



2020

This monitoring plan is designed to assist a tribe or tribally designated housing entity to conduct self-monitoring of its performance and compliance with pertinent requirements and is virtually identical to the plan that the Office of Native American Programs uses.

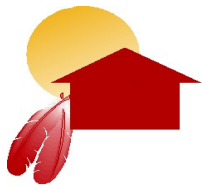
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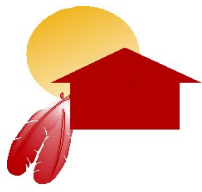
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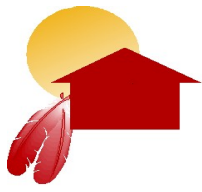
| TRIBE/TDHE NAME: | <u>Regulatory/ Statutory Citation</u> | <u>Other Tools</u> | <u>Ref. Pg.</u> | <u>Remarks</u> |
|---|---|-------------------------------|----------------------------|---|
| I. Purpose | | | | - |
| The purpose of the admissions and occupancy review is to ensure compliance with the requirements of Sections 203 and 207 of NAHASDA and its own policies and procedures. | NAHASDA, Sections 203 & 207 24 CFR 1000.104 thru 110 | | | Read & Noted |
| II. Pre-Review Preparation | | | | - |
| A. If available, review the following documents as they pertain to occupancy: 1. Most recent IHP, approved IHP amendments, IHP amendments in process 2. Tribe/TDHE's policies and procedures (see section III for review instructions) 3. Previous monitoring findings and corrective actions status for findings 4. Previous self-monitoring report(s) 5. Previous audit findings, work papers, and management plan status for findings 6. Previous and current enforcement actions 7. Valid complaints 8. Relevant correspondence | NAHASDA, Section 203(d) 24 CFR 1000.526 | | | Read & Noted NOTE for HP and Rapid Rehousing: Clients at or under 30% of income will be enrolled in the Skagit County programs; whereas those over 30% will be enrolled in the HUD programs. |



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|--|---|--|---------------------|---|
| III. Review | | | | - |
| A. All Programs (including homeownership, rental, tenant-based rental assistance, down payment assistance, emergency assistance, etc.) | | | | Read & Noted |
| 1. Identify sampling of multiple program occupancy records. | | | | I have chosen five client files at random, using an online random number generator |
| 2. Review the sampling methods in the General Instructions. | | | | Read & Noted |
| 3. Review the identified files for adequacy, accuracy, and completeness. | | | | All files are adequate, accurate and complete upon review. |
| a. <u>Low-income families.</u> Using the attached Occupancy Tenant Files Review Forms or the Occupancy Review Form, determine if the participating families were low income at the time they entered into the program. NOTE: It is up to the tribe/TDHE to select the most appropriate form for reviewing occupant files. The Occupancy Tenant Files Review Forms are good when the tribe/TDHE's files are program-based and the Occupancy Review Form is good for occupant-based filing systems. | NAHASDA, Sec. 205(a)(1)(A) – (D) | Occupancy Tenant Files Review Forms Occupancy Review Form | | Yes, all five were verified as low-income in their file and adequate support provided. NOTE: We are utilizing the Occupancy Review Form. Each form is labeled either A, B, C, D or E and referenced by that Letter in the following answers. |



| TRIBE/TDHE NAME: | <u>Regulatory/ Statutory Citation</u> | <u>Other Tools</u> | <u>Ref. Pg.</u> | <u>Remarks</u> |
|--|--|-------------------------------|----------------------------|--|
| (1) Do the files have supporting documentation verifying income? | | | | A: Yes for all five reviewed |
| (2) Do the files have supporting documentation verifying income prior to providing emergency housing assistance? | | | | A: N/A None of the files are an emergency client in 2020 |
| (3) Does the tribe/TDHE's Admissions and Occupancy Policy state that families can continue to participate in the program if they subsequently become non low-income? | | | | Yes, that possibility is addressed within our policy, but it does not apply to any of the chosen files in 2020 |
| b. <u>Non low-income families.</u> If participating families are not low-income, do the files contain documentation that verify: | | | | N/A – No program is offered for over-income clients in 2020 |
| (1) The tribe/TDHE has determined there is a need for housing for those families that cannot be reasonably met without the assistance? | 24 CFR 1000.110 | | | N/A in 2020 |
| (i) Has the tribe/TDHE used less than 10% of its annual grant amount to assist families with incomes within 80-100% of median? | | | | N/A in 2020 |



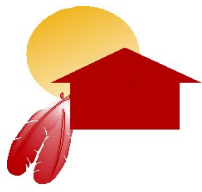
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|--|--|-------------------------------|----------------------------|---|
| (ii) If the tribe/TDHE used more than 10% of its annual grant amount for families with incomes within 80 – 100% of median, did it obtain prior HUD approval? | 24 CFR 1000.110 | | | N/A in 2020 |
| (iii) If the tribe/TDHE assisted families whose income is over 100% median, did they obtain prior HUD approval? | 24 CFR 1000.110 | | | N/A in 2020 |
| c. <u>Other eligible families.</u> Do the files contain documentation that verify: | | | | N/A – no other eligible families were served by the program in 2020 |
| (1) The tribe/TDHE has determined that the presence of the family on the reservation or Indian area: | | | | N/A in 2020 |
| (i) Is essential to the well-being of Indian families, and | NAHASDA, Sec. 201(b)(3) | | | N/A in 2020 |
| (ii) The need for housing for the family cannot be reasonably be met without the assistance? | NAHASDA, Sec. 201(b)(3) | | | N/A in 2020 |



| TRIBE/TDHE NAME: | <u>Regulatory/ Statutory Citation</u> | <u>Other Tools</u> | <u>Ref. Pg.</u> | <u>Remarks</u> |
|--|--|-------------------------------|----------------------------|---|
| (iii) Does the tribe/TDHE have a definition for “essential” families in its Admissions and Occupancy Policy? | | | | N/A in 2020 |
| (2) If the participant is a law enforcement officer: | | | | N/A in 2020 |
| (i) Is the participant employed full time as a law enforcement officer? | NAHASDA, Sec. 201(b)(4) | | | N/A in 2020 |
| (ii) As a full-time enforcement officer, is he/she sworn to uphold the law and make arrests? | | | | N/A in 2020 |
| (iii) Has the tribe/TDHE determined that the law enforcement officer’s presence may deter crime? | | | | N/A in 2020 |
| 4. Review participant selection practices. | NAHASDA, Section 207(b) | | | Read & Noted |
| a. Review recent selections to ensure they are in accordance with selection procedures. | | | | All five reviewed and they are all in accordance with program procedures and policies |



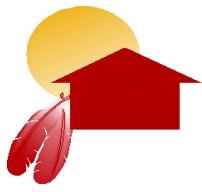
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|---|--|-------------------------------|----------------------------|---|
| b. Review minutes from the Tribal Council/Board of Commissioners' meetings to ensure compliance with selection policies and procedures. | | | | Minutes reviewed, and except for approving of updates in policy for the program, the Tribal Council is not engaged in selection of clients. |
| c. Determine if Native American status is verified. | NAHASDA, Section 201(b) 24 CFR 1000.104 | | | Yes, on all five |
| d. Review the requirements regarding conflicts of interest to determine if the tribe/TDHE: | | | | Read & Noted |
| (1) has included conflict of interest provisions in its policy(s), | 24 CFR 85.36 24 CFR 1000.30 | See Attached | | Yes, Conflict of Interest Policy for HUD Funding §13.300 |
| (2) is notifying HUD: | | | | Notification requirements are covered in the policy. |
| (a) if a person who participates in the decision-making process or who gains inside information with regards to NAHASDA is provided housing-related services. | 24 CFR 1000.30(b) | | | Three TBRA clients meeting this definition were qualified program participants in our HUD program in 2020; Two are the nephew of our GM and one is the child of our HHS Director. |
| (b) of the nature of the assistance to be provided and the basis for selection of the person, and | 24 CFR 1000.30(c) | | | The above clients were all processed within the normal admissions and occupancy procedures and were activated as a client under those requirements in both 2019 and 2020. |
| (c) is making public disclosure. | 24 CFR 1000.30(c) | | | |



