

BAY MILLS INDIAN COMMUNITY

USDA RURAL HOUSING PRESERVATION AND REPAIR PROGRAM POLICY

PURPOSE AND SCOPE

- I. The Bay Mills Indian Community Housing Preservation and Repair Program Policy ("Policy) shall govern the Bay Mills Indian Community Housing and Preservation Repair Program.
- II. The purpose of the program is to assist tribal citizens who need essential improvements to their owner-occupied housing.
- III. Funding awards will typically be \$5,000 for use as outlined in this policy.
- IV. A minimum of 15 will be approved.
- V. There will be an application period, with all submitted applications submitted within that timeframe will then be reviewed by a panel using a scoring matrix.

ELIGIBLE CATEGORIES

The funds will be used for a wide range of essential improvements, including energy related upgrades, accessibility enhancements for individuals with disabilities, repairs, replacements, and rehabilitation.

The following categories are eligible for funding:

- Energy-related upgrades
- Accessibility enhancements for individuals with disabilities
- Accessibility ramps
- Grab bar installation
- Exterior rail installation or replacement
- Exterior steps
- Decks and wood porches
- Steps and frames
- Masonry porch steps
- Damaged trim wall repair
- Electrical work
- Roofing repair and shingle replacement
- Floor repair
- Window replacement
- Interior and exterior door replacement
- Ventilation improvements
- Plumbing fixtures (toilets, sinks, showers)
- Countertop and cabinet replacement
- Lighting upgrades

APPLICANT ELIGIBILITY

To qualify, the applicant must:

- I. Be an enrolled citizen of the Bay Mills Indian Community, or parent or legal guardian of an enrolled tribal citizen under the age of 18 who resides within the

applicant's household, or the legal caretaker of an enrolled tribal citizen who resides within the applicant's household; and,

- II. Tribal member widow/ers may also be eligible for this program if they meet the requirements of this policy. If the tribal member widow/er has remarried since the time of death of their tribal member spouse, they will only be eligible for this benefit if that union produced tribal member children; those children may be alive or deceased at the time of receiving this benefit.
- III. Applicant must reside on Bay Mills Reservation land.
- IV. Applicant's household income must be below the annual Income Eligibility Guidelines included in this Policy.

PROOF OF OWNERSHIP

Ownership of home in need of repair or maintained must either be in the tribal citizen's permanent household. Where home is in the name of the member's spouse, legal guardian, or significant other, applicant shall provide verification that applicant's address matches the physical address on the property deed, registration and/or driver's license of home title holder. Applicant must provide a copy of their current driver license or state identification card, proof of ownership, proof of household income, and tribal id.

INELIGIBILITY

- I. The tribal citizen applicant or parent(s)/guardian(s) are ineligible if their household income is above the annual Income Eligibility Guidelines, attached to this Policy. If any household member has committed fraud or misrepresentation in order to utilize the HPRA Program, all household members will not be eligible to utilize the program.
- II. If the fraudulent act resulted in funds due and owing the BMIC, not otherwise referred to above, the applicant must, in addition to satisfaction of this section, reimburse the BMIC in whole to be considered eligible for services under the HPRA Program.

RESTRICTIONS ON PROGRAM

- I. Funding under this program is limited to essential health, safety, and structural preservation repairs necessary to maintain a home's habitability and prevent deterioration. No expenses shall be paid related to cosmetic or aesthetic improvements, aftermarket upgrades, or non-essential comfort features. Ineligible uses of funds include, but are not limited to, regular maintenance and routine upkeep, interior or exterior painting for appearance only, landscaping, luxury or decorative fixtures, insurance premiums, security or alarm systems, and

any other expenses not directly tied to the preservation or repair of the home's structural integrity or essential systems.

- II. Payment for eligible services shall not be paid to any immediate family of the applicant applying for assistance under the HPRA Program. The term "immediate family member" means, with respect to a person the spouse, domestic partner, child, stepchild, grandchild, parent, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, great grandparent. In addition, payment for eligible services shall not be paid to any individual residing in the primary residence of the elder applicant.
- III. No expenses related to this program shall be utilized to assist in the conduct of criminal or illegal activities. Any applicant receiving assistance which is subsequently identified as an expense derived from, or used for criminal or illegal activity shall result in denial of further assistance, required reimbursement of assistance amount and will be banned from future participation in this program.

