



**LITTLE SHELL TRIBAL HOUSING DEPARTMENT
Elder Housing Assistance Program –Appliance Upgrade**

Program Summary

The Little Shell Tribal Council established the Elder Housing Assistance Program (EHAP) to improve the housing conditions of Little Shell tribal elder homeowners by replacing, removing or repairing housing defects. The Tribal Council has recognized the need to ensure that our elders have energy efficient appliances that are reliable and dependable.

The EHAP Appliance Upgrade Program will provide appliance upgrades for appliances that do not meet current energy efficiency standards. Additionally, all major appliances will be evaluated for safety issues and replaced as necessary to mitigate any issues identified. Appliance upgrades will require a site visit by the Housing Department EHAP Coordinator to validate the need for upgrades and to determine replacement specifications.

Select Appliances Eligible for Upgrades:

- Refrigerator / Freezer Combo
- Gas Stove / Electric Range
- Dishwasher
- Hot Water Heater
- Clothes Washer
- Clothes Dryer

For all questions, please email LittleShellHousing@lstribe.org or call (406) 315-2400. The Housing Department is scheduling in-person consultations to provide help on the application ***by appointment only***.

Do I Qualify for EHAP?

Use the information below to see if you qualify under the Tribe’s EHAP Appliance Upgrade Program. This is **NOT** an application and is only intended to help individuals determine if they might be eligible to apply.

- ✓ **Little Shell Tribal Elder** – The Applicant must be a currently enrolled Little Shell Tribal Member and be 62 years of age or older.
- ✓ **Homeownership** – The LST Elder Applicant must own or co-own the residence/dwelling in Cascade County, Montana. The LST Elder Applicant may qualify an intermediate family member (spouse or child) owns the home. The LST Elder Applicant must live in the residence full time.
- ✓ **Household Income** – Applicant’s household must be at or below HUD’s Low Income Household Income Limits listed below:

2023 HUD Income Limits - Low Income (80% of U.S. Median Income)							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$ 53,850	\$ 61,550	\$ 69,250	\$ 77,000	\$ 83,100	\$ 89,250	\$ 95,450	\$101,600

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Demonstration of Homeownership

List All Owners of the House/Dwelling: _____

List All Owners of the Land: _____

▲ REQUIRED DOCUMENTS:

- Applicants must provide proof of homeownership or legal interest in the dwelling such as: deed or title, mortgage document, property tax receipt, home purchase contract, will or affidavit naming you as heir, or manufactured home certificate/title. Documents must have applicant’s name listed as owner.
- If the Applicant’s spouse or child owns the home, the Applicant must provide marriage certificate or child’s birth certificate.

Demonstration of COVID Impacts

Eligible Applicants must have been directly or indirectly impacted by the COVID-19 pandemic on or after January 21, 2020.

Financial Hardship Determination – CHECK ALL THAT APPLY:

- I lived in an area that was subject to a government-imposed shelter-in-place or quarantine orders.
- I have become unemployed, partially unemployed, or have had my salary or hours decreased.
- I have experienced a loss of income due to the COVID-19 pandemic.
- I have suffered financially because of the price increases in commodities caused by the pandemic. This includes food, gas, lumber, and other essential products.
- I have been unable to work due to self-quarantine mandates.
- I have hardships relating to childcare due to the closure of schools and childcare programs.
- I incurred medical expenses due to the testing or positive diagnosis of COVID-19.
- I incurred expenses to purchase personal protective equipment and disinfectant supplies.
- I have incurred increased internet and utility expenses to work from home and/or prepare my child to conduct schoolwork from home.
- Other – Please Describe: _____

Household Composition

Household Member Name	Relation to Applicant	Date of Birth	Age	Little Shell Tribal Enrollment Number
1.	(Self)			
2.				
3.				
4.				
5.				
6.				

**If your Household has more individuals, please attach an additional page.*

1. Who is the Head of Household? _____
2. Is anyone in your household a United States Veteran? ____ Yes ____ No

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Elder Housing Assistance Program

Household Income

To qualify for EHAP, your total household income cannot exceed 80% of the area median income. You may provide your household's previous year's tax filing or your household's current monthly income.