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|--|--|---|---------------------|--|
| | | | | Initially the program was unable to locate the publication of the 2 conflicts from 2020 and the HUD notification from 2020; having had this issue arise in 2019, I did not believe that they would have failed to complete this requirement again despite COVID19, so I have asked the program Director, Sharon, to complete a more exhaustive search regarding documentation of all 3 current conflicts in place under our program. I believe that some documentation may be missing due to COVID19 accessibility to paper files while WFH is in place. |
| B. Homeownership and Rental Programs | NAHASDA, Section 203(a) | | | - |
| <p>1. Using the tenant file sample and the Occupancy Tenant Files Review Forms or the Occupancy Review Form, review homebuyer and rent payments to determine if the practices comply with the tribe/TDHE's policies, NAHASDA, and regulations for computing payments and establishing rents.</p> <p>NOTE: It is up to the tribe/TDHE to select the most appropriate form for reviewing occupant files. The Occupancy Tenant Files Review Forms are good when the tribe/TDHE's files are program-based and the Occupancy Review Form is good for occupant-based filing systems.</p> | <p>24 CFR 1000.124 24 CFR 1000.126 24 CFR 1000.130 24 CFR 1000.132</p> | <p>Occupancy Tenant Files Review Forms</p> <p>Occupancy Review Form</p> | | Read & Noted |



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|--|--|-------------------------------|----------------------------|--|
| 2. Review income eligibility verifications, using the Occupancy Tenant Files Review Form to determine: | | | | Read & Noted, reviewed five client files as attached A, B, C, D and E |
| a. If the tenant or homebuyer is income eligible at the time they entered into the program. | 24 CFR 1000.128(a) 24 CFR 1000.146 | | | Yes, all five reviewed and found eligible |
| b. If re-certifications are performed, if required. | 24 CFR 1000.128(b) | | | Yes, recertification was in place as needed |
| c. If third-party verification is obtained. | | | | Yes, three had SSI benefit as verified, all others tested used tax return, paystubs, and bank statements as applicable |
| d. If the practices are consistent with the tribe/TDHE's policies. | | | | Yes, consistent with both policies and procedures |
| 3. Review lease and homeownership agreements to determine if they comply with the IHBG regulations. | NAHASDA, Section 207(a) and (b) | | | Read & Noted |
| a. Do they contain unreasonable terms and conditions? | NAHASDA, Section 207(a)(1) | | | None found in all five files reviewed |
| b. Do they require the tribe/TDHE to maintain housing in compliance with applicable housing codes and quality standards? | NAHASDA, Section 207(a)(2) | | | N/A: 3 rd party leases in place |



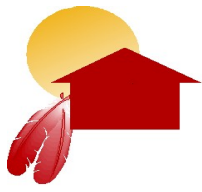
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|--|--|-------------------------------|----------------------------|--|
| c. Do they require the tribe/TDHE to give the period of time established by tribal or local law for written notice of termination of the lease? | NAHASDA, Section 207(a)(3) | | | N/A: 3 rd party leases in place |
| d. Do they state that a resident has the opportunity to examine any relevant documents, records, or regulations directly related to their eviction or termination prior to any hearing or trial? | NAHASDA, Section 207(a)(4) | | | N/A: 3 rd party leases in place |
| Do they note that the tribe/TDHE may not terminate the tenancy, during the term of the lease, except for serious or repeated violations of the terms or conditions of the lease, violation of Federal, State, tribal, or local law, or for other good cause? | NAHASDA, Section 207(a)(5) | | | N/A: 3 rd party leases in place |
| e. Do they provide for the tribe/TDHE to terminate the tenancy of a resident for any activity the resident, a member of the household, or any guest or other person under the control of the resident may be engaged in that: | NAHASDA, Section 207(a)(6) | | | N/A: 3 rd party leases in place |



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|--|--|-------------------------------|----------------------------|---|
| (1) threatens the health or safety of, or right to peaceful enjoyment of the premises by, other residents or the tribe/TDHE's employees. | NAHASDA, Section 207(a)(6)(A) | | | N/A: 3 rd party leases in place |
| (2) threatens the health or safety of, or right to peaceful enjoyment of the premises by, persons residing in the immediate vicinity of the premises; or | NAHASDA, Section 207(a)(6)(B) | | | N/A: 3 rd party leases in place |
| (3) includes criminal activity (including drug-related criminal activity) on or off the premises? | NAHASDA, Section 207(a)(6)(C) | | | N/A: 3 rd party leases in place |
| C. Down Payment Assistance | | | | - |
| 1. Determine whether the tribe/TDHE has a down payment assistance program. If so: | | | | N/A in 2020 |
| a. Does the tribe/TDHE have policies that address the requirements for this type of assistance? | | | | Our down payment policy is in the housing policy §13.204, but the program was inactive and not included in the IHP for 2020 |
| b. Does the tribe/TDHE have an application process and select applicants from a waiting list? | | | | N/A in 2020 |
| 2. Select a sample of participants and determine whether the participants are eligible (low-income, Native American | 24 CFR 1000.104 | | | N/A in 2020 |



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|--|--|-------------------------------|----------------------------|---|
| family). (Review the sampling methods in the General Instructions.) | | | | |
| a. Did the tribe/TDHE determine whether the home being purchased was within TDC limits? | 24 CFR 1000.158(c) | | | N/A in 2020 |
| b. Is there documentation to demonstrate that there are no lead-based paint issues? | | PIH Notice 98-54 (HA) | | N/A in 2020 |
| c. Is there a binding agreement to ensure that the home remains affordable for a period of time? (A lien on property is also appropriate.) | 24 CFR 1000.142 24 CFR 1000.144 | | | N/A in 2020 |
| IV. Summary | | | | - |
| Develop the monitoring report by summarizing the following: <ol style="list-style-type: none"> 1. Compliance with requirements 2. Violations of the applicable statutes, regulations, or local laws and authorities 3. Corrective actions that should be taken to address programmatic concerns | | | | <p>Area of Non-Compliance and corrective action completed:</p> <p>The program was unable to locate the required disclosure, publication, and notification to HUD for the two 2020 TBRA clients that presented a conflict of interest. Both clients' intake were performed near the start of the COVID19 pandemic and during our transition to WFH, and we believe this required activity was missed due to that transition to WFH. As a result, the program has now completed the disclosure and notification to HUD and has also published the notice of conflicts on our website for public</p> |



| TRIBE/TDHE NAME: | <u>Regulatory/ Statutory Citation</u> | <u>Other Tools</u> | <u>Ref. Pg.</u> | <u>Remarks</u> |
|-------------------------|--|-------------------------------|----------------------------|--|
| | | | | <p>access since our office remain closed by both State and Tribal declaration. Additionally, the program has chosen to move the declaration, notification, and publication process for conflicts into the intake process for the Housing Department. The Director is confident that completing this process at the inset will allow a better check and balance for completion.</p> <p>Improvements: We found the current conflict of interest policy could be strengthened to meet the demands of their growing programs. The current policy is in compliance with the HUD requirements under 24 CFR 1000.30 and 2 CFR 200.318, but addressing how conflicts will be managed with more detail, for both procurement and program activity, is advisable as a best practice in maintaining proper internal controls.</p> <p>It is also advised that section 13.302(b)(2) be updated from “Tribal Administration building” to be updated to allow for virtual public posting. For example, during our offices closure the department has been posting those to the housing department’s page on Samish’s public website rather than at the Administration office.</p> |
| | | | | |



Office of Native American Programs

Admissions and Occupancy
Monitoring Plan (Recipient)

| | |
|-------------------------|-------------------------|
| Reviewer Name: | <i>Q. P. H.</i> |
| Review Date(s): | 10/08/2020 & 10/15/2020 |
| Supervisor Name: | <i>Carly Thurston</i> |

