

!!!!!!! INFORMATION YOU MUST KNOW !!!!!!!!

PURPOSE: this is to inform you that there is certain information you must provide when applying for low income assisted housing. There are penalties that apply if you knowingly omit information or give false information; and all applications received incomplete will have thirty (30) days to be completed before considered inactive.

PENALTIES FOR COMMITTING FRAUD: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application form contains false or incomplete information, you may be:

1. Evicted from your home (Homebuyer and Low-Rent Program clients)
2. Required to repay all paid housing assistance you received
3. Fined up to \$10,000
4. Imprisoned for up to five (5) years
5. Prohibited from receiving future assistance

Your state and local government may have other laws as well.

COMPLETING THE APPLICATION: when you give your answers to application questions, you must include the following information.

1. All sources of income you and any family member(s) receive, 18 years old and older.
2. Any income you receive on behalf of your children
3. Income from assets
4. Earnings from second job or part time job
5. Any anticipated income
6. All bank accounts, savings, bonds, certificates of deposit, stocks, estate that are owned by you and any adult member of your family who will be living with you
7. Any business or assets you sold in the last two years for less than its value, such as your home
8. The names of all people who will be living with you, whether or not they are related to you

SIGNING THE APPLICATION: Do not sign the form unless you have read it, understand it and are sure everything is complete and accurate. When you sign application forms you are claiming that they are complete to the best of your knowledge, and are not misleading information. Information you give on your application will be verified.

BEWARE OF FRAUD: you should be aware of the following fraud schemes:

1. Do not pay any money to file application or to move up on the application list
2. Do not pay anything not covered by your lease
3. Get a receipt for any money you pay
4. Get a written explanation if you are required to pay any money other than what your contract covers

RECERTIFICATIONS: you must provide updated information once each year. Some programs require that you report any changes in income or family composition immediately. You must report or re-certify any and all income changes such as pay increase, change or loss of benefits for all family members. You must also report any family member who has moved in or out.

I HAVE READ AND UNDERSTAND THIS BULLETIN:

Signature: _____

Date: _____

(Taken from ONC NAHASDA Housing Application, VIII read and certify)



Box 927, Bethel, Alaska 99559
(907) 543-2608 Main Line; (907) 543-2753 Fax Line

Thank you for your interest in the ONC's Housing Assistance Program. In order to determine your eligibility, we must have a fully completed, signed and dated Housing Assistance application. If you pay or receive Childcare payments, receipts are needed **OR** a letter of support with signature. This also is needed for Child Support. **Complete applications for Renovation and Homebuyer are due by October 31st to be considered for following year project.**

Please use the checklist below to make sure your application is complete:

For ALL PROGRAMS:

- Completed and signed ONC NAHASDA housing application
- Tribal Enrollment Card **OR** Certificate of Indian Blood (CIB) Card
- Proof of Income: everyone 18 years and older
 - Most recent Federal Income tax returns w/ signatures, **OR** current W-2's (If questions in income or expenses arise, may need last three year's returns)
 - Last 2 paycheck stubs from employment **OR** payroll action form
 - Current Permanent Fund verification(s) for everyone 18 years and older
 - Most current bank account statement(s) for everyone 18 years and older; *even* if your bank statement is zero or varies, it is required.
- Signed Release of Information form, for everyone 18 years and older
- Social Security Card Copy(s) - everyone in household 6 years and older

For Rental Assistance, Low-Rent, Homeless Prevention Program additional documents are needed:

- A letter from you requesting why you need help with rental assistance (List all monthly expenses in your letter that you pay each month: *Example:* Rent: \$1400, Fuel: \$450, Electricity: \$175, Water/Sewer: \$250, Food: \$750)
- Original Landlord Rental Agreement, all signatures required.

For Renovation and Homebuyer applications additional documents needed are:

- Original Title/Deed of Ownership for House/Land

For Down Payment Assistance additional documents needed are:

- Prequalification Letter from Lender and purchase agreement

NOTE: Applicant must be employed and/or have fixed income (does not apply to Renovations Program). We do not find rental units for applicants, *and* do not serve AHFC or AVCP-RHA recipients; HUD already subsidizes these programs; must be renting from the private market in Bethel, all eligibility requirements apply. If all the eligibility requirements are met for any programs applied to, household adjusted income will be calculated and selected accordingly.

