



2205 Lashi St. S.E.
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2026 Rehabilitation & Modernization Program

Guidelines, Procedures and Application

Adopted on: February 19, 2026

NISQUALLY TRIBAL COUNCIL


Ken Choke, Chairman



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Purpose:

The Nisqually Indian Tribal Housing is offering financial assistance for interior and/or exterior home rehabilitation for existing homeowners **not** under the management of the Nisqually Indian Tribal Housing (NITH).

Guidelines:

- This program may only be utilized by qualifying enrolled, federally recognized, Native American homeowner families who are ages 18 and older.
- Program funding shall begin annually in January. Applications will not be accepted prior to start of program year.
- This program is income based, per family/household size, using HUD’s Income Limits for Thurston County (Income limits change every April and will be added to our policy and application). Once approved, the qualified household will fall into one of the three categories listed below:
 - 1- Income Exceeding 100% Median Income is considered Non-HUD Qualified Household – *Additional restrictions apply: Applicant must have proof of homeownership and be an Enrolled Nisqually Tribal Member that has exhausted their NEAP/HAP Funds. **Approved Household will be eligible for funds not to exceed a one-time per fiscal year \$10,000 per home/family.***
 - 2- Household income Between 80-100% Median Income is considered HUD Non-Low-Income Household. **Approved Households will be eligible for funds not to exceed a one-time per fiscal year \$10,000 per home/family.**
 - 3- Household income Below 80% Median Income is considered HUD Low-Income Households). **Approved Households will be eligible for funds not to exceed a one-time per fiscal year \$20,000 per home/family.**

Income Limits:

The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the Rehabilitation and Modernization Program. NITH uses HUD’s income limits do determine eligibility. Income limits are subject to change annually in April.

FY 2026 Income Limit Area	Median Family Income (HUD 2026)	FY 2026 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Olympia-Tumwater, WA	\$122,800	Very Low (50%) Income Limits	\$43,000	\$49,150	\$55,300	\$61,400	\$66,350	\$71,250	\$76,150	\$81,050
		Low (80%) Income Limits	\$68,800	\$78,600	\$88,450	\$98,250	\$106,150	\$114,000	\$121,850	\$129,700
		Over (100%) Income Limits	\$81,690	\$93,360	\$105,030	\$116,700	\$126,036	\$135,372	\$144,708	\$154,044

- These funds are not allocated to assist with rental assistance costs or any other form of temporary housing.



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- Funding is allocated first-come, first-serve with a preference for all Nisqually Tribal Members. If the qualified household does not contain any enrolled Nisqually Tribal Members, the household will be serviced after the affordable housing needs of the Nisqually Tribe have been met. Non-Nisqually Households will be notified when/if funding becomes available and will be served in order of the date of receipt of completed application.
- Program rules are subject to change from year to year. Funding does not carry over from the previous year. Households must apply again at the start of the new fiscal year to be rewarded with any funds. Applications from the previous year will not be accepted.
- As of 2025, applicants that utilized funding under this program in three (3) consecutive years will be ineligible for a period of two (2) years. Example: Program was used in 2025, 2026, and 2027; Household is ineligible for 2028 and 2029.
- Once an applicant household is qualified and approved, funding will be allocated based on the qualifying category listed on Page 2. Household will have until October 31st to utilize the funding. If the job(s) are completed and no other jobs are needed, the remaining funding will be forfeited to another applicant that has not yet been serviced. Monies will not be carried over to another activity or year of funding. ***Funds must be exhausted, work completed, and final invoices delivered to Housing by October 31st of each year.***
- Eligible appliances must be a part of the rehabilitation project. Includes all **major** appliances (fridge, stove/range, washer, dryer, dishwasher, microwave, etc).
- NITH staff members will ensure accurate record keeping of files and documentation.
- If the activity is more than the amount received, the applicant will be responsible for any overages.
- Applicants must provide verification documents (**at least one** from each of the categories below) as documentation to show proof of eligibility:
 - Proof of Enrollment in a Federally Recognized Tribe:
 - Tribal enrollment card (ID)
 - Certificate of Tribal Enrollment
 - Proof of Homeownership:
 - Deed or title
 - Mortgage documentation
 - Homeowners insurance documentation
 - Property tax receipt or bill
 - Manufactured home certificate or title
 - Home purchase contracts
 - Court Order or Quit Claim Deed
 - Proof of Income (for all household members):
 - Paystub
 - 1099
 - Bank statements
 - Tax returns



