE:
---------------------	-------------

EMAIL (email will only be used to correspond with you regarding your application and proposed facilities): _____

SERVICES REQUESTED:

WATER: NEW SERVICE OR RENOVATION/REPAIR

SEWER: NEW SERVICE OR RENOVATION/REPAIR

HAVE YOU EVER RECEIVED WATER OR SEWER FACILITIES FROM IHS? YES NO

IF YES, WHAT YEAR DID YOU RECEIVED THE WATER AND/OR SEWER FACILITIES? _____

HAS THE SITE BEEN SERVED BY THE INDIAN HEALTH SERVICE BEFORE? YES NO

IF YES, SERVED UNDER WHOSE NAME? _____

HOME/SITE INFORMATION:

WHAT IS THE LAND STATUS OF YOUR HOME SITE? TAXABLE/FEE LAND OR TRUST/TRIBAL LAND LAKESHORE

WHAT IS THE ACREAGE OF YOUR HOME SITE? _____ (A minimum of 1.25 acres of property is required for new septic systems)

WHAT YEAR WAS YOUR HOME BUILT? _____ WHEN WAS YOUR HOME WAS PURCHASED (MM/YY)? _____

WHAT IS YOUR OWNERSHIP STATUS OF THE HOME? OWN RENT/LEASE

IF OWNED, IS THE LOAN: CONVENTIONAL HUD OTHER: _____

IS THIS YOUR PRIMARY RESIDENCE? YES NO

DO YOU CURRENTLY RESIDE IN THE HOME? YES NO

IF NO, WHAT IS THE PROPOSED OCCUPANCY DATE? _____ (It is your responsibility to keep your local office updated on the status of your occupancy to remain on the priority list.)

WHAT IS THE HOUSE CONSTRUCTION TYPE? STICK BUILT MOBILE MODULAR OR MANUFACTURED

IF A MOBILE HOME, IS IT BLOCKED/LEVELED WITH SKIRTING? YES NO

WHAT TYPE OF FOUNDATION DOES THE HOME HAVE? BASEMENT SLAB CRAWL SPACE

DOES THE HOME HAVE ELECTRICAL SERVICE? YES NO, WHEN WILL IT? _____

DOES THE HOME HAVE PERMANENT HEATING? YES NO TYPE OF HEATING: _____

DOES THE HOME HAVE INTERIOR PLUMBING? YES NO

DOES THE HOME HAVE A DRAINTILE INSTALLED? YES NO DAYLIGHTS TO: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF PEOPLE IN THE HOME: _____

FOR EXISTING HOMES, HAS PLUMBING BEEN RENOVATED RECENTLY? YES NO

FOR EXISTING HOMES, HAVE ADDITIONAL ROOMS BE ADDED RECENTLY? YES NO # ADDED: _____

APPLICATION FOR SANITATION FACILITIES

LL

INDIVIDUAL SEPTIC RENOVATION:

NA

ARE DRAWINGS OR PERMITS AVAILABLE FOR YOUR EXISTING SYSTEM?

YES

NO

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR SEPTIC SYSTEM INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

INDIVIDUAL WELL RENOVATION:

NA

ARE WELL RECORDS AVAILABLE FOR YOUR EXISTING WELL?

YES

NO

IS THERE A WATER SOFTENER OR OTHER WATER TREATMENT IN THE HOME?

YES

NO

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR WELL INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

COMMUNITY SEWER SERVICE LINE RENOVATION:

NA

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR SEWER SERVICE LINE INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

COMMUNITY WATER SERVICE LINE RENOVATION:

NA

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR WATER SERVICE LINE INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

NOTE TO APPLICANT: PREVIOUS WORK CANNOT BE REIMBURSED BY IHS. THE WORK IS USED TO HELP IDENTIFY THE SOLUTIONS FOR REPAIR OF A FAILING OR FAILED SYSTEM.

