

Old Agency District

45644 Veterans Memorial Drive
PO Box 766 ~ Agency Village SD 57262
Phone: (605) 698-7747 ~ Fax: (605) 698-4216

Home Repair Assistance Guidelines and Check List

1. The maximum allowed home repair assistance is \$2500 over a two year period. This amount includes both material and labor costs combined.
2. District members can only be served once every two years under this program.
3. Applicant must be an enrolled member of the Sisseton-Wahpeton Oyate.
4. Applicant must be an adult registered member of the Old Agency District.
5. Applicant must have title to the house to be repaired. A copy of the deed must be attached to the application.
6. Only repairs addressing health and safety and issues will be considered. Luxury items and repairs are not acceptable.
7. Applicant is required to attach "Before Pictures" with the application.
8. Applicant will be required to attach a copy of the materials list and costs.
9. Applicant is required to attach a copy of the contractor's quoted labor costs.
10. Applicant will be required to sign off on the work completed by the contractor.
11. Applicant is required to submit "After Pictures" of the work completed.

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Home Repair Assistance Application

Applicant Information					
First Name		MI	Last Name		
Mailing Address		City	State	Zip Code	County
Date of Birth	Disabled?	Marital Status	Total in House	Social Security Number	
Home Phone	Cell Phone		Work Phone	Email Address	
Physical Address if different than mailing address.					
Other Household Members					
Name	Age	Relationship	Disabled	Student	
Home Repair Information					
(Application must be approved prior to start of repairs.)					
Have you ever received home repair assistance from the Old Agency District? __ Yes __ No					
If yes, state when and what the repairs were for.					

**Home Repair Information Continued
Requested Repairs**

Basement	Doors	Drain Field	Electrical
Flooring	Foundation	Heating	Plumbing
Porch	Handicap Ramp	Roof	Septic Tank
Siding	Windows	Garage	Other (Specify)

Give a brief description of repairs needed. (Attach pictures.)

Applicant Certification

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. I understand any misrepresentation regarding this information may result in denial of financial assistance and may lead to the recapture of the total amount of funds allocated to this project. I am aware that any fraudulent statements made in this application can be legal grounds for prosecution by any agency of the government using this application as a basis for assistance.

Applicant's Signature	Date
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For Office Use Only

Date (Approved) (Denied):	(Approved) (Denied) By:
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Amount Approved: Materials \$ _____ Labor \$ _____

Check Number(s): _____ _____

Denial Reasons:

Applicant's Verification

I hereby verify that the home repairs were completed on _____ and that I am satisfied with the work completed.

Applicant's Signature	Date
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