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- Employer Statement
 - Retirement Pension
 - Social Security Statement
 - Per-capita Statement
 - Zero-Income Cert
- Proof of Homeowner Insurance
- Once an applicant household is approved, estimates will be reviewed by NITH staff, approved and will result in the creation of a purchase order issued by the Financial Services Department. All payments will be issued based on the approved purchase order and sent directly to the company/vendor. Company/vendor/Applicant may request to pick up check instead of having it mailed by informing NITH staff at issuance of invoice. Company/vendor will be contacted when the check is ready for pick up by phone call.
 - No check(s) will ever be issued directly to the participant. If for some reason the applicant is reimbursed for the job, the funding must be returned to NITH or Nisqually Financial Department.
 - This program may NOT be used by multiple Tribal members applying for assistance to the same home/address (i.e., \$10,000 will be the limit per unit/family); \$10,000 may not be issued to two different Tribal members who will be residing in the same home/address).
 - Upon approval applicants are responsible for finding their own contractors/vendors who are licensed/bonded and can provide certified payroll (if necessary). NITH staff will NOT be performing any rehabilitation activities. If requested, NITH staff can provide participants with a contractors list and a preferred list that's been developed by Nisqually's Building Department staff, but ultimately, it is the responsibility of the participant.
 - Nisqually Building Department may not be available for all jobs and cannot work on any off-reservation homes due to insurance and licensing restrictions.
 - If the contractor/vendor bid/estimate is over \$10,000 it will be the applicant's responsibility to procure two (2) more bids/estimates for a total of (3) bids/estimates for the same job.
 1. Once all bids are received, the applicant can make their selection of contractor. If contractor chosen is not the lowest bid, applicant must provide additional reasoning for the selection.
 2. Once selected, the contractor/vendor must sign a contract by the Nisqually Indian Tribe Financial Services Department to secure the quote, select a start date, & agree to the Tribe's terms and conditions.
 3. Once a contract has been signed and accepted by all parties, contractor may submit an invoice for any down payment or materials required. The contractor/vendor agrees the Tribe will distribute thirty-five percent (35%) of the total bid amount as a down payment to start the activity/project. If contractors/vendors require more than a 35% down payment, they must submit a detailed invoice for **materials** needed to start the job OR obtain written approval prior to signing the Contract with Financial Services.
 4. If Contractors bid goes over the amount of the contract a Request for modification of contract for professional services must be filled out signed and returned to NITH.



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- Non-low-Income Household and Low-Income Household applicants fall under HUD guidelines and must inform the contractor/vendor that ***Davis Bacon wages (also known as prevailing wages) are required*** to be inserted into each bid over \$2000. Contractor/Vendor must provide ***certified payroll*** after completion to receive their final check from the Nisqually Indian Tribe Financial Services Department.

Procedures:

Applicants must fill out and sign the Rehabilitation and Modernization Guidelines, Procedures and Application must provide all necessary documentation required for NITH staff. The application must be completed prior to approving a request. It will be the applicants' responsibility to ensure that the items listed below are completed prior to applying:

- Proof of Tribal Enrollment in a Federally Recognized Tribe
- Proof of Homeownership
- Proof of Income (for entire household)
- Proof of insurance
- W-9 from Vendor/Company
- Release of Information (ROI)
- Narrative Form

Eligible Activities:

Activities will include, but are not limited to roofing, siding, insulation, exterior painting, gutters, sheet rock, flooring, cabinets, windows, doors, trim packages, major plumbing issues, electrical repairs, HVAC units, wood/pellet stoves, and major appliances relevant to rehab projects.

Ineligible Applicants:

NITH staff will not approve ineligible applications. Reasons for ineligibility include:

- Incomplete applications
- Funds cannot be utilized for any home other than applicants' primary residence
- Applicants who have not expended HAP/NEAP funds
- Applicants are unable to prove homeownership
- Proposed activity is not deemed eligible – final determination will be made by NITH staff
- Applicant with an outstanding debt to the Tribe
- Applicant does not have or does not provide proof of homeowner insurance

Additionally, Applicant Households who have utilized funding under this program in three (3) consecutive years will be ineligible for a period of two (2) years. Funds are limited and NITH strives to ensure that the funding is being utilized by as many different qualifying Households as possible.

