

HABEMATOLEL Pomo of Upper Lake

375 E. HWY. 20, STE I · P.O. BOX 516 · UPPER LAKE, CA 95485

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POLICIES AND PROCEDURES

Emergency Housing Assistance Program

Administrative Plan

For the

HABEMATOLEL Indian Housing Service Department

Approved by the

Interim Tribal Council

April 25 ~ 2003

Emergency Housing Assistance Program
Policies & Procedures
Revised: Sept 2012

Purpose:

The *HABEMATOLEL Indian Housing Service Department has established an Emergency Housing Assistance Program that will enable the tribe to better serve the housing needs for tribal members of the HABEMATOLEL Pomo of Upper Lake.

The *Housing Services Department* will provide 1st month's rent and deposit to qualified tribal members living on and off the reservation. This is *once in lifetime* assistance **unless** the tribal member is homeless due to one of the exceptions listed under **Once in a Life Time** on page 5.

The *Housing Services Department* has established the following goals to meet the needs of tribal members:

Program Goals:

- To provide safe, sanitary and decent affordable housing to tribal members who are Homeless or going to be homeless. Due to emergency situations beyond their control.
- To assist tribal members in locating a rental unit that is adequate for family size and near schools and the work place.
- To help alleviate the financial burden on tribal members when found to be in an emergency situation.
- To provide a rental housing payment to pay for the first month's rent and the security deposit when **required** to secure affordable housing. **Total payment not to exceed \$2,000.00 maximum.**
- To remove tribal members from potentially harmful situations that may occur due to homelessness.
- To meet the housing needs of a greater number of tribal members by maximizing the resources available under NAHASDA.

* HABEMATOLEL Indian Housing Service Department will be referred to as *Housing Services Department* throughout these procedures.

Eligibility Requirements

To be eligible for the Emergency Housing Assistance Program, applicants must meet the following eligibility requirements:

1. Be an enrolled member and in good standing with the HABEMATOLEL Pomo of Upper Lake.
2. Residents/members evicted for “Cause” are not eligible for the Emergency Housing Assistance Program.
3. Residents/members **incarcerated** during the last one year are not eligible for the Emergency Housing Assistance Program.
4. Family household income does not exceed the applicable NAHASDA Guidance Income Limits of 80% of medium income. Refer to page 6 of the Application

Rental Assistance Funding

The *Housing Services Department* has designated and budgeted funds for the Emergency Housing Assistance Program for the purpose of assisting tribal members who must relocate due to job transfers, new job or who have become homeless due to emergency situations beyond their control.

- Qualified tribal members may receive up to \$1,000.00 towards the first month’s rent. The amount of the actual assistance will vary as the assistance will be based upon the requirements of the property owner, landlord or manager of the rental unit.
- All payments will be paid directly to the property owner, landlord or manager of the rental unit.
- Applicants cannot be related directly or indirectly to the property owner, landlord or manager of the rental unit.
- Utilities are excluded and are the responsibility of the tenant/applicant.
- Applicants will be served on a first-come, first-serve basis.

Service Area - The approval of the Habematolel Pomo of Upper Lake’s Housing Service Area as per Resolution #04-04-01 is as follows: The Habematolel Pomo of Upper Lake Interim Tribal Council has designated and authorized the Service Area as Upper Lake Rancheria, **then**, the counties of Lake, Mendocino, Sacramento, Sonoma, Butte, Yolo, Contra Costa, Alameda, San Francisco, Humboldt, Los Angeles County in general, and then the remainder of the State of California.

Eligibility Requirements

Applicants must **have sufficient income to continue paying their rent and/or** receive public assistance/ benefits such as Pensions, Veterans, Social Security, AFDC, SSI, etc. **The amount of their monthly rent must be no more than 1/3 of their total monthly income.**

Defined Emergency Situations:

- Homeless due to overcrowded conditions.
 - Homeless due to fire.
 - Homeless due to flood.
 - Homeless due to unsafe living conditions (home condemned).
 - Homeless due to renting a home that is being sold.
 - Homeless due to domestic violence. {Contingent upon attending counseling services.}
 - Medical necessity, due to severe/permanent illness or disability.

Medical Necessity:

In the case of severe/permanent illnesses the *Housing Services Department* will take in to consideration the extent and nature of the illness/disability based on the documentation provided to us by the applicant's physician.

ONCE IN A LIFETIME:

Participants will only be allowed this service only once. Maintain and keep property clean and in good condition so that *the* Security Deposit you pay will be returnable to you when you leave.

There are, however, certain situations that are beyond the control of the participant such as:

- Fire
- Flood
- Domestic Violence

- Other acts of God

In the event of the above listed circumstance, the participant may be re-determined eligible for the Emergency Housing Assistance Program at the discretion of the *Housing Services Department* and Housing Commissioners. Once the *Housing Services Department* has made that determination, your case will then be brought to the Housing Commission **and the Ex. Council** for final approval.

Process - Applicant must provide:

1. A completed application
2. Current proof of income for Applicant and all other members of the household (18 & over).
3. A statement of homeless situation. (Circumstances surrounding homelessness)
4. Signed Authorization for Release of Information. (See pages 4 & 5 of Application.).
5. A statement of facts from last place of rental (property owner, landlord or manager).
6. Copy of signed lease or rental agreement.
7. Letter from licensed physician, stating the nature of illness and or disability. (When applicable)

Verification of all data will be reviewed and evaluated as they are received for completeness. When applications are found to be incomplete, a 30-day period will be allowed to provide documentation in order to complete the application process.

If you have any questions or need assistance in filling out the application, please contact the:

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