Seneca Nation Elder Emergency Minor Home Repair Guidelines

**PLEASE READ ALL GUIDELINES BEFORE SIGNING APPLICATION**

The Emergency Minor Home Repair program has expanded its services. Please select the eligibility criterion that most closely aligns with your situation. **Select only one.**

☐ HOMEOWNER Eligibility Criteria:

The Emergency Minor Home Modification and Repair Program will provide assistance with repairs to applicants who meet the following criteria:

1. Enrolled Seneca
2. 60 years of age or older
3. Resides within the Allegany or Cattaraugus Territories
4. Facing a life-altering condition or a health or safety hazard
5. The homeowner
6. In a homebuyers program with
   a. Seneca Nation Housing Authority
   b. Seneca Nation Mortgage Program
   c. Other Financial Lending Institution

   **Land Contracts are NOT Eligible**

The Elder must provide proper documentation to verify that they meet the above criteria and that they are a resident of the home where the repairs are to be performed.

HOMEOWNER General Requirements Checklist:

Applicants are required to provide proof of ownership and residency. Required documents are:

☐ Seneca Nation ID
☐ Current utility bill
☐ Houses – Deed or clerk document designating Elder as the owner of property/home

   OR

☐ Mobile Homes

- Deed or clerk document designating Elder as the owner requesting funding
- Mortgage payment stub
- Bill of sale
- Letter from
  - SNHA – Stating Homebuyer
  - SNMP – Stating Homebuyer
- A copy of financial institution document representing the homebuyer’s loan
RENTER Eligibility Criteria:

Renter applicants are required to submit to a full assessment by the SN AOA Senior Support Specialist to determine eligibility and to provide proof of residency. The SEEDS Emergency Minor Home Modification and Repair Program will provide assistance with select non-structural repairs to renter applicants who meet the following criteria:

1. Enrolled Seneca
2. 60 years of age or older
3. Resides within the Allegany or Cattaraugus Territories or within the City of Salamanca
4. Facing a life-altering condition or health or safety hazard
5. Must be the tenant listed on the lease agreement
6. Limited to one per qualified household

The Elder must provide proper documentation to verify that they are the lawful tenant of the dwelling where the repairs are to be performed.

RENTER General Requirements Checklist:
Renter applicants are required to provide proof of residency. Required documents are:

- Copy of Seneca Nation ID
- Copy of individual’s residential lease and one of the following:
  1. Utility Bill
  2. Postmarked mail at physical address (address may be handwritten), no P.O. boxes, please
- Signed Letter of Permission for Property Modification from Landlord
  (SNIAOA Form: EMHR 44)
- Letter of Residency Affidavit (notarized)
  (SNIAOA Form: EMHR 33)

CAREGIVER and CARE RECEIVER Eligibility Criteria:

Caregiver and Care Receiver applicants are required to submit to a full assessment by the SN AOA Senior Support Specialist to determine eligibility and to provide proof of Care Receiver residency and Caregiver property ownership. The SEEDS Emergency Minor Home Modification and Repair Program will provide assistance to applicants who meet the following criteria:

1. Care Receiver is an Enrolled Seneca
2. Care Receiver is 60 years of age or older
3. Care Receiver resides within the Allegany or Cattaraugus Territories or the City of Salamanca
4. Care Receiver is facing a life-altering condition or health or safety hazard
5. Care Receiver resides in a home owned by Caregiver

The Elder must provide proper documentation to verify that they meet the above criteria, and are a resident of the home where the repairs are to be performed.
CAREGIVER and CARE RECEIVER General Requirements Checklist:
Applicants are required to provide proof of ownership and residency. Required documents are:

- Copy of Care Receiver’s Seneca Nation ID
- Letter of Residency Affidavit (notarized) plus one of the following (SNIAOA Form: EMHR 11 or 22):
  - Stamped mail with physical address
  - Cell phone bill; or
  - Utility bill
- Copy of Caregiver’s deed

** All documents must be in the Elder’s or Caregiver’s name with matching residential address **

Program Benefits:

The Program offers assistance with minor home modifications and repairs up to $2,000.00 each year per eligible member. This is a first-come-first-serve program, meaning that if the total $2,000.00 is not exhausted on a single project, the remaining balance is not held in reserve for use later in the year and cannot be guaranteed available.

