

SUMMIT LAKE PAIUTE TRIBE **EMPLOYMENT TRAINING ASSISTANCE** **PROGRAM POLICY**

This policy and procedures were adopted by the SUMMIT LAKE PAIUTE TRIBE by Resolution SL-03-2021 on January 9, 2021.

Policy Statement

The governing body (Council) of the SUMMIT LAKE PAIUTE TRIBE recognizes the need to develop a program that aids low-income tribal members whose needs cannot be met through the existing housing programs. This program is created to assist with employment training which will support self-sufficiency. SUMMIT LAKE PAIUTE TRIBE will implement the EMPLOYMENT TRAINING Assistance Program in a manner consistent with the overall mission of the Summit Lake Paiute Tribe Housing Programs.

1. Definitions

a. Annual Income

1. The definition of Annual Income shall be the anticipated income from all sources expected to be received during the next 12 months by all family members. Per **24CFR1000.10 (b) (3)**, which states that annual income shall be the “Adjusted gross income as defined for purposes or reporting under Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax purposes”.
2. If an applicant or participant’s annual income is sporadic and not consistent from one year to the next (farming, firefighting, etc.), the Summit Lake Paiute Tribe may use the average annual income earned over the most recent three (3) years when determining eligibility and calculating monthly payments.

b. Family

1. Family is defined as a family with or without children, an elderly family, a near-elderly family, a disabled family, and a single person. Head of Household must be at least 21 years of age to qualify.

c. Grievance

1. Any complaint against a decision of the Summit Lake Paiute Tribe that is allowed in accordance with the Summit Lake Paiute Tribe housing grievance policy and procedures.

d. HUD

1. The U.S. Department of Housing and Urban Development.

e. Indian

1. Any person recognized as being an Indian or Alaska Native by an Indian Tribe, the Federal government, or any state.

f. Indian Area

1. The term 'Indian area' means the area designated by the Summit Lake Paiute Tribe.

g. Indian Tribe

1. The term 'Indian tribe' means a tribe that is a federally recognized tribe, or a State recognized tribe.
2. The term 'federally recognized tribe' means any Indian tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians pursuant to the Indian Self-Determination and Education Assistance Act of 1975.
3. The term 'State recognized tribe' means any tribe, band, nation, pueblo, village, or community that has been recognized as an Indian tribe by any State.

h. Low Income Family

1. The term 'low-income family' means a family whose income does not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families.

i. Median Income

1. The term 'median income' means the greater of -
 - i. the median income for Summit Lake Paiute Tribe Indian area, which the Secretary shall determine; or
 - ii. the median income for the United States (state and/or county) that shall be an addendum to these procedures.

j. NAHASDA

1. The Native American Housing Assistance and Self-Determination Act passed by the U.S. Congress in 1996.

k. Employment Training Assistance

1. Applicant must identify the need for training.
2. Training must be certification-based training.

3. If applicant decides to drop or cancel the training after payment has been made; applicant will be responsible to repay the amount of training back to Summit Lake Paiute Tribe Housing Department.
4. In cases where training ends with an examination, applicant will be responsible to submit the results to the Housing Department. If the exam is not passed, applicant can retake the exam at their own expense.
5. If applicant wants a subscription-based training, the Housing Department will set up the account, and provide the information to the applicant.

I. Tribal Member

1. An enrolled member of the Summit Lake Paiute Tribe, a federally recognized tribe.

2. General Information

a. Eligibility

1. The eligibility criteria for assistance utilizing this program shall be the same as those described in the Summit Lake Paiute Tribe adopted Eligibility Policies & Procedures.
2. Meets the definition of a Low-income family.
3. Applicants who owe Summit Lake Paiute Tribe money are not eligible to receive assistance.
4. A participant may not receive employment training assistance while receiving the benefit from any other employment or assistance program.

b. Term

1. Assistance is provided for enrolled tribal member.
2. Assistance approval is based on Annual Income rather than Adjusted Income.

3. Payments

a. Execution of agreement for assistance payments

1. An agreement will be signed by the applicant detailing the forms that must be turned in once training is completed.
2. Applicant will sign agreeing to repay any charges if they drop or cancel the training after payment has been made.

