

AHA MACAV HOUSING ENTITY **REHABILITATION POLICY**

These policies and procedures were adopted by the Board of Commissioners by Resolution #2015-05 on August 20, 2015.

This policy and procedure was Revised June 10, 2019 by the Board of Commissions by Resolution 2019-10

Policy Statement

The Board of Commissioners of the *AHA MACAV HOUSING ENTITY* recognizes the need to establish procedures regarding the rehabilitation of both privately and *AHA MACAV HOUSING ENTITY* owned homes that belong to tribal members who were unable to acquire assistance from other agencies. The *AHA MACAV HOUSING ENTITY* will provide assistance, within approved budget amounts, for the rehabilitation of privately owned homes that are owned by enrolled tribal members of the *FORT MOJAVE INDIAN TRIBE*.

Individuals and families who apply for assistance funded by the *AHA MACAV HOUSING ENTITY* using Indian Housing Block Grant funds will have to meet eligibility standards established by *AHA MACAV HOUSING ENTITY* along with other agencies or financial institutions that may be partners in these programs.

1. General Information

- a. The *AHA MACAV HOUSING ENTITY* will provide assistance to pay for rehabilitation expenses, building permits, local licensing requirements, for individually owned homes or homes that are owned by the *AHA MACAV HOUSING ENTITY*.
- b. Low-income families may be eligible to receive assistance for the rehabilitation of their home. The *AHA MACAV HOUSING ENTITY* shall determine the maximum dollar amount that may be spent on the rehabilitation of eligible homes.

(Note: The AHA MACAV HOUSING ENTITY has the option to serve the following types of families. Essential families are eligible to receive rehabilitation assistance in accordance with 24CFR 1000. 110. Also, essential families may receive this type of assistance on a reservation or Indian area if the non-Indian family's housing needs cannot be reasonably met without such assistance and the AHA MACAV HOUSING ENTITY determines that the presence of that family on the reservation or Indian area is essential to the well-being of Indian families.)

- c. Participation in the rehabilitation program is limited to low-income families as defined by the *AHA MACAV HOUSING ENTITY*. Participants will be

required to provide documentation to verify the determination of low-income status.

- d. The Executive Director or other designated employee and/or governing body of the *AHA MACAV HOUSING ENTITY* shall review and approve each rehabilitation application. Eligible low-income families must make their request for rehabilitation assistance on an application form developed by the *AHA MACAV HOUSING ENTITY*.
- e. Assistance as determined by the *AHA MACAV HOUSING ENTITY* to the tribal member is paid directly to the vendor or contractor or appropriate agency that requires specific types of fees for permits, fees, or licensing requirements to rehabilitate a house. The payment is only made after the governing body of the *AHA MACAV HOUSING ENTITY* has approved the application and the tribal member has received a letter of approval from the *AHA MACAV HOUSING ENTITY*.

2. **Purpose.** This policy describes the type of work that is allowable and the steps that must be followed to request payment for the rehabilitation work. The homeowner or homebuyer will not be allowed to use rehabilitation assistance for luxury items, as determined by the *AHA MACAV HOUSING ENTITY*. Each request will be considered on a case-by-case basis.

3. Betterment is defined as: Any improvements made to the home that does not result in additional square footage.

4. **Approval Process.** The *AHA MACAV HOUSING ENTITY* will require the homeowner or homebuyer to submit the following documents.

- a. A written request to use the rehabilitation assistance for betterment to the unit.
- b. Proof of ownership of the structure to be rehabilitated.
- c. The *AHA MACAV HOUSING ENTITY* shall determine who has approval or denial authority subject to the availability of funds.

5. **Allowable Uses**

- a. Rehabilitation of home to make accessible to persons with disabilities including bathroom(s), doorways, entrance ramps, etc.
- b. Repairs and/or replacement of items that have been identified in a home inspection. Damaged items that create a hazard to the life, health, or safety of the occupants or cause serious damage to the property shall have priority over other requests.
- c. Improvements such as installation of carpet, upgrade of windows, cabinets, doors, lighting and plumbing fixtures, electrical, insulation, wood stoves, fencing, or other items as determined by the *AHA MACAV HOUSING ENTITY*.