Sharon Paskewitz, Housing Director
01-06-2021

| | A | B | C |
|----|-----------------------|---|--|
| 1 | Rental Code Number | | |
| 2 | RA 1 | | |
| 3 | RA 2 | | RESULT OF RANDOM SELECTION: |
| 4 | RA 4 | | |
| 5 | RA 6 | | |
| 6 | RA 11 | | |
| 7 | RA 19 | | |
| 8 | RA 20 | | |
| 9 | RA 26 | | |
| 10 | RA 30 | | |
| 11 | RA 31 | | |
| 12 | RA 32 | | |
| 13 | RA 39 | | |
| 14 | RA 54 | | |
| 15 | RA 57 | | |
| 16 | RA 58 | | |
| 17 | RA 62 | | |
| 18 | RA 63 | | |
| 19 | RA 64 | | |
| 20 | RA 65 | | |
| 21 | RA 67 | | |
| 22 | RA 68 | | |
| 23 | RA 72 | | |
| 24 | RA 73 | | |
| 25 | RA 74 | | |
| 26 | RA 75 | | |
| 27 | RA 76 | | |
| 28 | RA 77 | | |
| 29 | RA 80 | | |
| 30 | RA 81 | | |
| 31 | RA 86 | | |
| 32 | RA 88 | | |
| 33 | RA 89 | | |
| 34 | RA 90 | | |
| 35 | RA 91 | | |
| 36 | RA 92 | | |
| 37 | RA 94 | | |
| 38 | RA 96 | | |
| 39 | RA 97 | | |
| 40 | RA 98 | | |
| 41 | RA 99 | | |
| 42 | RA 100 | | |
| 43 | RA 101 | | |
| 44 | RA 102 | | |
| 45 | RA 103 | | |
| 46 | RA 104 | | |
| 47 | RA 105 | | |
| 48 | RA 106 | | |
| 49 | RA 107 | | |
| 50 | RA 108 | | |
| 51 | RA 109 | | |
| 52 | RA 110 | | |

RANDOM.ORG

What's this fuss about *true* randomness?

Perhaps you have wondered how predictable machines like computers can generate randomness. In reality, most random numbers used in computer programs are *pseudo-random*, which means they are generated in a predictable fashion using a mathematical formula. This is fine for many purposes, but may not be random in the way you expect if you're used to dice rolls and lottery drawings.

RANDOM.ORG offers *true* random numbers to anyone on the Internet. The randomness comes from atmospheric noise, which for many purposes is better than the pseudo-random number algorithms typically used in computer programs. People use RANDOM.ORG for holding drawings, lotteries and sweepstakes, to drive online games, for scientific applications and for art and music. The service has existed since 1998 and was built by Dr Mads Haahr of the School of Computer Science and Statistics, Trinity College, Dublin in Ireland. Today, RANDOM.ORG is operated by Randomness and Integrity Services Ltd.

True Random Number Generator

Min:

Max:

Generate

Result:

28

Powered by [RANDOM.ORG](#)

True Random Number Generator

Min:

Max:

Generate

Result:

30

Powered by [RANDOM.ORG](#)

True Random Number Generator

Min:

Max:

Generate

Result:

16

Powered by [RANDOM.ORG](#)

Search RANDOM.ORG

Search

True Random Number Service

True Random Number Generator

Min:

Max:

Result:

15

Powered by RANDOM.ORG

RESULT OF RANDOM SELECTION:

15

28

30

16

11

True Random Number Generator

Min:

Max:

Result:

11

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2020 - OCCUPANCY REVIEW FORM

Family Name: _____ Name Client #31

2. Date of Application 8/31/2016 Place on Waiting List N/A in 2020

3. Type of Assistance: Rental Assistance

4. If possible, take photo of assisted housing. Date of photo: 07/31/2020

| Does the File Document: | Yes | No | N/A | Comments |
|--|---|----|-----|---|
| 5. Is applicant eligible? NOTE: Check eligibility criteria in Section III (A)(3) of the Admissions and Occupancy Monitoring Plan. | X | | | Verified client is income eligible and Samish, Income verified as of 07/13/2020 |
| 6. Selection in accordance with place on wait list? | | | x | No waitlist in place in 2020 |
| 7. Annual income at time of application: | \$35,490 per year, verified on 7/13/2019 | | | |
| 8. Family size at time of application: | 1 person | | | |
| 9. Number of bedrooms: | 2 bedroom – 1 may be den; fair market for this unit is within range despite rooms and this location has very limited stock available. | | | |
| 10. Income limit for family size at time of application. | \$42,280 | | | |
| 11. Amount of assistance/purchase price: | \$1,408.37 | | | |
| 12. Assistance/price within TDC limit? | X | | | Yes, Fair market is \$1,940 |
| 13. Signed contract for assistance? | X | | | Date application was received: <u>07/14/2016</u> |

2020 - OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|--------------|--------------|---|
| 14. Recorded useful life agreement? | | | X | Not applicable for TBRA client |
| 15. Insurance equal to the amount of assistance? | | | X | No insurance applicable for TBRA clients |
| 16. Pre-occupancy inspection documented? | X | | | Date conducted: Original Location: 10/16/2016 original inspection. Client moved in on 10/18/2016 New location: 9/22/2020. Client moved in 9/24/2020 |
| 17. Post-occupancy inspection conducted? | | | X | Date conducted: Original Location: 7/31/2020 New Location: still occupying |
| 18. Inspection conducted in accordance with maintenance or inspection standards? | X | | | Yes, using HUD form. Inspection was conducted on 9/22/2020 |
| 19. Counseling provided to the family? | X | | | Yes, counseling to client is part of intake, and ongoing services through a self-sufficiency matrix as applicable per client. |
| 20. Is applicant current on payments, if required? | X | | | |
| SP <i>Jb</i> 21. Does there appear to be a conflict of interest? | x | X | | A HUD & public Disclosure process was completed as required for conflicts present, on 7/14/2016 for both. |
| SP <i>Jb</i> 22. Was ONAP notified of conflict of interest? | x | | X | Yes, HUD was formally notified on 7/14/2016 |
| 23. Other: Relocation | | | X | Yes, relocation to new unit happened in 2020, see above |
| 24. Other: Non low-income (over 80% of median income). Is the amount of assistance pro-rated? | | | X | |
| 25. Other: ERR | | | X | Annual TBRA Program ERR was completed for 2020 |

2020 - OCCUPANCY REVIEW FORM

A

| Does the File Document: | Yes | No | N/A | Comments |
|--|-----|----|-----|---|
| 26. Lead-based paint (after 1978)? | | X | | Built in 1986 |
| 27. Draft Lead Based Paint: Pamphlet Provided | X | | | Yes, at enrollment in TBRA and for occupationacy at new location on 9/23/2020 |
| 28. Draft Lead Based Paint: Visual Assesment | | | X | N/A |
| 29. Draft Lead Based Paint: Paint Stablilization | | | X | |
| 30. Draft Lead Based Paint: Notice to occupants | | | X | |
| 31. Draft Lead Based Paint: Ongoing lead-based paint maintenance. | | | X | |
| 32. Draft Lead Based Paint: Response to child with environmental intervention blood lead level .5. | | | X | |
| 33. Is there a child 6 or younger residing in the home that was provided 100 days or more of asssttance? <i>If yes, complete 28 through XX</i> | | X | | |
| 34. Did the tribe/TDHE do an initial inspection and periodic inspections in order to identify any deteriorated paint? Or | | | X | |
| 35. Did the tribe/TDHE have a visual assessment done of the unit for deteriorated paint surfaces in accordance with procedures in order to identify any deteriorated paint? | | | X | |
| 36. If the unit did not pass the visual assessment for deteriorated paint surfaces, did the owner stabilize each deteriorated paint surface and before commencement of assisted occupancy? | | | X | |

2020 - OCCUPANCY REVIEW FORM


| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| 37. If the unit did not pass a visual assessment and if assisted occupancy has commenced prior to a periodic inspection, was the paint stabilization completed within 30 days of notification of the owner of the results of the visual assessment? | | | X | |

Reviewed by:   10/08/2020

Date: 10/8/2020

Sharon Paskewitz, Housing Director

10-08-2020

 Jacqueline Martin 10/08/2020

2020 - OCCUPANCY REVIEW FORM

B

Family Name: _____ Name Client #58

2. Date of Application 4/10/2018 Place on Waiting List N/A in 2020

3. Type of Assistance: Rental Assistance

4. If possible, take photo of assisted housing. Date of photo: _____

| Does the File Document: | Yes | No | N/A | Comments |
|--|--|----|-----|---|
| 5. Is applicant eligible? NOTE: Check eligibility criteria in Section III (A)(3) of the Admissions and Occupancy Monitoring Plan. | X | | | Verified client is income eligible and Samish |
| 6. Selection in accordance with place on wait list? | | | X | No waitlist in place in 2020 |
| 7. Annual income at time of application: | At application: \$ 8,314.20, per year, verified on 4/06/2018 Recertification: \$9,636, verified 7/20/2020 | | | |
| 8. Family size at time of application: | At application: 1 person Recertification: 1 person | | | |
| 9. Number of bedrooms: | 3 bedrooms, as medically recommended by physician 4/26/2018 | | | |
| 10. Income limit for family size at time of application. | At application: \$38,080 in 2018 Recertification: \$42,280 \$9,636 in 2020 | | | |
| 11. Amount of assistance/purchase price: | \$1,304.55 | | | |
| 12. Assistance/price within TDC limit? | X | | | Yes, Fair market is \$1,743 |