****ONC Tribal Housing only serves local residents that have resided in Bethel 30 days or more. ****



Types of Housing Assistance are you requesting: (must fill out a separate application for each program you are applying for. See last page for program descriptions). **Check one Program only!**

- Homebuyer Program
 Rental Assistance
 House Renovation
 Emergency Repair
 Homelessness Prevention
 Low-Rent Program
 Down Payment Assistance

Name: _____	Date: _____
Address: _____	Phone: _____
_____	Message: _____
Street Address: _____	Email: _____

Are you an ONC Tribal Member? Yes No Other: _____

Are you or any relative (blood or marriage) currently an ONC Council Member or employee:

Name	Relationship

Do you currently rent or own your current place of residence? Rent Own N/A

If not applicable, state reason: _____

Are you currently employed? Yes No If yes, where and how long: _____

Phone: _____

I. PAST PRACTICES

Please provide the following information for past two years (if applicable): most current & past

Landlord Name: _____ Landlord address: _____

Dates: _____ Phone #: _____ Monthly rent amount: _____

Landlord Name: _____ Landlord address: _____

Dates: _____ Phone #: _____ Monthly rent amount: \$ _____

Have you ever been evicted from any type of housing? Yes No

If yes, state reason & date _____

Are you currently a client of another HUD low-income housing assistance program such as those administered by AHFC, or AVCP HOUSING? Yes No

If from another Housing Authority, name & town: _____

If you are a past participant of a low-income housing assistance program, do you owe back rent or other tenant accounts receivables? Yes No If Yes, name of low-income housing: _____

Explain: _____



II. FAMILY COMPOSITION

(You must provide Social Security Card copies with this application per HUD regulations)

Family Member No.	Name of Family Member	Relationship to HoH	Date of Birth	Birthplace	Age	Sex	Social Security Number	Occupation
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Anticipated family composition changes? Yes No If Yes, explain:

III. INCOME

Family Member No.	Source of Income (Employer or program receiving funds from)	Rate (per hr. or month)	Estimated income for Last 12 months	Estimated income for Next 12 months
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

If income is based on seasonal employment, income for the previous year:

\$ _____

PLEASE PROVIDE COPY OF PREVIOUS YEAR'S TAX RETURNS

If you do not submit a copy of tax returns, there is a list of documents you will need to provide.

Do you pay for Childcare? Yes No And/Or Do you receive/pay Child support? Yes No

Name & Amount paid per week/month? (Provide note with signatures and date)

Do you receive Childcare pay? Yes No

Name & Amount paid per week/month (Provide note with signatures and date)



IV. ASSETS

Please list all accounts that you and the other members of your household currently have: provide bank’s name (Alaska USA, Wells Fargo, First National, etc.); type of account(s) held (savings, checking, CD); account numbers, and balance. **Provide a copy(s) of the most current bank statement(s) for your household with this application.**

Family Member	Name of Bank	Type of Account	Account number	Amount

Description of Assets/Property: Trusts, Equity/Real or Rental Property, Stocks, Bonds Certificates of Deposits, Lump Sum, Receipts, Personal Property Investment, etc.	Estimated Value \$

V. PRESENT HOUSING CONDITIONS AND NEED:

Do you or your spouse currently serve or have been honorably discharged from any branch of the United States Armed Forces?

Yes ___ or No ____.

Does anyone in your household have a disability? Yes ___ No ____

What year was the home constructed: _____

How long have you lived in Bethel? _____

How many bedrooms does your residence have? _____

If you do not own the home, give name of the homeowner: _____

Address and town of homeowner: _____

Are you currently Involuntarily Displaced by governmental action? Yes ___ No ____

If yes, location and reason: _____

Describe present condition and need of the home:



- VI. **ONC Admission and Occupancy Policy has the following provision:**
6 (d) Criminal Background Checks
Where a family member has a history of illegal drug or alcohol related activity, or a history of violence, the entire family will be disqualified.
The family may be admitted if it provides satisfactory assurances that the disqualified members will not live in or be a visitor of the home.
- Criminal history report will be generated for all persons who are over 18, which may affect your final determination of eligibility for acceptance into the program. For any questions regarding this requirement, contact the ONC Tribal Housing Administrator.**
- VII. ONC NAHASDA Program provides assistance for Alaska Native and American Indians. Please provide a copy of your Certificate of Indian Blood or Tribal ID card.
- VIII. **I/We certify that the information provided on household composition, income, net family assets and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is punishable under federal law. I/We also understand that false statements or information is grounds for termination of housing assistance and termination of occupancy.**
- IX. I/We understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my/our knowledge. I/we have no objections to inquiries being made for the purpose of verifying the statements made herein.
- X. Existing Home: It is possible that your current home may be determined to be beyond rehabilitation or repair, and will require complete replacement. When that determination is made, it implies that the current residence is unfit for occupancy, and should be removed to prevent any future occupancy. Our policy requires that the structure be demolished prior to construction of a replacement home (if replacement home is located on the same property). By signing this application, you are acknowledging that you have read and understand this section.
- XI. Primary Residence: Request for housing assistance must be for the primary residence of the applicant, and must remain the primary residence unless this is modified through a written agreement between ONC and the applicant.

Signature Head of Household

Date

Signature of Spouse/Partner

Date

Signature of Other

Date



**ONC - NAHASDA PROGRAM
RELEASE OF INFORMATION**

Date: _____

To Whom It May Concern:

I, we authorize and request the release of any and all information necessary to verify or determine eligibility for housing and continued participation in programs offered by Orutsararmiut Native Council's NAHASDA Housing Program, Agencies which may be contracted, but are not limited to: Employers, State of Alaska-Division of Public Assistance, Unemployment Offices, Social Security Administration, Retirement Agencies, Banks, etc.

Everyone over 18 must sign this release of information!

Signature

Social Security Number

Printed Name

Signature

Social Security Number

Printed Name

Signature

Social Security Number

Printed Name

Signature

Social Security Number

Printed Name

A reproduction of this release of information is as valid as the original; to be used indefinitely for the present and all future verifications.

ONC Housing Application

Tribal Housing Program Descriptions

- **Homebuyer Program;** Client pays 15% of adjusted income for 15 years at which time the home is conveyed to the client. Must be employed or on fixed-income (like SSA, SSI, Disability) and be a good financial risk (make enough money to pay 15% of income plus bills and food). For those clients that don't have sufficient income, they should fill out a BIA application (no payments required). Waiting list is maintained and selection based on preference ranking.
- **Rehabilitation Program;** Rehabilitation activities of privately owned homes (replacement of roof, level of home, upgrade windows and doors, etc., other items identified by inspection). Employment or fixed income are not a requirement. No payments required (unless the home is sold before the end of Useful Life). Waiting list is maintained and selection based on preference ranking.
- **Rental Assistance Program;** temporarily provides housing vouchers to make renting units from the private market more affordable. This program is for working families or families on fixed income. Six (6)- Month participation limit for the program. Participation is first come first serve basis up to approved budget. Waiting list is maintained based on date of application with preference to ONC Tribal Members.
- **Homeless Prevention Program;** Assist clients trying to enter into a lease agreement for a rental unit by providing first month's rent and/or deposit (up to \$2,500). This program is for working families or families on fixed income. Does not help with eviction notices related to rent due. Participation is on a first come first serve basis up to the approved budget. (TWC has limited funds for that on a first come first serve basis).
- **Low-Rent Program;** Similar to the Rental Assistance Program. However, these units are owned and operated by ONC. This program is for working families or families on fixed income. Generally, for low-income clients. Rent is based on 30% of adjusted income (includes lights, water/sewer and heating fuel). Waiting list is maintained and selection is based on preference ranking.
- **Emergency Repair Program;** Repairs on privately owned homes that require immediate corrective action to correct hazardous conditions that threaten the health and safety of the occupants. Eligible activities include repairs to broken/frozen/leaking plumbing, and electrical hazards. Employment or fixed income are not a requirement. Program not intended for full replacement of plumbing or electrical systems, rather repairs related to identified specific hazard. This program does not cover heating equipment, see LIHEAP Program. Participation is on a first come first serve basis up to approved budget.
- **Down Payment Assistance Program;** This program is specifically designed to provide assistance with down payment and closing costs to ONC Tribal Members who are pre-qualified or seeking pre-qualification from a financial lending institution to buy their own home. Participation is on a first come first serve basis up to the approved budget.