



LITTLE SHELL TRIBAL HOUSING DEPARTMENT Pembina Appliance Program

Program Summary

The Little Shell Tribal Council established the Pembina Fund Appliance Program to provide emergency appliance assistance to Little Shell tribal elders and disabled tribal members. Approval for emergency assistance will be done on a case-by-case basis. The Program is funded by the Tribe's allocation of the Pembina Settlement, therefore, funding is limited.

- The Program is available to Little Shell tribal homeowners **LIVING IN MONTANA**.
- The Program is offering to **repair or install a new FURNACE, STOVE, AND/OR REFRIGERATOR**.

Do I Qualify?

Use the information below to see if you qualify. This is **NOT** an application and is only intended to help individuals determine if they might be eligible to apply.

- ✓ **Little Shell Tribal Elder or Disabled** – The Applicant must either be a currently enrolled Little Shell Tribal Member and be 62 years of age or older, **and/or** a currently enrolled Little Shell Tribal Member with a long-term disability.
- ✓ **Homeownership** – The Applicant must own or co-own the residence/dwelling anywhere in Montana. The Applicant may qualify if an intermediate family member (spouse, parent, child) owns the home. The LST Applicant must live in the residence full time.
- ✓ **Emergency Need** – The Applicant must demonstrate that the appliance no longer works or the applicant does not have the existing appliance.
- ✓ **Household Income** – Applicant's household must be at or below HUD's Low Income Household Income Limits listed below:

| 2025 HUD Income Limits - Low Income (80% of Montana Median Income) | | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
| \$ 53,600 | \$ 61,250 | \$ 68,900 | \$ 76,550 | \$ 82,700 | \$ 88,800 | \$ 94,950 | \$101,050 |

Application Review and Disbursement Process

The Housing Department will oversee the collection and initial review of all applications. If an application is denied for any reason, the applicant may submit an appeal to the full Tribal Council.

Application Deadline and Submission

The Pembina Fund Appliance Program will be granted on a rolling basis as funds are available. Each participant will be placed on a waiting list based on priority criteria scores.

Mail or Hand Deliver to:
LST Tribal Housing Department
615 Central Avenue West
Great Falls, MT 59404

E-Mail: LittleShellHousing@lstribe.org

Fax: (406) 315-2401

For all questions, please email LittleShellHousing@lstribe.org or call (406) 315-2400.

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Household Income

To qualify for the Pembina Assistance Program (PAP), your total gross household income cannot exceed 80% of the area median. 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
- sm • 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:

- | | |
|--|--|
| <input type="checkbox"/> Current pay statement | <input type="checkbox"/> Government benefit statement |
| <input type="checkbox"/> Most recent 1040 IRS Tax Form | <input type="checkbox"/> Retirement/pension statement |
| <input type="checkbox"/> Most recent W2 | <input type="checkbox"/> Child support payment history |
| <input type="checkbox"/> Unemployment letter | <input type="checkbox"/> Alimony statement |

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

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Demonstration of Elder Status or Long-Term Disability

Applicants must either be a currently enrolled Little Shell Tribal Member and be 62 years of age or older, **or** a currently enrolled Little Shell Tribal Member with a long-term disability.

Check the status you are claiming:

- I am 62 years of age or older and have provided a copy of a government issued ID for verification.

AND/OR

- I have a long-term disability and attached one of the following to verify my long-term disability:
 - Letter from a physician's/medical professional.
 - Records or letter from a federal government agency that provides disability benefits.
 - Certification from a Vocational Rehabilitation or Counselor that provides disability benefits.

Emergency Appliance Replacement

The Little Shell Tribe will only replace an appliance if the appliance no longer works or the applicant does not have the existing appliance. The Housing Department staff will conduct a house inspection to verify the emergency need.

| Appliance Type | State if the <u>Appliance No Longer Works</u> or <u>You Do Not Have the Appliance</u> | Age & Size of Appliance Space |
|----------------|---|-------------------------------|
| Furnace | | |
| Stove | | |
| Refrigerator | | |

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 the Pembina Fund Appliance Program assistance 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 PRIOR TO ONE (1) YEAR. 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