2020 - OCCUPANCY REVIEW FORM

D

Family Name: _____ Name Client #57

2. Date of Application 2/13/2018 Place on Waiting List N/A in 2020

3. Type of Assistance: Rental Assistance

4. If possible, take photo of assisted housing. Date of photo: 07/31/2020

| Does the File Document: | Yes | No | N/A | Comments |
|--|---|----|-----|--|
| 5. Is applicant eligible? NOTE: Check eligibility criteria in Section III (A)(3) of the Admissions and Occupancy Monitoring Plan. | X | | | Verified client is income eligible and Samish, Income verified |
| 6. Selection in accordance with place on wait list? | | | x | No waitlist in place in 2020 |
| 7. Annual income at time of application: | At application: \$10,032 per year, verified on 2/12/2018 Recertification: \$26,907.23, verified 7/24/220 | | | |
| 8. Family size at time of application: | At application: 5 people Recertification: 1person | | | |
| 9. Number of bedrooms: | 4 bedrooms, confirmed via emailed inspection | | | |
| 10. Income limit for family size at time of application. | At application: \$77,800 in 2018 for 5 people Recertification: \$42,280 in 2020 for 1 person | | | |
| 11. Amount of assistance/purchase price: | \$1,963.66 | | | |
| 12. Assistance/price within TDC limit? | X | | | Yes, Fair market is \$2,910 |
| 13. Signed contract for assistance? | X | | | Date application was received: <u>07/02/2020</u> Recertificaiton signed for 8/1/2020 effective date |

2020 - OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|--|-----|----|-----|--|
| 14. Recorded useful life agreement? | | | X | Not applicable for TBRA client |
| 15. Insurance equal to the amount of assistance? | | | X | No insurance applicable for TBRA clients |
| 16. Pre-occupancy inspection documented? | X | | | <p>Date conducted: 2/6/2019 confirmed via email New location: 11/19/2019.</p> <p><i>See below:</i> Client move in date is inaccessible due to COVID19; the date is in the paper file at office, but Samish is under WFH orders. When possible, the data will be sought and added to this record.</p> |
| 17. Post-occupancy inspection conducted? | | X | | <p>Date conducted: Original Location:</p> <p><i>See below:</i> Client post-occupancy inspection date is inaccessible due to COVID19; the date is in the paper file at office, but Samish is under WFH orders. When possible, the data will be sought and added to this record.</p> <p>New Location: still occupying</p> |
| 18. Inspection conducted in accordance with maintenance or inspection standards? | X | | | Yes, using HUD form. Inspection was conducted on 7/13/2020 |
| 19. Counseling provided to the family? | X | | | Yes, counseling to client is part of intake, and ongoing services through a self-sufficiency matrix as applicable per client. |
| 20. Is applicant current on payments, if required? | X | | | |
| 21. Does there appear to be a conflict of interest? | | X | | None |
| 22. Was ONAP notified of conflict of interest? | | | X | |

2020 - OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|---|
| 23. Other: Relocation | X | | | Yes, relocation is currently being examined to adjust for change in custody |
| 24. Other: Non low-income (over 80% of median income). Is the amount of assistance pro-rated? | | | X | |
| 25. Other: ERR | | | X | Annual TBRA Program ERR was completed for 2020 |
| 26. Lead-based paint (after 1978)? | X | | | Built in 1965 1962, via Zillow since different date on the landlord verification form |
| 27. Draft Lead Based Paint: Pamphlet Provided | X | | | Yes, at enrollment in TBRA and for occupationacy at new location via lease , signed on 02/01/2020 |
| 28. Draft Lead Based Paint: Visual Assesment | X | | | Free of deteriorated paint both by visual inspection via client provided photos due to COVID19 and by verbal client verification as well. |
| 29. Draft Lead Based Paint: Paint Stablilization | | | X | |
| 30. Draft Lead Based Paint: Notice to occupants | X | | | At occupancy via lease and verified receipt on 2/1/2020 |
| 31. Draft Lead Based Paint: Ongoing lead-based paint maintenance. | | | X | |
| 32. Draft Lead Based Paint: Response to child with environmental intervention blood lead level .5. | | | X | |
| 33. Is there a child 6 or younger residing in the home that was provided 100 days or more of assistance? <i>If yes, complete 28 through XX</i> | | X | | |
| 34. Did the tribe/TDHE do an initial inspection and periodic inspections in order to identify any deteriorated paint? Or | X | | | At inspection |

Jb
That record is also now in client file

2020 - OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| 35. Did the tribe/TDHE have a visual assessment done of the unit for deteriorated paint surfaces in accordance with procedures in order to identify any deteriorated paint? | X | | | |
| 36. If the unit did not pass the visual assessment for deteriorated paint surfaces, did the owner stabilize each deteriorated paint surface and before commencement of assisted occupancy? | X | | | |
| 37. If the unit did not pass a visual assessment and if assisted occupancy has commenced prior to a periodic inspection, was the paint stabilization completed within 30 days of notification of the owner of the results of the visual assessment? | | | X | |

Reviewed by:   10/08/2020

Date: 10/8/2020

Sharen Paskewitz

10/08/2020



Jacqueline Martin 10/08/2020

FOLLOW UP due to COVID19 files access:

2020 - OCCUPANCY REVIEW FORM

- Move in date at current Location:_____ Verified Date:_____
- Date of move-out inspection at the original location:_____ Verified Date:_____
- _____

Inspection Form

Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 04/30/2018)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f).
a unit meets the housing quality standards of the section 8 rental assistance program.

The information is used to determine if

| | | | | | |
|--|--|--|--|--|--|
| PHA ----- | | Tenant ID Number BA-57 | | Date of Request (mm/dd/yyyy) 2/5/19 | |
| Inspector Sarah Beach | | Date Last Inspection (mm/dd/yyyy) ----- | | Date of Inspection (mm/dd/yyyy) 2/6/19 | |
| Neighborhood/Census Tract 0601 | | Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection | | Project Number ----- | |
| A. General Information Street Address of Inspected Unit | | | | Housing Type (check as appropriate) | |
| City _____ County _____ State _____ Zip _____ | | | | <input checked="" type="checkbox"/> Single Family Detached | |
| Name of Family Henry Huntley | | | | <input type="checkbox"/> Duplex or Two Family Row | |
| Current Telephone of Family 509-314-1120 | | | | <input type="checkbox"/> House or Town House | |
| Current Street Address of Family 9825 52nd St SE | | | | <input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment | |
| City Shonomish | | | | <input type="checkbox"/> High Rise: 5 or More Stories | |
| County Shonomish | | | | <input type="checkbox"/> Manufactured Home | |
| State WA | | | | <input type="checkbox"/> Congregate | |
| Zip 98290 | | | | <input type="checkbox"/> Cooperative | |
| Number of Children in Family Under 6 1 | | | | <input type="checkbox"/> Independent Group Residence | |
| Name of Owner or Agent Authorized to Lease Unit Inspected Darrell Melhart | | | | <input type="checkbox"/> Single Room Occupancy | |
| Telephone of Owner or Agent 425-870-0080 | | | | <input type="checkbox"/> Shared Housing | |
| Address of Owner or Agent 9825 52nd St SE. Shonomish WA 98290 | | | | <input type="checkbox"/> Other:(Specify) | |

Sarah Paskevitz

new unit

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail

☐ 1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

☒ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

4 bedrooms Unit Size: Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

1962 Year Constructed: Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

9 Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

| Area | Checklist Category |
|--------------------------|--|
| room by room | 1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living 6. Heating & Plumbing |
| basement or utility room | 7. Building Exterior |
| outside | 8. General Health & Safety |
| overall | |

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security" in the Living Room.) In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; if "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

Previous editions are obsolete

1. Living Room

1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e., there must be **two** of these in the room, or **one** of these **plus** a **permanently installed ceiling or wall light fixture**.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords. If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of what this means: broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

Jenna Burnett

From: Desirée-Kay Robinson
Sent: Friday, October 9, 2020 4:03 PM
To: Jenna Burnett
Cc: Sharon Paskewitz
Subject: Audit Document Follow-Up
Attachments: 2.6.2019 HUD Inspection new unit.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon 😊

Here are the documents for the follow-up from the audit you wanted.

