



2022 Elder Home Repair Application

Complete application thoroughly ~ Please print clearly

Applicant Name: _____ DOB: _____ ROLL# _____

Copy of CDIB Card

Physical Address of Home: _____

County: _____ Current Mailing Address: _____

Home Status: Owned Housing Authority Children in Home: Yes No (Check one Please)

(Homeowner must provide proof of ownership)

Contact Number: _____ Message Number: _____

(Phone number is required)

(Phone number is required)

Brief description of needed emergency home repairs:

PROGRAM GUIDELINES

Construction Services

Housing Authority: Only enrolled members of the Cheyenne and Arapaho Tribes are eligible to receive assistance. If the applicant qualifies for assistance from the Housing Authority MEPA Funds, Housing will coordinate the repairs using established policies. If the applicant does **NOT** qualify for assistance from the Housing, the applicant will be referred to Construction Services Program to coordinate approved repairs using applicable guidelines. No reimbursement for repairs shall be provided after work has been completed. Elder Home Repair will be provided once in a 12-month period by either program. Failure of the homeowner's maintenance responsibility may disqualify an application. Work must conform to applicable local and state building codes. **Proof of Ownership must be submitted with application. Example- Deed, Title, (TSR)-Title Status Report.**

Please submit application to Erica Scherdin by email at escherdin@cheyenneandrapaho-nsn.gov or

FAX at (405)-422- 8268

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING:

I certify that the information on this application is true and correct to the best of my knowledge. I understand that false information will disqualify my application from consideration. I have read the policy for the Elder Home Repair and agree to the terms and conditions.

Applicant Signature: _____ Date: _____

OFFICAL USE ONLY

_____ Application received by Construction Services Program Date Received: _____ Initial _____

_____ Application forwarded to Resident Services Program Date Received: _____ Initial _____

Action taken by Housing Authority: ELGIBLE FOR MEPA FUNDS: YES NO

ELGIBLE CHARGE BACK AGREEMENT: YES NO