Billing & Payment for Activities:



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Creation and distribution of checks for companies/vendors will be based on policies and procedures set forth by the Financial Services Department. If you request a check pickup, Financial Services Department and will contact you when the check is ready for pick up otherwise it will be sent in the mail to the address provided on the W-9 from the company/vendor.

I have read and understand the above policies and procedures for the Rehabilitation & Modernization Program for Existing for Homeowners.

Applicant Signature

Date



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REHABILITATION AND MODERNIZATION APPLICATION

PERSONAL INFORMATION

Applicant Full Name _____ Today's Date ____/____/____

Property Address: _____

Mailing Address: _____

Phone Number (_____) _____

Email address _____

Preferred contact method: Phone Email Mailing address No preference

Are you enrolled in a Federally Recognized Tribe? Yes No

Tribal Affiliation _____ Tribal Number _____

HOUSEHOLD COMPOSITION

FULL NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1)			
2)			
3)			
4)			
5)			
6)			
7)			



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EMPLOYMENT/INCOME INFORMATION

NAME	EMPLOYER/SOURCE OF INCOME ADDRESS & PHONE NUMBER	ANNUAL GROSS INCOME

PROPERTY INFORMATION

Property Type: Apartment | Condominium | Home | Other _____
 Do you own your home? ____ Yes ____ No | Date Purchase: ____/____/____
 Do you have a Homeownership Association? Yes No
 Do you have Homeowners insurance? Yes No
 Do you have a Deed, Title, or Court order for your home? Yes No

REQUEST

Please leave a brief description of why you are requesting assistance for:

Signature of applicant: _____

Date of signature ____/____/____

For Official Use Only: NITH Staff Received _____ Time and Date Stamp _____



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REQUEST FOR MODIFICATION OF CONTRACT FOR PROFESSIONAL SERVICES

There was a contract that was signed and dated on ____/____/____ between Nisqually Indian Tribe and _____.

The compensation for this contract was set at \$_____.

With the unforeseen circumstances/Change Order the job will go over this amount by \$_____.

The unforeseen circumstances consist of the following:

1. _____
2. _____
3. _____
4. _____

It is agreed that these overages will be paid by...

\$_____ by Homeowner

\$_____ by NITH

\$_____ by other support (please specify: _____)

The total amount paid for this job will be \$_____

Applicant Signature

Contractor Signature

NITH Staff Signature



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Contractor Selection Narrative Form

APPLICANT PORTION:

I, _____ choose to utilize:

- The Nisqually Buildings Department
- A contractor from the small jobs list
- A contractor from the Preferred Vendor List
- I have chosen an outside contractor. Please list contractor and contact information

Applicant Signature

____/____/____
Today Date

NISQUALLY BUILDING DEPARTMENT PORTION:

*Applicant Approved for \$ _____ HUD or Supplemental
Davis-Bacon Requirements/Certified Payroll ___ Yes ___ No (Subcontractors ONLY)*

I, _____ from the Nisqually Building Department estimate we can begin this project around ____/____/____ and have this project completed by ____/____/____.

Nisqually Building Department Staff Signature

____/____/____
Today's Date

NITH STAFF PORTION:

Check off List:

- Sent Nisqually Building Department a copy of this Selection Narrative Form
- ___ Estimate (project under \$10k) **OR** _____ 3 estimates (projects over \$10k)
- Contract between Nisqually Indian Tribe and Contractor signed and dated from Financial Services Department
- Purchase Order Requisition
- Down Payment Invoice Requisition
- Final Invoice Requisition
- Activity Letter

All jobs must be completed by October 31, meaning all material ordered and delivered, work completed, and final invoices turned in for final payment.

Applicant Signature

Building Department Signature

NITH Staff Signature



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Authorization for Release of Information

CONSENT: I authorize and direct any Federal, State or local agency, organization, business, or individual to release to Nisqually Indian Tribal Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Community Rental Assistance, Rehab and Modernization, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residence History and Rental Activity
Medical or Childcare Allowances	Credit and Criminal Activity	Custody Status of Children

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Past and Present Employers	Veterans Administration	Previous Landlords & Public Housing Agencies
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamps agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>PRINTED/TYPED NAMES</u>	
Head Of Household _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member _____	_____	Date: _____
Adult Member _____	_____	Date: _____