RA 57's move-in day for the new/current unit is 2/6/2019. I have attached the inspection, I can follow-up with the lease, which reflects the same date if you would like.

Unfortunately, I was not able to find a move-out inspection from when he left the unit he was coming from into this one.

(I know you said that you would not require official follow-up on RA58, but I wanted to add that I re-found the original lease and inspection for that too and re-added them to the electronic files 😊)

Have a good weekend,

Desirée-Kay Robinson



Desirée-Kay Robinson | Housing Support Specialist – Samish Indian Nation
PO Box 217 | 715 Seafarer's Way, Unit 103 Anacortes, WA 98221
Direct: (360) 298-4892 | E-mail: drobinson@samishtribe.nsn.us

STATEMENT: *This email is intended only for the use of the individuals to which this e-mail is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable laws. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately and delete this e-mail from both your "mailbox" and your "trash". Thank you.*

2020 - OCCUPANCY REVIEW FORM



| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|---|
| 13. Signed contract for assistance? | X | | | Date application was received: <u>04/06/2018</u> Recertificaiton signed 7/20/2020 for 8/1/2020 effective date |
| 14. Recorded useful life agreement? | | | X | Not applicable for TBRA client |
| 15. Insurance equal to the amount of assistance? | | | X | No insurance applicable for TBRA clients |
| 16. Pre-occupancy inspection documented? | X | | | Date conducted: 5/25/2018, move in date 5/25/2018 |
| 17. Post-occupancy inspection conducted? | | | X | Date conducted: N/A |
| 18. Inspection conducted in accordance with maintenance or inspection standards? | | | | Yes, using HUD form. Inspection was conducted on 7/13/2020 |
| 19. Counseling provided to the family? | X | | | Yes, counseling to client is part of intake, and ongoing services through a self-sufficiency matrix as applicable per client. |
| 20. Is applicant current on payments, if required? | X | | | |
| 21. Does there appear to be a conflict of interest? | X | | | None |
| 22. Was ONAP notified of conflict of interest? | | | X | |
| 23. Other: Relocation | | | X | |
| 24. Other: Non low-income (over 80% of median income). Is the amount of assistance pro-rated? | | | X | |
| 25. Other: ERR | | | | Annual TBRA Program ERR was completed for 2020 |

2020 - OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|--|-----|----|-----|----------------------------|
| 26. Lead-based paint (after 1978)? | | | | Built in 1990 |
| 27. Draft Lead Based Paint: Pamphlet Provided | X | | | Yes, at enrollment in TBRA |
| 28. Draft Lead Based Paint: Visual Assesment | | | X | |
| 29. Draft Lead Based Paint: Paint Stabilization | | | X | |
| 30. Draft Lead Based Paint: Notice to occupants | | | X | |
| 31. Draft Lead Based Paint: Ongoing lead-based paint maintenance. | | | X | |
| 32. Draft Lead Based Paint: Response to child with environmental intervention blood lead level .5. | | | X | |
| 33. Is there a child 6 or younger residing in the home that was provided 100 days or more of assistance? <i>If yes, complete 28 through XX</i> | | | X | |
| 34. Did the tribe/TDHE do an initial inspection and periodic inspections in order to identify any deteriorated paint? Or | | | X | |
| 35. Did the tribe/TDHE have a visual assessment done of the unit for deteriorated paint surfaces in accordance with procedures in order to identify any deteriorated paint? | | | X | |
| 36. If the unit did not pass the visual assessment for deteriorated paint surfaces, did the owner stabilize each deteriorated paint surface and before commencement of assisted occupancy? | | | X | |


2020 - OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| | | | | |
| 37. If the unit did not pass a visual assessment and if assisted occupancy has commenced prior to a periodic inspection, was the paint stabilization completed within 30 days of notification of the owner of the results of the visual assessment? | | | X | |

Reviewed by:   10/08/2020

Date: 10/8/2020

Sharon Paskewitz 10-08-2020

 Jacqueline Martin 10/08/2020

2020 - OCCUPANCY REVIEW FORM**E****Family Name:** _____ Name Client #772. Date of Application 05/21/2019 Place on Waiting List N/A in 20203. Type of Assistance: Rental Assistance4. If possible, take photo of assisted housing. Date of photo: N/A

| Does the File Document: | Yes | No | N/A | Comments |
|--|--|----|-----|---|
| 5. Is applicant eligible? NOTE: Check eligibility criteria in Section III (A)(3) of the Admissions and Occupancy Monitoring Plan. | X | | | Verified client is income eligible and Samish, enrolled On 10/11/2013 |
| 6. Selection in accordance with place on wait list? | | | X | No waitlist in place in 2020 |
| 7. Annual income at time of application: | \$34,830 per year, as adjusted it is \$32,570.00 | | | |
| 8. Family size at time of application: | 4 | | | |
| 9. Number of bedrooms: | 3 bedroom | | | |
| 10. Income limit for family size at time of application. | \$59,000 | | | |
| 11. Amount of assistance/purchase price: | \$1,180.58 | | | |
| 12. Assistance/price within TDC limit? | X | | | Yes, Fair market is \$1,643 and Rent is \$1,575 |
| 13. Signed contract for assistance? | X | | | Date application was received: <u>7/27/2020</u> |

| Does the File Document: | Yes | No | N/A | Comments |
|--|-----|----|-----|--|
| 14. Recorded useful life agreement? | | | X | Not applicable for TBRA client |
| 15. Insurance equal to the amount of assistance? | | | X | No insurance applicable for TBRA clients |
| 16. Pre-occupancy inspection documented? | X | | | Date conducted: 06/30/19, client began getting assistance on 08/23/2019. This was not a pre-occupancy as client was already residing at location, but was a pre-assistance inspection. |
| 17. Post-occupancy inspection conducted? | | | X | Date conducted: N/A |
| 18. Inspection conducted in accordance with maintenance or inspection standards? | X | | | Yes, using HUD form. Annual Re-Inspection was conducted on 6/29/2020 |
| 19. Counseling provided to the family? | X | | | Yes, counseling to client is part of intake and ongoing services. |
| 20. Is applicant current on payments, if required? | X | | | |
| 21. Does there appear to be a conflict of interest? | X | | | Yes, there was a declared conflict notice to client and official conflict announcement published on 5/21/2019 and posted as needed. |
| 22. Was ONAP notified of conflict of interest? | X | | | Yes, in accordance with 24 CFR \$1000.30(c) the notice was also shared with our HUD Grant Manager via email. Although we are confident it was submitted timely via email, we were unable to locate the email showing submission, so we resubmitted just in case. Additionally, we have already implemented a process to record the posting and removal dates, and print posting support showing it on website. |
| 23. Other: Relocation | X | | | Relocation to new location is underway to have a lease in place. |

| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|---|
| 24. Other: Non low-income (over 80% of median income). Is the amount of assistance pro-rated? | | | X | |
| 25. Other: ERR | | | X | Annual TBRA Program ERR was completed for 2020 |
| 26. Lead-based paint (after 1978)? | X | | | Built in 1960 |
| 27. Draft Lead Based Paint: Pamphlet Provided | X | | | Yes, at enrollment in TBRA and in lease on page 10 |
| 28. Draft Lead Based Paint: Visual Assesment | X | | | Yes, at home visitations and required inspections |
| 29. Draft Lead Based Paint: Paint Stabilization | | | X | |
| 30. Draft Lead Based Paint: Notice to occupants | | | X | |
| 31. Draft Lead Based Paint: Ongoing lead-based paint maintenance. | | | X | |
| 32. Draft Lead Based Paint: Response to child with environmental intervention blood lead level .5. | | | X | |
| 33. Is there a child 6 or younger residing in the home that was provided 100 days or more of assistance? <i>If yes, complete 28 through XX</i> | | X | | |
| 34. Did the tribe/TDHE do an initial inspection and periodic inspections in order to identify any deteriorated paint? Or | x | | | Yes, as part of the HUD inspection; home passed at most recent inspection for interior and exterior |
| 35. Did the tribe/TDHE have a visual assessment done of the unit for deteriorated paint surfaces in | x | | | Yes, done in home visits and required inspections |

| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|--|
| accordance with procedures in order to identify any deteriorated paint? | | | | |
| 36. If the unit did not pass the visual assessment for deteriorated paint surfaces, did the owner stabilize each deteriorated paint surface and before commencement of assisted occupancy? | | | x | N/A, no deterioration or mitigation identified |
| 37. If the unit did not pass a visual assessment and if assisted occupancy has commenced prior to a periodic inspection, was the paint stabilization completed within 30 days of notification of the owner of the results of the visual assessment? | | | x | N/A, no stabilization required |