PROCEDURE

- I. **Application.** The applicant must complete the HPRA Program application to include the following: names of all household members, tribal affiliation, tribal ID number, date of birth, address, income amounts and income sources for all household members. A written statement by the applicant justifying the assistance requested must also be completed. The applicant must provide proof of household income for all household members living in the home. (recent check stub, tax forms, W-2, etc.) Income guidelines are based on annual USDA Income Eligibility Guidelines included in this Policy.
- II. **Processing.** The Community Program Specialist will review an application for completeness and calculate income eligibility before the application is considered complete and any consideration of the application is made. If any required documentation is not submitted within the application by the deadline established within this Policy, the application will be deemed "Incomplete" and will not be considered for funding.
- III. **Deadline.** An application period of May 1, 2026 until May 29, 2026 at 4:30pm has been established. Applications will be accepted during this time period only. At the close of business (04/29/2026 at 4:30pm), no further applications will be accepted. Only completed applications will be assessed.
- IV. **Assessment.** A team of four staff members from Administration will review and score all applications. All identifying information (name, address, DOB) will not be included in review information. Staff will review applications and rate each based on household income, level of repair needed and emergent need, disability status of household members, age of applicant, household size, veteran status, and age of home.

- V. Determination. A minimum of 15 applications will be approved. Awards will be determined based on ratings and funds available.
- VI. Notification of Awards. Applicants awarded program funding will be notified by the Community Programs Specialist within 5 business days of award to discuss next steps for completing necessary work.
- VII. Notification of Denial. Applicant's that were not awarded will be send a denial letter within 10 business days of determination sent to the address listed on the application.
- VIII. Implementation. The Community Programs Specialist will work with the awarded applicants to successfully administer this program. This will include helping to identify an appropriate licensed and insured contractor, schedule repairs, obtain necessary paperwork from vendors, processing of invoices, etc.

INCOME ELIGIBILITY

As required by the funding source for this program, applicants must be very-low and low income based on the USDA income guidelines to qualify for this program. Those limits are as follows:

1 to 4 family household total gross annual income

Very Low is below \$42,950

Low is below \$68,700

5 to 8 family household total gross annual income

Very Low is below \$56,700

Low is below \$90,700

TOTAL NUMBER IN HOUSEHOLD _____

INCOME GUIDELINES

1 to 4 family household total gross income

- Very Low is below \$42,950
- Low is below \$68,700

5 to 8 family household total gross income

- Very Low is below \$56,700
- Low is below \$90,700

INCOME INFORMATION

Earned Income: List the applicant first, then the spouse if applicable, followed by all household members assisted with HPG funds for all or part of the next 12 months. Include wages, salaries, tips, bonuses, commissions, professional fees, and net earnings from self-employment. Provide check stubs, W-2, and 1099 forms for verification.

Initials or Tribal Number	Annual Earned Income	Source of Income

Total annual earned Income \$ _____

Unearned Income: Include Social Security, retirement, disability, unemployment benefits, child support, alimony, royalties, per capita payments, interest, and similar income. List the applicant first, then the spouse, if applicable, followed by all household members with income. Provide statements and check stubs for verification.

Initials or Tribal Number	Annual Unearned Income	Source of Income

Total annual unearned Income \$ _____

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME \$ _____

HOUSING INFORMATION

Type of Housing: ___ House ___ Mobile Home ___ Other

Housing Composition: ___ Lives with Spouse ___ Lives with Family/Friends ___ Lives Alone

Number in Household: _____ Are you in an overcrowded situation: ___ Yes ___ No

Do you own this home: ___ Yes ___ No *Please provide proof of home ownership with your application.*

Have you lived in this home for at least 1 year prior to the time of this request: ___ Yes ___ No

Is the condition of the home in a dilapidated state: ___ Yes ___ No

If the application is housing repair-related, please provide the following information.

House size (sq feet): _____ Number of bedrooms: ___ Number of bathrooms: _____

Please describe the issue with your home or the type of housing assistance you are requesting below.

VETERANS SERVICE

Have you/spouse ever served in the Military? ___ Yes ___ No

I certify that all answers are true, complete, and correct to the best of my knowledge and belief, made in good faith. I understand this information will be used to determine eligibility for financial assistance.

Disclaimer: *Services are provided at the applicant's risk. The applicant agrees to hold harmless Bay Mills Indian Community and its officers, employees, directors, representatives, and agents, for any and all claims, losses, settlements, fines, liabilities, damages, deficiencies, costs or expenses (including interest, penalties and attorneys' fees and disbursements) suffered, sustained, incurred or required to be paid, based upon, arising out of, in connection with, or otherwise in respect of the performance services for the applicant.*

Signature _____ **Date** _____