



Bois Forte Safe Shelter Program  
**Individual Household Assistance Application**

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**1. Certification of Eligibility (check only one).**

\_\_\_\_ I was 50 years of age or older as of September 17, 2020 and no other person in my household has received emergency household assistance under this particular Program.

\_\_\_\_ I was 18 years of age or older as of September 17, 2020 (the date the Program was established), have one of the underlying medical conditions recognized by the CDC as putting me at an increased risk of severe illness resulting from COVID-19 infection (see list of underlying medical conditions in Program Guidelines), and no other person in my household has received emergency household assistance under this particular Program.

**\*\*\*If eligible based on an underlying medical condition, please attach documentation of the medical condition, such as a note from a health care provider.**

**2. Certification of Need (check all that apply). Since March 1, 2020, I have, due to the COVID-19 public health emergency:**

\_\_\_\_ suffered loss of my income or the income of a family member upon which I rely.

\_\_\_\_ experienced increased or unforeseen emergency financial costs.

**3. Certification / Documentation of Need for Qualifying Repair or Replacement (check up to two). I currently have the following qualifying repair or replacement need:**

\_\_\_\_ Repair or replacement of a water heater

- \_\_\_ Repair or replacement of a furnace
- \_\_\_ Purchase, repair or replacement of a stove, microwave, or refrigerator
- \_\_\_ Purchase, repair or replacement of a freezer
- \_\_\_ Purchase, repair or replacement of washer and/or dryer
- \_\_\_ Purchase, repair or replacement of an air conditioner
- \_\_\_ Purchase, repair or replacement of a dishwasher
- \_\_\_ Purchase, repair or replacement of a generator
- \_\_\_ Repair or replacement of a roof
- \_\_\_ Purchase, repair or replacement of a water softener
- \_\_\_ Purchase or replacement of a mattress and/or box spring
- \_\_\_ Electrical repair or other work to remedy a safety hazard
- \_\_\_ Plumbing repair or other work to remedy a serious plumbing issue
- \_\_\_ Purchase and installation of a sump pump
- \_\_\_ Repair to remedy issues concerning the structural integrity of a home
- \_\_\_ Purchase and installation of a ramp to address handicap accessible needs
- \_\_\_ Repairs, replacements, or other work necessary for handicap accessibility
- \_\_\_ Purchase and installation of an air exchanger or purifier
- \_\_\_ Weatherization services
- \_\_\_ Installation, setup, and cost of internet services
- \_\_\_ Extermination services
- \_\_\_ Mold remediation

**\*\*\*To support this certification, you must attach documentation of each purchase, repair, or replacement need:**

- i. for a repair or replacement of an existing item, or a required service, attach documentation from a licensed contractor or technician showing (1) the qualifying need for a household repair, replacement or service and (2) the cost of the household repair, replacement or service;**
- ii. for a purchase of an item that the applicant does not currently have, a attach a written statement from the applicant explaining that the applicant does not currently have the item to be purchased.**

**4. Signature.**

By signing and submitting this Application, I:

- Certify that I have reviewed the Program Guidelines and agree to all terms and conditions of the Program, including the limitations on use of any emergency household assistance I receive;
- Certify that all information provided in this Application is accurate;

- Acknowledge that any payments made based on my inaccurate assertions or submissions will be subject to recoupment;
- Agree to assist the Band in verifying the accuracy of the information I have submitted upon reasonable request; and
- Certify that the need I have identified in this application has not been covered through other income or financial assistance, including other Federal, State, local, or tribal governmental assistance.
- Certify that the loss of income and/or increased or unforeseen emergency financial costs I have suffered is equal to or greater than the emergency household assistance I am requesting.
- Certify that the emergency household assistance I am requesting is not for costs that are the responsibility of another person or entity, such as a landlord.
- Acknowledge and agree that the information I have provided on this Application will be used to update my contact information with the Band's Enrollment Office.
- Acknowledge and agree that this Program provides one-time assistance and is not a recurring benefit.