For example, an eligible Elder requires a new stove. The SN AOA offers assistance up to $2,000.00 per year. If a replacement stove costs $500.00, it would appear that $1,500.00 is remaining for the Elder to use throughout the year. However, this may not be true. If program funds are exhausted for the year, the $1,500.00 is no longer available.

** HOME REPAIRS REQUIRE PRIOR APPROVAL **
(You must have the application completed and approved by SN AOA Personnel)
REIMBURSEMENT WILL NOT BE MADE

Terminology

Caregiver – an adult family member or another adult individual who is an informal provider of in-home and community care to an Elder care receiver

Elder Care Receiver – is an adult 60 years or older who receives assistance from, or is dependent upon, another for care and is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or due to cognitive or other mental impairment, requires substantial supervision.
**Emergency** – A sudden or unforeseen occurrence that requires immediate action to prevent a life-altering situation or hardship

**Minor Home Repairs** – To determine Emergency Minor Home Modification and Repair, the following criteria will apply:

1. Ramps for amputees and Elders who used wheelchairs for access to their residence
2. Handicap-accessible items for bathroom
3. Interior/exterior stairs and/or railing repair
4. Replacement or repair to furnace or heating units
5. Replacement and/or repair of hot water tanks, toilets, sinks, leaky faucets, and pipes.
6. Windows, doors, floors, and minor roof repair
7. Replacement (Standard Model Cost Schedule Applies) or repair of refrigerator, stove, washer and dryer
8. Covered porch for entryway to avoid ice build-up in the winter
9. Gravel for *existing* deteriorated driveways
10. Letter of denial from an outside agency (E.g., HEAP, Utilities, Tribal Advocate, Environmental, or other outside agencies, such as the Weatherization Program).
11. Other requests for repairs that are not included in these guidelines will be reviewed on a case-by-case basis

The Emergency Minor Home Modification and Repair Program does not cover any duplicated service other Seneca Nation Departments offer. The Senior Support Specialist will gladly assist you with the application process and follow-up.
EMERGENCY MINOR HOME MODIFICATION AND REPAIR
APPLICATION

Referral Source (i.e., who called): ____________________________________________

Name of Elder: _____________________________ Date: __________ Time: __________

Address: __________________________________________________________________

Phone: _____________________________ Cell: _____________________________

Contact Person: _____________________________ Phone/Cell: __________________

ENROLLMENT NUMBER: _________________ D.O.B: _________________

TERRITORY:  CATTARAUGUS      ALLEGANY      SALAMANCA, NY

NATURE OF EMERGENCY:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I HAVE READ AND UNDERSTAND THE GUIDELINES REQUIRED FOR QUALIFYING FOR THE MINOR HOME MODIFICATION AND REPAIR PROGRAM.

Signature: _____________________________ Date: __________________

Please Note: If you believe you were unfairly denied, you may file a grievance to present to the SNAOA Director.
Office Use Only:

- [ ] VERIFIED HOME OWNERSHIP
- [ ] VERIFIED UTILITY
- [ ] LETTER OF RESIDENCY AFFIDAVIT

Departments contacted:
- [ ] DPW
- [ ] Other Provider: ____________________________
- [ ] Tribal Advocate
- [ ] Facilities
- [ ] Forestry
- [ ] Utilities

Pending Discharge from a Medical Facility?  YES [ ]  NO [ ]

If yes, the contact person verbally agrees that a referral may be made to a medical provider
Initial ________

Office: Fax Form to ____________________________

Comments (Referrals to other services, etc...):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Approved by: ________________________________  Date: ___________

- [ ] APPROVED  - [ ] DENIED  - [ ] PENDING ______________________