- d. Replacement of appliances such as kitchen stoves, refrigerators, water heaters, furnaces and other items as determined by the *AHA MACAV HOUSING ENTITY*.
 - e. Repairs shall be made in accordance with the *AHA MACAV HOUSING ENTITY* prioritization schedule.
6. **Unallowable Uses.** Rehabilitation assistance shall not be used for luxury items as determined by the *AHA MACAV HOUSING ENTITY* such as hot tub, spas, swimming pools, electronic equipment, or household furniture.
7. **Payment for materials, construction costs and/or contractor services.**
- a. The *AHA MACAV HOUSING ENTITY* will make direct payment to the party performing the work or to the vendor where the purchase for material was made using the *AHA MACAV HOUSING ENTITY* Purchase Order System. At no time will payments be made directly to the homeowner or homebuyer for any material or contractor invoices.
 - b. For the construction of major improvements, payments shall be processed in accordance with the adopted Procurement Policy and/or contract documents.
8. **Inspections**
- a. For rehabilitation changes, refer to Pages 2 and 3, 4. **Allowable Uses.** The *AHA MACAV HOUSING ENTITY* will conduct an interim inspection, and upon completion of the project, a final inspection will be performed with the homebuyer or homeowner. A certification of completion will be signed by the homebuyer or homeowner along with the *AHA MACAV HOUSING ENTITY* and the contractor prior to final payment being issued.
 - b. All completed rehabilitation work must be inspected to assure that work completed meets any Housing Quality Standards established by the *AHA MACAV HOUSING ENTITY*, if applicable.
 - c. All homes must be inspected prior to being rehabilitated to assure that the proper level of environmental review has been conducted in accordance with the National Environmental Policy Act (NEPA) and any other applicable statutes, regulations and Executive Orders.
 - d. All homes must have been inspected for the existence of any lead based paint prior to being rehabilitated in accordance with HUD regulations entitled Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazard in Federally Owned Residential Property and Housing Receiving Federal Assistance contained in 24CFR35.
9. **Eligibility Requirements.** An individual or family must first meet the following eligibility requirements to be eligible for rehabilitation assistance from the *AHA MACAV HOUSING ENTITY*:

- a. Be a low-income family as defined by the *AHA MACAV HOUSING ENTITY*.
- b. Reside within the service area as defined in the *AHA MACAV HOUSING ENTITY*'s Indian Housing Plan.
(Note: The AHA MACAV HOUSING ENTITY has the option to serve the following types of families. Non low-income Indian families are eligible to receive rehabilitation assistance in accordance with 24GFR 1000. 11 O. Also, essential families may receive this type of assistance on a reservation or Indian area if the non-Indian family's housing needs cannot be reasonably met without such assistance and the AHA MACAV HOUSING ENTITY determines that the presence of that family on the reservation or Indian area is essential to the well-being of Indian families.)

10. Resale Restriction

- a. Documents for the Rehabilitation Program shall include resale restrictions. (For example, if the owner sell or transfers title to the home within one-year established by the *AHA MACAV HOUSING ENTITY*, the entire amount or a designated of the cost of rehabilitation the home may be required to be paid back to the *AHA MACAV HOUSING ENTITY*.)
- b. If, at any time, the owner sells or transfers title to the home during the useful life period, the owner must repay the *AHA MACAV HOUSING ENTITY* any balance due according to the terms of the Useful Life/Use Restriction Agreement for Use on Trust Land.

11. Other Requirements.

- a. The homeowner or homebuyer shall be responsible for having warranty work performed on any manufactured appliances or materials used in the rehabilitation of their home.
- b. This policy requires a binding commitment with the homeowner to be executed to ensure NAHASDA assisted units receiving insurance benefits will remain affordable for its useful life in accordance with NAHASDA Section 205(a)(2). The Aha Macav Housing Entity's Useful Life Parameters are as follows:

Under \$5,000.	6 months
\$5,000 to \$15,000.	5 years
\$15,001 to \$40,000.	10 years
Over \$40,000.	15 years
New construction or acquisition of newly constructed housing.	25 years
- c. The *AHA MACAV HOUSING ENTITY* may require the participants in any rehabilitation program to participate in counseling programs sponsored and paid for by the *AHA MACAV HOUSING ENTITY*.
- d. All eligible applicants selected to participate in the *AHA MACAV HOUSING ENTITY*'s rehabilitation program shall sign a Rehabilitation Program Agreement with the *AHA MACAV HOUSING ENTITY*.

- e. The written use restriction placed on the assisted property will run with the land and shall be recorded at the offices of the AHA MACAV HOUSING ENTITY.
- f. AMHE shall not require insurance on units assisted by grants to families for privately owned housing if there is no risk of loss or exposure or if the assistance is in an amount less than \$5,000.00 but will require insurance when repayment of all or part of the assistance agreement.

12. **Appendices**

- a. Rehabilitation Program Application

AHA MACAV HOUSING ENTITY
REHABILITATION PROGRAM

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone # where you can be contacted: _____

Have you ever participated in an *AHA MACAV HOUSING ENTITY* housing program?

·=Yes : =No

1. Family Composition

A. Persons who live in your home

Family Member Number	Names(s) of Your Family Members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

"Social Security number is required for all family members who are 6 years of age or older

B. Are you an enrolled member of the *FORT MOJAVE* Tribe? :-Yes = No

C. Are you or your spouse a person with a disability?=- Yes = No

D. Are any other members of your family who will live in your home persons with disabilities?

=·Yes =· No

If yes, which family members _____

2. Estimated Family Income (for next 12 months)

A. Income from employment

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Week
1.		\$		
2.		\$		
3.		\$		
4.		\$		

B. Other income

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

C. Total family income for next 12 months \$ _____

D. Please attach copies of the most recent IRS 1040 forms and most recent pay stubs for all applicable members of the family.

3. Present housing condition and rehabilitation needs (PLEASE LIST)

4. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the AHA MACAV HOUSING ENTITY to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the AHA MACAV HOUSING ENTITY if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

Your Signature _____ Date _____

Date application received by the AHA MACAV HOUSING ENTITY: _____

Signature of AHA MACAV HOUSING employee receiving application: _____