Further, I acknowledge and agree that although the Band intends the most favorable tax treatment available under the general welfare exclusion set out in Internal Revenue Code Section 139E, **the Band has not provided any specific tax advice to members and will NOT be responsible for any tax liability or other costs incurred by members in connection with their receipt of emergency household assistance under the Program.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Bois Forte Safe Shelter Program

### Program Guidelines

The Bois Forte Reservation Tribal Council by Resolution No. 40-2021 established the Bois Forte Safe Shelter Program to provide specific one-time emergency household assistance to Band members to encourage them to stay at home during the COVID-19 public health emergency and protect themselves from exposure to the virus. **Emergency household assistance provided under this Program is NOT a per capita or stimulus payment available to all Band members.** Rather, assistance is available only for those adult Band members who are particularly vulnerable to severe illness should they contract COVID-19 and who have a qualified household repair or replacement need that has not been covered by another source.

**1. Eligibility.** The following categories of enrolled Band members are eligible to apply for emergency household assistance under the Program:

- Enrolled Band members who were 50 years of age or older as of September 17, 2020 (the date the Program was established); or
- Enrolled Band members who were 18 years of age or older as of September 17, 2020 (the date the Program was established) and who have an underlying medical condition recognized by the Centers for Disease Control and Prevention (“CDC”) as putting them at an increased risk of severe illness resulting from COVID-19 infection including, but not limited to: cancer, chronic kidney disease, COPD (chronic obstructive pulmonary disease), immunocompromised state from a solid organ transplant, obesity (body mass index of 30 or higher), serious heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies), sickle cell disease, Type 2 diabetes mellitus, or any other underlying medical condition that the CDC confirms as putting a person at an increased risk of severe illness from COVID-19.

**2. Qualifying Household Repair / Replacement Available.** Eligible Band members who meet the Program requirements are eligible to receive up to \$1,500 per household in emergency household assistance to be used for up to two qualifying household purchases, repairs and/or replacements that are needed. Qualifying household purchases, repairs and/or replacements include:

- Repair or replacement of a water heater;
- Repair or replacement of a furnace or other heating system;
- Purchase, repair or replacement of a stove, microwave or refrigerator,
- Purchase, repair or replacement of a freezer;
- Purchase, repair or replacement of washer and/or dryer;
- Purchase, repair or replacement of an air conditioner;
- Purchase, repair or replacement of a dishwasher;
- Purchase, repair or replacement of a generator;
- Repair or replacement of a roof;

- Purchase, repair or replacement of a water softener;
- Purchase or replacement of a mattress and/or box spring;
- Electrical repair or other work to remedy a safety hazard;
- Plumbing repair or other work to remedy a serious plumbing issue;
- Purchase and installation or repair of a sump pump;
- Repair to remedy issues concerning the structural integrity of a home;
- Purchase and installation or repair of a ramp to address handicap accessible needs;
- Repair, replacement, or other work necessary for handicap accessibility;
- Purchase and installation of an air exchanger or purifier;
- Weatherization services;
- Installation of internet services;
- Extermination services; or
- Mold remediation.

Band members in rental housing cannot request household assistance under this Program for the purchase, repair or replacement of items owned by their landlords and the responsibility of their landlords. Repair or replacement must be for items owned by the applicant or for which the purchase, repair, or replacement is the responsibility of the applicant. Additionally, a member may qualify for emergency household assistance even if the qualifying household repair or replacement exceeds \$1,500 in cost; however, in that circumstance, the member will be required to make up the additional cost beyond the emergency household assistance provided.