Reviewed by: _____

Date: _____

OCCUPANCY REVIEW FORM

C

Family Name: Boome RA-812. Date of Application 8-1-19 Place on Waiting List N/A in 20203. Type of Assistance: Rental Assistance4. If possible, take photo of assisted housing. Date of photo: N/A

| Does the File Document: | Yes | No | N/A | Comments |
|--|-------------------------------|----|-----|---|
| 5. Is applicant eligible? NOTE: Check eligibility criteria in Section III (A)(3) of the Admissions and Occupancy Monitoring Plan. | X | | | Verified client is income eligible and Native American, recertified 7-17-19 |
| 6. Selection in accordance with place on wait list? | | | X | No waitlist in place in 2020 |
| 7. Annual income at time of application: | \$33,262.48 per year | | | |
| 8. Family size at time of application: | 4, three children and 1 adult | | | |
| 9. Number of bedrooms: | 4 bedrooms | | | |
| 10. Income limit for family size at time of application. | \$63,300 | | | |
| 11. Amount of assistance/purchase price: | \$592.44 | | | |
| 12. Assistance/price within TDC limit? | X | | | Yes, Fair market is \$2,063 and Rent is \$1,275. |
| 13. Signed contract for assistance? | X | | | Date application was received: <u>7/23/2020</u> |

OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|---|-----|----|-----|---|
| 14. Recorded useful life agreement? | | | X | Not applicable for TBRA client |
| 15. Insurance equal to the amount of assistance? | | | X | No insurance applicable for TBRA clients |
| 16. Pre-occupancy inspection documented? | X | | | Date conducted: 8/1/2019 |
| 17. Post-occupancy inspection conducted? | | | X | |
| 18. Inspection conducted in accordance with maintenance or inspection standards? | X | | | Yes, using HUD form. Re-inspection was completed Aug 11, 2020 |
| 19. Lead-based paint? | | X | | No, built in 2000 |
| 20. Counseling provided to the family? | X | | | Yes, counseling to client is part of intake and ongoing services. |
| 21. Is applicant current on payments, if required? | X | | | Client fell behind and had a 10-day notice issued; Loss of hours due COVID19 was cause; client solicited assistance from the Opportunity Council and they assisted him getting caught up as of October 1, 2020. |
| 22. Does there appear to be a conflict of interest? | | X | | |
| 23. Was ONAP notified of conflict of interest? | | | X | |
| 24. Other: Relocation | | | X | |
| 25. Other: Non low-income (over 80% of median income). Is the amount of assistance pro-rated? | | | X | |
| 26. Other: ERR | X | | | Annual TBRA Program ERR was completed for 2020 |

OCCUPANCY REVIEW FORM

| Does the File Document: | Yes | No | N/A | Comments |
|-------------------------|-----|----|-----|----------|
| 27. Other: | | | | |
| 28. Other: | | | | |

Reviewed by: _____

Date: _____



ANNUAL INSPECTION APPOINTMENT LETTER

Dear,

In accordance with NAHASDA and HUD program requirements, your unit at

Address: _____ must be inspected annually to continue participation in our program.

Name of Staff: _____ has scheduled this inspection for Date of Inspection: _____. If you find it necessary to re-schedule this appointment, please do so 5 days in advance of the appointed date. Please be advised that failure to allow the inspection or to re-schedule the inspection within a reasonable time period may result in the termination of your program.

It is very important that inspections be completed timely. We recommend that you inspect your unit in advance of the scheduled inspection and correct any deficiencies which may cause the unit to fail inspection.

If you have any questions, please telephone: _____

During the hours of _____ and _____ Monday through Friday.

Sincerely,

Housing Support Specialist

If you find it necessary to re-schedule this appointment, please do so
IT is your responsibility to be present for the inspection at the appointed time.

Jenna Burnett

From: Jenna Burnett
Sent: Monday, November 9, 2020 10:12 AM
To: Sharon Paskewitz
Cc: Dana Matthews; Carey Thurston
Subject: RE: 2020 NAHASDA Self-Monitoring Occupancy & Admissions packet

Hi Sharon,

Yes, if we have not yet completed, or cannot show evidence we have completed, the required publication of the conflict disclosure for public review and have also not yet provided the notice of that disclosure of conflict to HUD, then we will need to do so as soon as possible. Please proceed to publishing both of the 2020 disclosures of a conflict of interest for public review and be sure to print evidence of that publication for the record; then also send those two disclosures via email to ONAP to satisfy the HUD notification requirement and also print to PDF those emails for the record as well.



I will integrate a formal corrective action for this area into our self-monitoring section for Admissions and Occupancy since this is the second year we have had an issue in this area. That corrective action will outline the above recommendation to correct the identified failure asap, but also offer recommendations for additional policy and procedures to ensure better internal controls are established to process and manage conflict of interests within our programs. I will try to get the final packet to you as soon as is possible for review.

Thank so much for all you do, and I hope you have a great day!

Jenna

From: Sharon Paskewitz <spaskewitz@samishtribe.nsn.us>
Sent: Friday, November 6, 2020 4:18 PM
To: Jenna Burnett <jburnett@samishtribe.nsn.us>
Subject: HUD Disclosures Statements
Importance: High

Jenna

I am not able to confirm – via email that I sent the HUD disclosure statements to our Grants Specialist for Eastwood and Torres. I know I did it, but I am not able to confirm via email. I will complete disclosures, and send to our HUD specialist, and sent that to you as confirmation that they have been received. Does that sound like a good idea?

Sharon Paskewitz | Housing Director - Samish Indian Nation
PO Box 217, 715 Seafarers Way, Suite 103, Anacortes, WA 98221
Office: 360-726-3366 ext. 3366 | E-mail: spaskewitz@samishtribe.nsn.us

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From: Jenna Burnett

Sent: Thursday, October 29, 2020 4:48 PM

To: Sharon Paskewitz <spaskewitz@samishtribe.nsn.us>

Subject: 2020 NAHASDA Self-Monitoring Occupancy & Admissions packet

Hi Sharon,

When we last met for 2020 NAHASDA self-monitoring we were waiting to finalize the Occupancy & Admission packet, as attached, until you could do some more searching for documentation surrounding our three current conflict of interests under TBRA. Were you able to locate evidence of the required public posting and notification to HUD for those conflicts?

If you still have not been able to do that work due to WFH conflict, then just let me know, but I wanted to make sure I checked in to see how that research was coming along.

Just let me know either way, and I hope you have a great day!

Jenna

Jenna Burnett | Compliance Officer - Samish Indian Nation

Pronouns: She/Her/Hers

PO Box 217, 2918 Commercial Ave | Anacortes, WA 98221-2738

Office: 360.293.6404 | Fax: 360.299.0790 | E-mail: jburnett@samishtribe.nsn.us

Jenna Burnett

From: Sharon Paskewitz
Sent: Thursday, December 3, 2020 8:32 AM
To: Jenna Burnett
Subject: Conflict of Interest

Importance: High



Good Morning Jenna

In regards to our conflict of interest procedures, moving forward, if an applicant indicates that they have a family member that is on tribal council, housing committee and/or employed at Samish, at Intake, the Admissions and Occupancy Coordinator will post the Public Notification, and email a copy of such notice to our HUD Grants Manager and to me, Housing Director. Please let me know if you need anything else and/or have any questions.

Sharon Paskewitz | Housing Director - Samish Indian Nation

PO Box 217, 715 Seafarers Way, Suite 103, Anacortes, WA 98221

Office: 360-726-3366 ext. 3366 | E-mail: spaskewitz@samishtribe.nsn.us

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SAMISH INDIAN NATION

Housing

Vision

To see that every tribal member can access housing that meets their individual needs and is free from any form of discrimination.