Include Income Sources such as:

- Wages, tips, and bonuses
- Net income from a business, rentals
- Payments from VA, Social Security, retirement funds, pensions, disability, or death benefits
- Unemployment, disability, or worker's compensation
- Alimony and Child Support Payments

Do Not Include these Income Sources:

- Wages of children under the age of 18
- Payments received for the care of foster children
- Sporadic or Temporary income
- Stimulus or Tribal COVID Assistance Payments
- Advanced Child Tax Credit payments
- Public Benefits such as SNAP, TANF and WIC

Household Member Name	Employer/Income Source	Current Monthly Income	Adjust Gross Income from Tax Filing
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
Total Household Income		\$	\$

Other Household Income

Earnings of full-time adult students	\$	Other Income Source (Specify):	\$
Adoption assistance payments	\$	Other Income Source (Specify):	\$

Household Income Deductions

In your Household, how many individuals are full-time college students?	
In your Household, how many individuals have a disability?	
How much does the household spend per month on childcare expenses?	\$
How much does the household spend per month on medical expenses or attendant care for an elderly or disabled household member?	\$
How much does the household spend on travel expenses per week for employment or education?	\$

▲ REQUIRED DOCUMENTS:

- Each household member over the age of 18 years must provide proof of income documents.

Examples include:

- | | |
|---|--|
| <ul style="list-style-type: none"> ○ Current pay statement ○ Most recent 1040 IRS Tax Form ○ Most recent W2 ○ Unemployment letter | <ul style="list-style-type: none"> ○ Government benefit statement ○ Retirement/pension statement ○ Child support payment history ○ Alimony statement |
|---|--|

- If you cannot provide any documentation, please contact the LST Housing Department.

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Appliance Energy Efficiency Upgrade

The Little Shell Tribe will provide appliance upgrades for appliances that do not meet current energy efficiency standards as determined by The U.S. Department of Energy, Energy Efficiency & Renewable Energy division. Additionally, all major appliances will be evaluated for safety issues and replaced as necessary to mitigate any issues identified. Appliance upgrades will require a site visit by the Housing Department EHAP Coordinator to validate the need for upgrades and to determine replacement specifications.

Please select appliances that need to be upgraded:

- Refrigerator / Freezer Combo
- Gas Stove / Electric Range
- Dishwasher
- Hot Water Heater
- Clothes Washer
- Clothes Dryer

CERTIFICATION OF APPLICATION

I, _____ (PRINT NAME), certify that this property is my primary residence and that I live year round at this property to receive Elder Housing Assistance Program (EHAP) through the Little Shell Tribe of Chippewa Indians of Montana (LST).

I UNDERSTAND THAT I SHALL NOT SELL, TRADE, OR REMOVE ANY APPLIANCE THAT I RECEIVE THROUGH THE LST EHAP APPLIANCE UPGRADE PROGRAM PRIOR TO THE ONE (1) YEAR WARRANTY INSPECTION OF THE APPLICANCE. I ACKNOWLEDGE THAT IF I AM FOUND IN VIOLATION OF THIS PROVISION, I MAY BE PENALIZED BY THE LITTLE SHELL TRIBE INCLUDING THE DENIAL OF ANY FUTURE FUNDING ASSISTANCE PROVIDED BY THE LST, REIMBURSEMENT OF ANY FUNDS USED TO PROVIDE ASSISTANCE, OR ANY OTHER SUCH PENALTY ISSUED BY THE LST.

I further certify that all written attestations and information provided is accurate and complete. I further certify that no one in my household, including myself, has received duplicative federal, state, local, or tribal funding for the assistance that I am requesting. I acknowledge that giving false information is grounds for penalties including the denial of any future funding assistance provided by the LST, reimbursement of any funds used to provide assistance, or any other such penalty issued by the LST.

Signature of Applicant

Date