



## SHINGLE SPRINGS BAND OF MIWOK INDIANS

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 SHINGLE SPRINGS RANCHERIA  
 (VERONA TRACT), CALIFORNIA  
 5281 HONPIE ROAD, PLACERVILLE, CA 95667  
 P.O. BOX 1340, SHINGLE SPRINGS, CA 95682  
 (530) 683-0127 OFFICE, (530) 676-6288 FAX

### ELDER'S HOME REFURBISHING ASSISTANCE APPLICATION FORM

#### SECTION 1 – TO BE FILLED OUT BY APPLICANT

Last Name:		First Name:		M.I.
Enrollment Number:		Date of Birth:		
Residence:		City:	State:	Zip Code:
Home #:	Cell #:	E-Mail Address:		
<p><b>Type of Assistance Requested:</b></p> <p><input type="checkbox"/> Repairs Needed: Please provide an itemization list of repairs needed.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Documentation evidencing need for repairs attached (such as photos, estimate or statements).</p> <p><input type="checkbox"/> Construction towards a new residence.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Documentation evidencing need for construction attached (such as photos, estimate or statements).</p>				

**TERMS AND CONDITIONS:**

The applicant hereby acknowledges:

- He/she is an enrolled member of the Shingle Springs Band of Miwok Indians; and
- He/she is age fifty-five (55) years or older;
- He/she has a land assignment or lease on the Shingle Springs Rancheria;
- He/she does not have a dwelling built on his/her land assignment/lease;
- He/she dwelling is built on his/her land assignment/lease is in need of major repairs because it is unsafe or unsanitary; and
- His/her dwelling is their primary residence; and
- No other member of my household is receiving Home Refurbishing Assistance. The following individuals live in my home (attach and continue on another page if not enough room).

\_\_\_\_\_  
Name

\_\_\_\_\_  
age

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION 2 – TO BE FILLED OUT BY STAFF WHEN RECEIVED**

Staff Member Receiving Application:	Date Received:
Name of Applicant:	
<p>Requirements:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Applicant is an enrolled member of the Shingle Springs Band of Miwok Indians.</li><li><input type="checkbox"/> Applicant is age fifty-five (55) years or older.</li><li><input type="checkbox"/> Applicant has a land assignment or lease on the Shingle Springs Rancheria, Parcel No. _____, which is his/her primary residence.</li><li><input type="checkbox"/> Applicant does not have a dwelling built on his/her land assignment/lease and therefore request assistance towards construction of a new residence.</li><li><input type="checkbox"/> Applicant’s dwelling is built on his/her land/lease and in need of major repairs because it is unsafe or unsanitary.</li><li><input type="checkbox"/> Applicant has demonstrated a need for assistance by submitting an itemized list of repairs/construction contemplated in the request.</li><li><input type="checkbox"/> Applicant has demonstrated a need for assistance by submitting an itemized list of repairs/construction including, but not limited to photo’s, estimates and/or statements from contractors/repairman.</li><li><input type="checkbox"/> Applicant has acknowledged the requirement and a willingness to pay taxes on any assistance received (if applicable).</li><li><input type="checkbox"/> No member of Applicant’s household is currently home refurbishing assistance.</li></ul>	
Miscellaneous Notes:	

Qualification of Applicant:

- Applicant meets the qualifications to apply for home refurbishing assistance.
- Applicant does not meet the qualifications to apply for home refurbishing assistance.

\_\_\_\_\_  
Elder's Coordinator

\_\_\_\_\_  
Date

**SECTION 3 – TO BE FILLED OUT BY ELDER'S COMMITTEE**

Applicant request:

- Approved
- Denied

If approved, amount of assistance awarded:

Applicant shall receive the maximum assistance of \$50,000 for a once in a life time and/or \$\_\_\_\_\_ for repairs and/or for construction of a new home.

\_\_\_\_\_  
Elder's Committee Chairperson

\_\_\_\_\_  
Date