



Cowlitz Indian Tribal Housing

Date: _____

Dear _____

Thank you for your interest in the Indian Health Service Scattered Site Sanitation Program. Cowlitz Indian Tribal Housing is a sponsor only for this program. We take applications from enrolled native Americans and forward to Indian Health Service.

We make no decisions on what services if any are provided.

Please fill out the attached forms and email or mail them to me at:

Cowlitz Indian Tribal Housing
Attn: Mindie McCoy
107 Spencer Rd.
Toledo, WA 98591

I will fill out my portion of the form and send it to IHS

If you have questions, the contact person at Indian Health Services is:
Katalina Barry, (360)-792-6463 e-mail: Katalina.Barry@ihs.gov

Sincerely,

Mindie McCoy
Cowlitz Indian Tribal Housing
(360) 583-3108

APPLICATION FOR SANITATION FACILITIES (Public Law 86-121)

PART I: TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION:

APPLICANT NAME: _____ TRIBE & ENROLLMENT NO: _____

PHONE #: _____ CELL #: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Has IHS or any other Federal Agency provided sanitation facilities to this applicant before? YES [] NO []

If yes, which Agency? _____ Year? _____ Services provided? _____

If yes, site address: _____ CITY: _____ STATE: _____ ZIP: _____

SERVICE REQUESTED: WATER [] WASTEWATER []

REASON FOR REQUESTING SERVICE:

NEW HOME [] HOME RENOVATION [] FAILED FACILITIES [] OTHER: _____

HOME SITE INFORMATION:

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PARCEL / ALLOTMENT #: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____ Home site is: TRUST [] FEE []

The property is: OWNED [] LEASED [] If leased, number of years remaining on lease: _____

Has IHS or other Federal Agency provided sanitation facilities to this home site before? YES [] NO []

If yes, during what year? _____ Under what applicant name? _____

Existing utilities: None [] Electrical [] Gas [] Cable [] Water Well [] Septic Tank [] Drainfield []

Community Water Connection [] Community Sewer Connection [] Other: _____

Describe any problems you are having with existing water and wastewater facilities: _____

Existing/proposed home: MANUFACTURED [] WOOD FRAME [] OTHER: _____

Date home complete or anticipated completion date: _____ Date or anticipated date of occupancy: _____

Home is/will be primary residence? YES [] NO []

Number of Residents: _____ Ages: _____

Number of Bedrooms: _____ Bathrooms: _____

If home is existing, describe any improvements during the last year: _____

Home loan type: Bank [] Section 184 Loan Guarantee [] HUD IHBG [] Other: _____

Is applicant's name on loan? YES [] NO [] If not, name on loan: _____

SERVICE GUIDELINES:

I hereby certify that the information in this Application is true and accurate to the best of my knowledge. I hereby agree:

1. To allow IHS or representatives authorized by IHS to enter upon my property to evaluate the site and to construct or inspect the facilities requested in this application.
2. To obtain legal survey, easements and permits necessary for the requested sanitation facilities.
3. To accept ownership upon completion of the requested sanitation facilities, and to operate and maintain them in a satisfactory manner.

I understand that these facilities will be provided only if funding is available and if the applicant, home, and home site meet the qualification criteria established by the Indian Health Service.

LANDOWNER SIGNATURE (IF NOT APPLICANT)

DATE

APPLICANT SIGNATURE

DATE

ATTACHMENTS (AS AVAILABLE):

- | | |
|--|--|
| <input type="checkbox"/> Deed/lease agreement/land status (required) | <input type="checkbox"/> Well/geotechnical report |
| <input type="checkbox"/> Proof of Tribal enrollment (required) | <input type="checkbox"/> Soil survey results |
| <input type="checkbox"/> Legal description of property (required) | <input type="checkbox"/> Proposed septic design |
| <input type="checkbox"/> Legal survey/site plan showing property lines & utilities | <input type="checkbox"/> Septic permit |
| <input type="checkbox"/> Loan approval | <input type="checkbox"/> Water/sewer easements agreement |
| <input type="checkbox"/> As-built drawing of existing septic system | <input type="checkbox"/> Purchase and Sale Agreement (new modular/mobile home) |
| <input type="checkbox"/> ROW permit | |

Note: some documents may be required for installation of requested sanitation facilities. IHS may be able to assist to obtain some documents.

PART II: TO BE COMPLETED BY THE TRIBE

APPLICATION CERTIFICATION:

The applicant is a member of a federally recognized Tribe? YES NO

Applicant's home site is within the Tribe's Contract Health Delivery Service Area? YES NO

Home site is zoned for residential development? YES NO

Land status is current and accurate as reported by the applicant? YES NO

ELIGIBILITY AND ENDORSEMENT:

This application has been reviewed by the _____ Tribe/Nation. The application is complete. The applicant is hereby recommended for service.

TRIBAL CHAIRPERSON

DATE

The Tribe/Nation appoints _____ as liaison to coordinate service.

PART III: TO BE COMPLETED BY THE INDIAN HEALTH SERVICE

APPLICATION RECEIVED:

SERVICE REQUEST MANAGER: _____

DATE: _____