Mission Statement

To provide affordable, decent, safe and sanitary housing for Tribal members through supportive and orderly community development; offer services that support social, physical and community housing activities and education to promote harmony, cooperation and values.

Goals

- Develop a Case Management Service Delivery Model that focuses on family strengths, skills and asset development and access to community resources.
- Develop and implement Homelessness Prevention programs for families at risk of or at imminent risk of becoming homeless.
- Work with Native families to understand their unique housing needs, tailoring our services to address those needs, helping families move toward independence and self-sufficiency.
- Develop community outreach efforts that will allow us to reach Tribal members that need services offered through the housing department.
- Create a life skills education program that is individualized and tailored toward the unique needs/barriers of our clientele, to ensure successful outcomes toward self-sufficiency goals and permanent housing.

Objectives:

- To ensure that all tribal families have stable housing and skills to retain their housing.
- Provide financial assistance and supportive services to households – creating housing plans that will ensure families can manage monthly housing cost once our assistance has come to an end.
- To provide not just a place to live, but a way to live for all tribal member that is safe, without fear and includes integrated services offered throughout the tribe.
- To build effective relationships with Landlords located within our 10-county service area that is willing to partner with and support our efforts in ensuring tribal families have safe and affordable housing.
- Tribal members will demonstrate an increase in life skills acquisition, particularly in the areas of budget management, conflict management, community resource awareness and acquisition.

Eligibility Criteria for all programs offered through housing:

1. You must meet established income eligibility.
2. You must be enrolled in a federally recognized Indian Tribe.
3. You must live within our 10-County Service Area.

HOUSING

[Emergency Food Program](#)

[Low Income Home Energy Assistance Program](#)

[Prevention and Intervention](#)

[2019 Annual Performance Report](#)

[2021 Indian Housing Grant Application and Notice](#)

PUBLIC NOTICE

[HUD Public Disclosure Announcement \(Eastwood\)](#)

[HUD Public Disclosure Announcement \(Campbell\)](#)

[HUD Public Disclosure Announcement \(Torres\)](#)

[HUD Public Disclosure Announcement \(Hatch\)](#)

FILES

[COVID-19 FAQ](#)

[Tribal Eviction Program](#)

CONTACT

Samish HHS Building

[715 Seafarer's Way Suite 103
Anacortes, WA 98221](#)

PHONE (360) 899-5282

TOLL FREE (877) 470-8737

FAX (360) 899-5193

E-mail

Event Listings

<< 1 2 3 4 >>
5 6

Chat and Craft

Chelängen Chat and Craft

Dates: 02 – 16 Dec, 2020

[More Details](#)

Nettles Twining

Our Service Population for all programs offered through housing:

Elders, Families with Children, Families without Children, Persons with a disability, Single Individual (18 years and older), and Veterans.

For detailed information on each of the housing programs offered, or to request an application, please call, fax or email us.

Housing Policies

[Lead Information](#) - PDF, 1.30 MB

[The Invisible Killer](#) - PDF, 7.71 MB

[Fair Housing Law](#) - PDF, 243.62 KB

[Source of Income Discrimination](#) - PDF, 685.96 KB

[Know Your Rights Landlord-Tenant Rights](#) - PDF, 898.12 KB

[13.200 SIN Housing Program Policy - Updated 11-2018](#) - PDF, 478.81 KB

[13.300 Housing Conflict of Interest Policy Revised 5.19.18](#) - PDF, 108.31 KB

[Disability Rights in Housing](#) - DOCX, 63.29 KB

Nettles Twining Demonstration

Chelängen Live! Nettles

Twining Demonstration

Dates: 10 – 10 Dec, 2020

More Details

Christmas Party

Christmas Party

Dates: 13 – 13 Dec, 2020

More Details

Chat and Craft

Chelängen Live! Chat and
Craft

Dates: 15 – 15 Dec, 2020

More Details

Chat and Craft

Chelängen Live! Chat and
Craft

Dates: 17 – 17 Dec, 2020



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Phone: (360) 293-6404

Toll Free: (877) 711-8896

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Jenna Burnett

From: Sharon Paskewitz
Sent: Monday, November 9, 2020 2:49 PM
To: Jenna Burnett
Subject: FW: Public Notice - Eastwood

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed



Confirmation regarding Public Notice for Andrew Eastwood.

Sharon Paskewitz | Housing Director - Samish Indian Nation

PO Box 217, 715 Seafarers Way, Suite 103, Anacortes, WA 98221

Office: 360-726-3366 ext. 3366 | E-mail: spaskewitz@samishtribe.nsn.us

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From: Wilson, Katherine T <Katherine.T.Wilson@hud.gov>
Sent: Monday, November 9, 2020 2:48 PM
To: Sharon Paskewitz <spaskewitz@samishtribe.nsn.us>
Subject: RE: Public Notice - Eastwood

Hello Sharon,

I'm confirming that we've received and filed your public disclosure notification.

Sincerely,



Katie Wilson
Grants Management Specialist
Northwest Office of Native American Programs
US Department of Housing and Urban Development
909 1st Avenue, Suite 300
Seattle, WA 98104-1000
(206) 220-6219
www.hud.gov/codetalk



From: Sharon Paskewitz <spaskewitz@samishtribe.nsn.us>
Sent: Monday, November 9, 2020 2:14 PM
To: Wilson, Katherine T <Katherine.T.Wilson@hud.gov>
Subject: Public Notice - Eastwood
Importance: High

Good Afternoon Katherine

I am attaching Public Notice for Andrew Eastwood. Please confirm, via email that you have received this notification. Thank you.

Sharon Paskewitz | Housing Director - Samish Indian Nation
PO Box 217, 715 Seafarers Way, Suite 103, Anacortes, WA 98221
Office: 360-726-3366 ext. 3366 | E-mail: spaskewitz@samishtribe.nsn.us

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Jenna Burnett

From: Sharon Paskewitz
Sent: Monday, November 9, 2020 2:50 PM
To: Jenna Burnett
Subject: FW: Public Notification - Torres

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed



Confirmation received regarding Public Notification for Charyse Torres.

Sharon Paskewitz | Housing Director - Samish Indian Nation

PO Box 217, 715 Seafarers Way, Suite 103, Anacortes, WA 98221

Office: 360-726-3366 ext. 3366 | E-mail: spaskewitz@samishtribe.nsn.us

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From: Wilson, Katherine T <Katherine.T.Wilson@hud.gov>
Sent: Monday, November 9, 2020 2:06 PM
To: Sharon Paskewitz <spaskewitz@samishtribe.nsn.us>
Subject: RE: Public Notification - Torres

Hello Sharon,

I'm confirming that we've received and filed your public disclosure notification.

Sincerely,



Katie Wilson
Grants Management Specialist
Northwest Office of Native American Programs
US Department of Housing and Urban Development
909 1st Avenue, Suite 300
Seattle, WA 98104-1000
(206) 220-6219
www.hud.gov/codetalk



From: Sharon Paskewitz <spaskewitz@samishtribe.nsn.us>
Sent: Monday, November 9, 2020 10:32 AM
To: Wilson, Katherine T <Katherine.T.Wilson@hud.gov>
Subject: Public Notification - Torres
Importance: High

Katherine

This is for your records. Please respond to this email indicating that you received this. Thank you.

Sharon Paskewitz | Housing Director - Samish Indian Nation
PO Box 217, 715 Seafarers Way, Suite 103, Anacortes, WA 98221
Office: 360-726-3366 ext. 3366 | E-mail: spaskewitz@samishtribe.nsn.us

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24 CFR § 1000.30 - What prohibitions regarding conflict of interest are applicable?

CFR

§ 1000.30 What prohibitions regarding conflict of interest are applicable?

(a) *Applicability.* In the procurement of supplies, equipment, other property, construction and services by recipients and subrecipients, the conflict of interest provisions of 2 CFR 200.318 shall apply. In all cases not governed by 2 CFR 200.318, the following provisions of this section shall apply.

(b) *Conflicts prohibited.* No person who participates in the decision-making process or who gains inside information with regard to NAHASDA assisted activities may obtain a personal or financial interest or benefit from such activities, except for the use of NAHASDA funds to pay salaries or other related administrative costs. Such persons include anyone with an interest in any contract, subcontract or agreement or proceeds thereunder, either for themselves or others with whom they have business or immediate family ties. Immediate family ties are determined by the Indian tribe or TDHE in its operating policies.

