

## CARE's Act Emergency Repair and Replacement Program Guidelines:

- Must Be an FDL Band Member.
- Must be over 18 yrs. of age.
- Must own the home with Name recorded on Property Tax/Mortgage/FDL Lease.
- Must be the applicant's primary residence.
- For heating systems - Does not qualify for Energy Assistance. All applicants must apply or show proof of denial.
- For stoves and refrigerators picture of the old appliance must be submitted.
  
- Applicants must call Energy Assistance or the EHR Coordinator before requesting a repair or replacement and complete an application. Applications can be submitted electronically to [Raeleaskow@fdlrez.com](mailto:Raeleaskow@fdlrez.com) or [Joanmarkon@fdlrez.com](mailto:Joanmarkon@fdlrez.com)
  
- Replacements of equipment will be funded as follows:

Range/Stoves, Refrigerators = Midline stoves provided / Max. of \$740.00 for stoves, \$780.00 for refrigerators, to include set up/delivery/haul away if needed.

If the applicant chooses they may upgrade at their own expense and terms providing Fond du Lac has an account or is able to make payment to the vendor. The FDL CARE's Program will not reimburse applicant's or make payments to applicants.

Heating Systems/ Water Heaters/Water Systems = repair or replacement of mechanical systems will be facilitated by The Energy Assistance Program or the FDL Emergency Home Repair Program.

If at all possible, two contractor quotes must be received. The lesser of the two quotes will be chosen unless there is a time constraint related to the emergency (such as the low bidder cannot complete the job in a timely manner). Repair or replacement will be evaluated at time of need and will be based on age of equipment/cost of repair/emergency need.

Funding cannot be used for non-emergency repairs or replacements.

# FOND DU LAC CARE's APPLICATION

## Household Information

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone or Secondary Contact \_\_\_\_\_

Date of Birth \_\_\_\_\_ FDL Enrollment Number \_\_\_\_\_

List all people living in the household on a permanent basis. Start with the oldest. Please provide name, age, and relationship to the applicant. Also indicate if they are elderly or disabled.

Name	Age	Relationship to applicant	Elderly	Disabled
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## Housing Information

Do you own your own home Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the sole owner of the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please name the co-owner \_\_\_\_\_

Proof of ownership required, your name must be recorded on proof. Examples are: Property Tax Statement, Mortgage Statement.

## Emergency Need (check one and explain)

Heating System \_\_\_\_\_

Heating Type (describe) \_\_\_\_\_

Reason for request \_\_\_\_\_

Water Heater \_\_\_\_\_

Water Heater Type (describe) \_\_\_\_\_

Reason for request \_\_\_\_\_

Contractor	Estimate Amount	Repair _____	Replace _____
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During the heating season (10/1-6/31) all applicants for heating systems are required to apply for Energy Assistance.

State and EA provider	Did you receive a grant?	If denied why?
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Stove \_\_\_\_\_ up to \$740.00

Stove Type/ Prong Type (describe) \_\_\_\_\_

Reason for request \_\_\_\_\_

Refrigerator \_\_\_\_\_ up to \$780.00, reimbursement from Sept. 1, 2021 w/receipt.

Reason for request: \_\_\_\_\_

Did you or your family lose income as a result of COVID-19? \_\_\_\_ Yes \_\_\_\_ No

Did you or your family have any additional expenses for necessities due to COVID-19? \_\_\_\_ Yes \_\_\_\_ No

**Applicant Certification:** Read this certification carefully before you sign and date your application. Sign in ink.

I hereby certify that I own and occupy the home described above as my primary residence, and the above information is complete and true, to the best of my knowledge and belief, and are made in good faith. I also give FDL CARE's Emergency Replacement and Repair program permission to facilitate the repair/replacement of my request and will allow FDL staff to enter my home for inspection if necessary. I agree to hold harmless the Fond du Lac Reservation, its officers, agents, or employees against all liabilities, expenses, and consequences arising out of service provided by the FDL Care's program. I understand that I will be responsible to maintain my equipment upon its replacement or repair.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_