APPLICATION FOR SANITATION FACILITIES

LL

DRAW MAP OF HOME SITE BELOW:

PLEASE SHOW DISTANCES AND DIRECTIONS FROM NAMED PAVED ROADS AND A DESCRIPTION OF YOUR HOME INCLUDING COLOR AND SIZE (i.e. 2-bdrm, 2-story).

FOR OFFICE USE ONLY:

LAT/LONG: _____ TWNP/RNG/SEC: _____

ATTACHMENTS CHECKLIST:

- MAPS ATTACHED
- COPY OF LEASE/OWNERSHIP ATTACHED
- ENROLLMENT VERIFIED

DATE VERIFIED INITIALS

SITE CHECKLIST:

- BUILDINGS OLDER THAN 50 YRS ON SITE? _____
- ANY KNOWN ARCHEOLOGICAL CONCERNS AT THE SITE? _____
- HAS TRIBAL PERMITTING BEEN CLEARED? _____
- ARE THERE CONCERNS OF AN SSTS FITTING ON SITE? _____

TRIBAL REPRESENTATIVE SIGNATURE:

DATE:

INFORMATION ON THE INDIAN HEALTH SERVICE SANITATION FACILITIES CONSTRUCTION PROGRAM

INFORMATION FOR THE APPLICANT

Public law 86-121 allows Indian Health Service to assist members of Federally recognized Native Tribes in obtaining a potable drinking water supply and a safe means of disposing of waste water for their home use, provided that funds are available and that the homes meet basic standard of living requirements (well insulated, have electricity, indoor plumbing, etc.).

Applications received after July 1st, especially for those sites that require mound-type septic systems, may not be received in sufficient time to receive service in the same year requested and may be scheduled for the following construction season.

APPLICANT'S RESPONSIBILITIES AND CONDITIONS FOR SERVICE

(PLEASE READ CAREFULLY)

- 1 This is an application for service. The provision of sanitation facilities is dependent on Indian Health Service (IHS) site review, verification of home construction, improvements, type of system(s) required, and availability of funds.
- 2 Services cannot be provided without a completed and signed application for sanitation facilities form.
- 3 This application must be submitted to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the application to IHS.
- 4 Applicant must include proof of a legal claim to the land with a copy of the land lease, deed, or property taxes.
- 5 The homesite must be the primary residence of the applicant.
- 6 Applicant agrees to grant access to the IHS, Tribe, and contractor(s) to enter onto the premises as needed to complete inspections and the construction of the proposed sanitation facilities.
- 7 Prior to the initial site visit from an IHS representative, the applicant must have property corners and the proposed house location staked out. Land Office (218) 335-7416 may assist you with staking if property is leased from the Tribe.
- 8 The home must meet current housing codes, be in sound condition with fully operable plumbing (including provisions against freezing in the winter, i.e. mobile homes must be skirted), and have 230v electrical power.
- 9 Under public law 86-121, IHS cannot own, operate, or maintain the installed sanitation facilities. All facilities will be transferred to the applicant when construction is completed and the applicant will be responsible for proper operation and maintenance. For connections to community facilities, the applicant's responsibility is mandated by the applicable utility authority. Applicant must provide proper operation and maintenance of installed facilities to ensure 1-year warranty coverage from the date of Final Inspection.
- 10 Well water quality will be tested for certain parameters to ensure that it does not pose a health threat in accordance with applicable codes and ordinances. Do not drink or cook with well water until a copy of the Drinking Water Notice and your water quality results have been provided to you. In the event that the water quality is found to pose a health risk, the applicant may be eligible for a water treatment system to be installed to provide a safe water source.
- 11 Applicant is responsible for any construction costs that exceed the IHS cost cap. If costs are anticipated to exceed the current IHS cost cap, IHS will consult with the applicant and Tribe prior to construction start.
2024 HPS Cost Caps: Water & Sewer Services - \$68,900.00 Water or Sewer Services - \$46,000.00
- 12 IHS will provide written approval to the Tribe for construction to proceed once the environmental review is completed, all appropriate permits are obtained, and the availability of project funding is verified. Any work completed prior to the IHS written approval will not be reimbursed.
- 13 This office will keep your application on file and active for 24 months. If the homesite is not ready for construction after 24 months, the applicant will need to reapply for services. The applicant is responsible for keeping Leech Lake Well & Septic office updated on the progress and construction status of the homesite.