4. Obligations

a. Participant Obligations

1. The applicant must:

- (1.) Identify a need for the training
- (2.) Provide copies of certifications received
- (3.) Provide examination results
- (4.) Be the only user attending the training

b. SUMMIT LAKE PAIUTE TRIBE - Obligations

1. Housing Department will be responsible for setting up any account for the trainings/subscriptions and will provide this information to the applicant in writing.

Employment Training Assistance Application

1. Applicants Name: _____
2. SLPT Enrollment #: _____
3. Current Address: _____
4. Phone #: _____
5. Msg #: _____
6. List ALL persons living in the household: List any additional persons on another sheet of paper.

NAME	Relationship	DOB	Age	SSN	Working Y/N
	Self				

7. Requested Training and Amount:
 Requested Training: _____ Amount: _____

8. Identify Training Needs: _____

9. Income:

Household Member	Name of Employer	Address of Employer	Employer Contact #	Rate of Pay	Frequency of Pay	Total Annual Income

Please include all earned income, unearned income, general assistance, unemployment, family support, child support, TANF, SSI, SSA, etc. and provide proof of income received (ex. pay checks, award letters, court orders, etc.). If you have no income please complete the Self-Certification/Statement of No Income section

10. Self-Certification/Statement of No Income:

I, _____, certify that I have no income and therefore, I submit the following statement of how I am presently living with no income:

Signature: _____ Date: _____

I CERTIFY that the information given to the Summit Lake Paiute Tribe Housing Department including family composition, income and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law and that it may result in my being disqualified for housing assistance. Further, I understand that if assistance is provided, I may be required to repay all program monies expended on my behalf if such misrepresentations are discovered later.

Signature: _____ Date: _____

Print Name: _____

AGREEMENT in accordance with Summit Lake Paiute Tribe's Employment Training Assistance Program:

I hereby agree that I will provide a certificate and proof of exam (if applicable) after training is completed. I agree if I cancel or drop the training after payment has been made, that I will repay the assistance amount back to the Summit Lake Housing Department.

If I fail to abide by the terms of the agreement, I will no longer be eligible for any further assistance through the Housing Department's Programs.

Signature: _____ Date: _____

Print Name: _____ SSN: _____

Housing Manager Signature: _____ Date: _____

Authorization for Release of Information

Organization requesting Release of Information: (Full Address of requestor and telephone)

Summit Lake Paiute Tribe
2255 Green Vista Dr. Suite 402
Sparks, NV 89431
Phone: (775) 827-9670 Fax: (775) 827-9678

You are required to sign a consent form authorizing: (1) The Summit Lake Paiute Tribe (SLPT) to request verification of salary and wages from current or previous employers; (2) SLPT to request wage and unemployment compensation claim information from the state agency responsible for those benefits including online sources; (3) Any other agency or other entity which SLPT may request information regarding your application/unit or, i.e. BIA, IHS, Tribal Entities, and any other Public Entities as required and if necessary (4) SLPT to request a copy of your income tax return from the US Internal Revenue Service. The law also requires independent verification of income information. Therefore, SLPT may request information from financial institutions to verify your eligibility and level of benefits. (5) As required by Section 208 of the Native American Housing Assistance and Self-Determination Act (NAHASDA) (codified at 25 U.S.C. § 4138), Indian tribes or TDHEs are permitted to obtain criminal history records of current and prospective tenants of housing assisted with grant amounts provided to such tribes or TDHEs under this Act for purposes of applicant screening, lease enforcement, and eviction.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign this consent form. Additional signatures must be obtained from new adult members joining the household or whenever member of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination from the assisted housing program. Denial of eligibility or termination of benefits is subject to the SLPT's grievance procedures or informal hearing procedures.

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends), (c) criminal history records thru police departments, other law enforcement agencies and tribal court.

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last five years when I have received assisted housing benefits and any other agency or entity regarding my unit.

Consent: I consent to allow Summit Lake Paiute Tribe to request and obtain criminal history and income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the SLPT's programs. I understand that SLPT receives income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed, _____ Date.

Required Signature(s):

Date

Head of Household/Applicant Signature

Social Security Number (Head of Household)

Other Adult Family Member Signature

Social Security Number (Other Family Member)

Other Adult Family Member Signature

Social Security Number (Other Family Member)

Other Adult Family Member Signature

Social Security Number (Other Family Member)