**3. Application Requirements.** All eligible Band members requesting emergency household assistance under the Program must submit a completed application. As part of the application, members must:

- a. provide information demonstrating their age, their enrollment with the Band, and, if necessary, their underlying health condition that puts them at increased risk of severe illness resulting from COVID-19 infection;
- b. certify that they have suffered from a loss of income or increased or unforeseen emergency financial costs incurred since March 1, 2020, due to the COVID-19 public health emergency;
- c. provide documentation of each purchase, repair, or replacement need:
  - i. for a repair or replacement of an existing item, or a required service, provide documentation from a licensed contractor or technician showing (1) the qualifying need for a household repair, replacement or service and (2) the cost of the household repair, replacement or service;

- ii. for a purchase of an item that the applicant does not currently have, provide a written statement from the applicant explaining that the applicant does not currently have the item to be purchased.
  
- d. certify that they have not received financial assistance to cover the household repair or replacement through an alternative source, such as the Paycheck Protection Program, the 2020 Federal stimulus payments, unemployment benefits, or other Federal, State, local, or tribal governmental assistance; and
  
- e. agree to comply with all Program requirements.

All application materials submitted will be kept strictly confidential, including information submitted regarding the applicant's underlying medical condition.

#### **4. Application Process.**

A. Submission. Applications must be received by 4:30 PM November 15, 2020. Completed applications can be emailed to covidassistance@boisforte-nsn.gov, faxed to 218-757-0116, or mailed to the following address: Bois Forte Safe Shelter Program, 5344 Lake Shore Drive, Nett Lake, MN 55772. Distribution of emergency household assistance under the Program is subject to availability of funds.

B. Review. Program staff will review the application for completeness and required documentation, and will follow up with applicants if additional information is needed to process the application. When an applicant requests the purchase of an item they do not currently have, Program staff reviewing the application will call the applicant to confirm the existing need and will document that conversation as part of the application package before deciding to approve or deny the application. Inability to reach an applicant who requests the purchase of an item will prevent the application from being processed.

C. Payment to Vendor. If the application is approved, the Band will issue a purchase order to a vendor to complete the requested repair or replacement with payment made directly from the Band to the vendor that will complete the work. If a vendor does not accept a purchase order, then the Band will issue a check in the name of the vendor. Payment may include the cost of any inspection or estimate needed to assess the applicant's need for a purchase, repair or replacement, as well as the cost of safely removing and disposing of equipment that needs to be replaced. If the qualifying household purchase, repair or replacement exceeds \$1,500 in cost, payment to the vendor will be conditioned on the vendor confirming that the applicant has paid the outstanding cost of the work beyond the emergency household assistance available.

**5. Timeline for Completing Work.** Applications will be processed in the order they are received. The Band will strive to process applications as quickly as possible. Any repair or replacement approved under the Program must be completed before December 30, 2020.

**6. Federal Income Tax.** The Band has structured this Program with the intent that the emergency household assistance that a Band member receives is not subject to federal income tax. Specifically, the Band intends for the emergency household assistance payments provided under this Program to be “Indian general welfare benefits” under Section 139E of the Internal Revenue Code that are not subject to federal income tax. In general, a benefit is an “Indian general welfare benefit” if it is provided under a Program that is (1) administered under specified guidelines that do not discriminate in favor of members of the governing body of the Band, and (2) the benefit provided is available to any tribal member who meets the required guidelines, is for the promotion of the general welfare, is not lavish or extravagant, and is not compensation for services.

**7. Effect on Other Assistance.** A member’s receipt of emergency household assistance under the Program may affect that member’s eligibility for other need-based assistance. While the Band has structured the Program to minimize members’ individual tax burden and any effects on the receipt of other assistance, it is the sole responsibility of the applicant to determine the effects, if any, of emergency household assistance on other assistance benefits.

**8. Questions.** If you have any questions about the information in this Summary or any other Program details or requirements, please contact Ed Villebrun, Beverly “Mitz” Steel, or Gabby King by phone at 218-757-3261, e-mail at [CovidAssistance@boisforte-nsn.gov](mailto:CovidAssistance@boisforte-nsn.gov), or by fax at 218-757-0116.