(c) The conflict of interest provision does not apply in instances where a person who might otherwise be included under the conflict provision is low-income and is selected for assistance in accordance with the recipient's written policies for eligibility, admission and occupancy of families for housing assistance with IHBG funds, provided that there is no conflict of interest under applicable tribal or state law. The recipient must make a public disclosure of the nature of assistance to be provided and the specific basis for the selection of the person. The recipient shall provide the appropriate Area ONAP with a copy of the disclosure before the assistance is provided to the person.

[63 FR 12349, Mar. 12, 1998, as amended at 80 FR 75944, Dec. 7, 2015]

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Resolution 2005-08-008
Adopted: 8/10/05
Subject: Conflict of Interest Policy
Resolution: 2018-05-017
Revised: 05/19/2018

**SAMISH INDIAN NATION
CONFLICT OF INTEREST POLICIES AND PROCEDURES
For Federal Funds Administered By
U.S. Dept. Of Housing and Urban Development**

Samish Tribal Code §13.300

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Resolution 2005-08-008

Adopted: 8/10/05

Resolution:2018-05-014

Subject: Conflict of Interest Policy

**SAMISH INDIAN NATION
CONFLICT OF INTEREST POLICIES AND PROCEDURES
For Federal Funds Administered By
U.S. Dept. Of Housing and Urban Development**

Samish Tribal Code §13.300

§13.300

DEFINITIONS

(a) Housing Committee member. A member of the Housing Committee of the Samish Indian Nation Housing Program.

(b) Tribal Council member. A member of the Samish Indian Nation Tribal Council, including any officer of the Tribal Council.

(c) HUD. U.S. Dept. of Housing and Urban Development.

(d) IHBG. Indian Housing Block Grant (IHBG) program as set forth in Title I of NAHASDA.

(e) Immediate family member. For the purpose of this policy, immediate family member is defined as an individual's spouse or domestic partner, father, mother, sister, brother, son, daughter, person residing with, parents, grandparents, grandchildren, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, and the spouse or domestic partner of any of these individuals. Immediate family also means other persons with whom an individual is residing.

(f) Immediate family ties. Family ties involving an immediate family member.

(g) NAHASDA. Native American Housing Assistance and Self-Determination Act of 1996.

(h) NWONAP. Northwest Office of Native American Programs of HUD.

(i) Tribal Council. Samish Indian Nation Tribal Council.

(j) Tribe. The Samish Indian Nation.

§13.301

PROCUREMENT

Conflict of Interest (24 CFR §85.36). The following provisions relate to conflicts of interest subject to the provisions of 24 CFR §85.24 relating to procurement.

(a) Conflicts Prohibited. No member of the Tribal Council, Tribal Housing Committee, Tribal employee, agency or entity of the Tribe or employee of an agency or entity of the Tribe shall participate in the selection of an award for a contract if a real or apparent conflict of interest would be involved.

(b) Real and Apparent Conflicts (24 CFR §85.24). A real or apparent conflict would arise when:

(1) A Tribal Council member, Committee member, employee or agent of the Tribe or any agency or entity of the Tribe; or

(2) Any immediate family member of a Tribal Council member or Committee member or an employee or agent of the Tribe or any agency or entity of the Tribe; or

(3) The business partner, employer or prospective business partner or employer of a Tribal Council member or Committee member or an employee or agent of the Tribe or any agency or entity of the Tribe; or

(4) An organization which employs, or is about to employ, a Tribal Council member or Committee member or an employee or agent of the Tribe or any agency or entity of the Tribe, has a financial or other interest in the firm being considered for or selected for award.

(c) Gratuities and Favors. No Tribal Council member, Committee member, employee, agent of the Tribe or any agency or entity of the Tribe shall solicit or accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to sub-agreements entered into with the Tribe and involving federal funds administered by the Dept. of Housing and Urban Development; provided, that unsolicited gifts of nominal intrinsic value (pens, pins, magnets, etc.) may be accepted.

§13.302

CONFLICT OF INTEREST (24 CFR §1000.30).

The following provisions relate to conflicts of interest subject to the provisions of 24 CFR §1000.30 relating to conflicts of interest in cases not governed by 24 CFR §85.36.

(a) Conflicts Prohibited. No person who participates in the decision-making process or who gains inside information with regard to NAHASDA assisted activities may obtain a personal or financial interest or benefit from such activities, except for the use of NAHASDA funds to pay salaries or other related administrative costs. Such persons include anyone with an interest in any contract, subcontract or agreement or proceeds there under, either for themselves or others with whom they have business or immediate family ties.

(b) Other Exceptions-Low Income Assistance.

(1) Low-Income Assistance. The conflict of interest provisions in this section do not apply in instances where a person who might otherwise be included under the conflict provision is low-income and is selected for assistance in accordance with the Tribe's written policies for eligibility, admission and occupancy of families for housing assistance with IHBG funds.

(2) Tribe. The Tribe shall make a public disclosure of the nature of assistance to be provided under subsection (1) and the specific basis for the selection of the person, by posting those eligible for assistance with the Tribal Administrative building.

(3) HUD-Approved Exceptions. Any other exceptions to the conflict of interest provisions in this section must be made by HUD in accordance with the provisions of 24 CFR §§1000.32 and 1000.34.

(4) The Tribe shall also provide a copy of the disclosure notice to the appropriate Area ONAP office.

In addition to 13.302 (24 CFR 1000.30 ‘What prohibitions regarding conflict of interest are applicable?’

A relative by blood or marriage may only be the landlord if the tenant is disabled, they **require a specially-modified unit**, and such a unit is only available from a relative.

When requesting a reasonable accommodation for this service, the landlord must provide proof that they do not currently live in the unit.

The term ‘persons with disabilities’ according to NAHASDA means a person who:

- A. Has a disability as defined in section 223 of the Social Security Act;
- B. Is determined, pursuant to regulations issued by the Secretary, to have a physical, mental, or emotional impairment which:
 - 1. Is expected to be of long-continued and indefinite duration;
 - 2. Substantially impedes his or her ability to live independently; and
 - 3. Is of such a nature that such ability could be improved by more suitable housing conditions;or
- C. Has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act.

Such term shall not exclude persons who have the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for AIDS. Notwithstanding any other provision of law, no individual shall be considered a person with disabilities, for purposes of eligibility for housing assisted under this Act, **solely because of** any drug or alcohol dependency.

If the disability and/or the connection between the disability and the requested accommodation or modification are not obvious, we may require additional information.

If the disability is known, but the requested accommodation does not appear related to the disability, we will request only information necessary to evaluate the disability-related need for the accommodation.

If neither the disability nor the relationships between the disability and the accommodation is clear, we will ask for proof of both.

We will accept verification from a doctor or other medical professional or other qualified third-party who, in their professional capacity, has knowledge about the disability.

To accurately document reasonable accommodation or modification request, we ask that clients/residents complete a Request form. Should SINHD require additional information about the disability and/or the relationship between the disability and the requested accommodation/modification, we may ask for a written statement from your health provider/practitioner verifying the disability and the disability-related need for the accommodation.

§13.303 RECORDS RETENTION

Samish Indian Nation

Conflict of Interest Policy and Procedures Adopted 8/10/05 Resolution 2005-08-008; Revised 05/19/2018

Resolution 2018-05-017

4 of 5

All records regarding conflicts of interest shall be retained for not less than three years or the period of time set forth in 24 CFR §1000.556, whichever is longer.

§13.304

TRIBAL COUNCIL MINUTES/COMMITTEE MINUTES

The minutes of any meeting during which an action is discussed or acted upon shall identify the name of any Tribal Council member(s), or any Committee member(s), as the case may be, who has excused himself or herself from participation due to a potential, apparent or real conflict of interest and the minutes of the Tribal Council or the Committee, as the case may be, in addition shall state that such member did NOT participate in the discussion of the action or in the decision-making concerning such action.

§13.305

VIOLATIONS

Failure of any employee of the Tribe or any agency or entity of the Tribe to whom the Personnel Policies and Procedures of the Tribe apply to comply with the provisions of this policy shall subject the employee to discipline in accordance with the Personnel Policies and Procedures.