

Application Received: Date _____ Time _____ by _____



Housing Department
 PO BOX 296
 Kotzebue, AK 99752
 (907) 442-3467 - Office
 (907) 442-2162 - Fax



NATIVE VILLAGE OF KOTZEBUE: **KOTZEBUE IRA** HOUSING ASSISTANCE APPLICATION

The Native American Housing Assistance and Self Determination Act (*NAHASDA*) Program provides affordable housing to **low and moderate income** Alaskan Native and Native American land owners in Kotzebue who qualify.

(Read carefully and submit all informational documents listed below.)

Summary of Qualifications:

You must own the property stated in the application. The Following proof of ownership must be included with your housing assistance application: *(only applicable to New Construction and Rehabilitation Program Applicants)*

- A copy of proof of Ownership such as **Deed of Conveyance, Quit Claim Deed, Warranty Deed of Title**
- If not the property owner: a **long-term lease** agreement with property owner (minimum 25+ years) as well as the owner’s proof of ownership.
- Intent to live in the home permanently.

The following documents shall be submitted with the Native Village of Kotzebue housing assistance application:

- A copy of your Certificate of Indian Blood (*CIB*) or tribal enrollment card
- A copy of your most recent **Income Tax Return** or **other proof of income** such as **paystubs, proof of public assistance, proof of social security benefits, etc.**

Do you meet HUD income limits per household?

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$49,056	\$56,064	\$63,072	\$70,080	\$75,686	\$81,293	\$86,899	\$92,506

If you have any questions regarding this application, please contact the Housing Department.

APPLICATION FOR HOUSING ASSISTANCE

Applying for: New Construction Rehabilitation

(Person applying should be legal owner)

Note: This is a pre-application. Information provided on this application is subject to verification at the time your file/name comes to the top of the list. You will be Determined apparently eligible or apparently ineligible based on the information you provide for this application. If you are determined apparently eligible, you will move on a waiting list and **all information will be verified** including proof of homeownership under the applicant; proof of income and criminal history among the household composition.

Applicant Name:

House # and Street Address:

Mailing Address:

City, State, & Zip Code:

Home Phone: _____ Alternate Phone:

HOUSEHOLD COMPOSITION: List the Head of Household and all persons who are living in the housing unit.

First	Last	Relationship	DOB	Enrollment #	SS #

INCOME INFORMATION: List below all sources of income for every family member. This information will be verified before assistance is provided. Include all income; such as wages, public assistance, all benefit payments, net income from a business, child support, fishing income, per capita payments, etc. Include all income you are now receiving or expect to be receive during the next twelve months.

Family Member Source of Income Amount Payment basis
(Bi-weekly, weekly
etc.)

ADDITIONAL INFORMATION: Please check all that apply to you or any member of your household listed on page two.

Has there been any major work done to the same house in the past 15 years? **YES**
NO

If yes, explain:

Does any member of your household have special housing needs due to disability?
YES **NO**

If Yes, explain:

Have you or any household member ever been convicted of a crime? **YES** **NO**

If yes, explain:

PROPERTY INFORMATION:

Year Constructed: _____ Number of Bedrooms: _____ Persons Living in Home:

ADDRESS (If different from page one):

NAME OF LEGAL OWNER:

REQUESTED WORK: Describe below the work to be done for which assistance is being requested. Attach additional page(s) if necessary.

CERTIFYING APPLICATION: I/We certify that all information provided in this application are true, complete and accurate to the best of my/our knowledge. I/We authorize the tribe to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Head of Household Signature Date Spouse Signature
Date

HOUSING PROGRAM USE ONLY

Total Income: \$ _____ Income Limit for _____ Person Family:
\$ _____

Outstanding Balance Owed to Tribe: \$ _____ Payback Agreement? YES
NO

ELIGIBILITY DETERMINATION: Apparently Eligible Apparently Ineligible

If ineligible, state reason(s):

Determination made by: _____

Date: _____

Approved by: _____

Date: _____