It is strongly recommended that development of new sites not occur until availability of water and sewer service has been determined. It is further recommended that occupancy of new homes not occur prior to receipt of sanitation facilities.

I understand the applicant's responsibilities and conditions for service as described, and I agree to the IHS verifying information provided on this application.

APPLICANT SIGNATURE:	DATE:
----------------------	-------

TRIBAL REPRESENTATIVE SIGNATURE:	DATE:
----------------------------------	-------

NOTE TO APPLICANT: FOR FURTHER REQUIREMENTS REGARDING HOMEOWNER AND HOME ELIGIBILITY, THE IHS 2003 DIVISION OF SANITATION FACILITIES CONSTRUCTION CRITERIA DOCUMENT IS AVAILABLE ONLINE AT <https://www.ihs.gov/dsfc/resources/>

Heavy Equipment Applicants Only

This application must be completely filled out. All applicants must have a permit from the Department of Resource Management or city/county that they reside in for services requested, including mobile home relocations. If off the reservation the applicant must have a permit from the county they reside in.

If requesting a mobile home relocation, applicant must provide proof of ownership of the mobile home. Provide a copy of Mortgage, Purchase Agreement, Deed, Title Card or Bill of sale. Applicant must also provide ownership of the land. Provide a copy of Tribal Land Lease, Property Tax Statement, Multi-Ownership must have an executed lease. Applicant must provide tax release (for mobile home relocations). The tax release must be issued from the county where the mobile home is located. Wheels/Tires must be aired up and in working condition, hitch needs to be mounted and utilities must be disconnected.

Is your home site on Tribal Land Allotted Land Taxable Fee Land?

Do you have a land lease? Yes No

Do you own your own home or mobile home? Yes No

Do you live in a HUD/Mutual Help home? Yes No

Have you or anyone in your household received services from Heavy Equipment in the past?

Yes No

If yes, when? _____

Does anyone in the household have health issues or a permanent disability? Yes No
If yes, please provide documentation of disability. (Physician Letter or Social Security Statement.)

Are you a Veteran? Yes No

If yes, please provide a DD-214 Form or Veteran's Card.

Does anyone in your household have health issues or permanent disability?

If you are applying for a mobile home relocation, you must provide the following information.

Make _____ Additions/Deck _____

Size _____ Year _____

Number of Axels _____

Please provide detailed directions to your where the mobile home is located:

Leech Lake 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 is to be performed on the property described as:

Physical Address: _____

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 Leech Lake Band of Ojibwe or any of its employees, agents, or contractors for any injury, damage, or loss which may result from any actions undertaken to accomplish work/activity.

I understand that by giving 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 that may be damaged, removed, and/or disposed of, intentionally or unintentionally, as a result of the actions of the Leech Lake Band of Ojibwe, its employees, agents or contractors.

Any unauthorized invoices from vendors will not be paid.

Mailing address _____

Phone Number _____

Print Name

Signature

Date

LLBO Department of Public Works
Repayment Form
(For Office Use Only)

By signing this payback agreement, I acknowledge and agree that I am required to pay back cost. I agree that I will sign and honor a satisfactory payback agreement. **NOTE: IHS installed sanitation and water services do not require payback. Elders, Veterans, & Handicap Band Members are EXEMPT.*

Community Services Program

➤ Total Amount \$ _____

Well & Septic Program

➤ Total Amount \$ _____

Heavy Equipment Program

➤ Total Amount \$ _____

Attention: _____, Payroll Dept.

Applicant Name: _____

Social Security Number: _____

You are hereby authorized to deduct \$ _____ for _____

Payments to Program _____

Weekly

Bi-Weekly

Monthly

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

Signature of Applicant

Date

Signature of LLBO Division Director

Date