

HOUSING SERVICES EMERGENCY ASSISTANCE PROGRAM APPLICATION

The Native Village of Eklutna (NVE) provides Housing Services Emergency Assistance to eligible (low to very low income) enrolled tribal members, Alaska Natives, or American Indians within their tribal jurisdiction. The NVE enrolled tribal members are given the highest ranking preference for this program. The program is funded from the Indian Housing Plan submitted by the NVE each year. Therefore, the funds are contingent on receipt of the Indian Housing Block Grant (IHBG) funds received from the U.S. Department of Housing and Urban Development (HUD).

PART 1

Date of Application: _____

Printed Name: _____

Physical Address: _____

Legal Description (if applicable): Lot: _____ Block: _____ Subdivision: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Are you enrolled in the Native Village of Eklutna? _____ Tribal Enrollment #: _____

Are you a year-round resident in the Eklutna area? _____ Do you own and reside in the house? _____

Have you applied for, or received funding for housing services emergency assistance from any organization before?
_____ If so, when? _____ Name of Organization: _____

Describe your Housing Emergency: (If more space is needed, please use back of form)

Agencies contacted: (There are other churches and agencies that you can call. Please document. You may be asked to fill out an application so be sure and keep copies.)

Agency/Phone:	Response/Remarks	Who I talked to	Date/Time
Cook Inlet Housing (333-8821)_____			
AK Community Development (343-6630)_____			
RuralCAP (279-2511)_____			
Catholic Social Services (277-2554)_____			
MOA Safety Links (343-6589)_____			
Cook Inlet Tribal Council (793-3300)_____			
Others: _____			

What are you Requesting?

Family Composition:

Name	Relationship to You	Date of Birth
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Is there anyone in your household with a disability? _____

If yes, which family member(s)? _____

Household Annual Income:

Name	Type of Income	Wk/Mo/Qtr/Yr	Total
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>

Total Annual \$ _____

(Please provide income documents which may include copies of payroll stubs, dividend stubs, or most recent IRS 1040 form)

PART 2

By signing this housing emergency services application, I consent that:

1. I have read and understand the Housing Services Emergency Assistance Program Policy,
2. I am low to very low income,
3. I have exhausted all other resources in the community before making this application,
4. I have not applied for this assistance within the past three years,
5. I will provide the NVE Housing Office copies of receipt(s) for the specific emergency, and
6. I understand the NVE Housing Office will review this application and determine my eligibility.

PART 3

Participant Grievance Statement: The NVE and designated Housing Administrator for the NVE will carry out its programs and activities with the highest ethical standard to protect the reputation of the NVE, the U.S. government, and safeguard the wise use of public money. The Housing Office is established to serve the interest of the Tribe and not the personal interest of its employees, tribal or village officials, or other agency members. In addition, funding agencies require the Tribe and Housing Officers to operate in an ethical manner when using funds. The Tribe also recognizes that program applicants and participants have the right to have housing decisions which are made on their behalf, reviewed a second time as a matter of fairness, by the NVE, if they so desire. For all of these reasons, ethical standards and participant grievance procedures are established.

PART 4

Please check if applicable:

[] **Resident Ownership Affidavit:** I certify that I am the legal owner of the residence for which I am applying to the NVE Housing Services Emergency Assistance Program. I attest that it is my year-round residence. (Proof of ownership must be included with this application.)

Signature(s) and Consent to Release Information: I understand that this application is not a contract and is not binding in any manner. I hereby authorize the NVE to obtain any and all information necessary for the purpose of verifying the statement made above. I also understand that it is my responsibility to inform the NVE if there is any change in my family status, family income, living conditions, and/or change of address.

Signature _____ Date _____

Signature _____ Date _____

Attachments: Proof of Ownership (if applicable)
Income documents (may include Payroll Stubs, Dividend Stubs, or most recent IRS 1040 Form)
Copies of eviction or foreclosure notices, delinquent utility bills, estimates for mechanical repair, etc.

PART 5

NVE Verification Form

Federal law requires verification of family incomes for those applying for aid under federal housing programs. The information being collected by NVE is to determine your eligibility and verify the accuracy of the information you provide. This information will not be disclosed or released outside of NVE, except as permitted or required by law. Failure to provide any of the requested information may result in delay or rejection of eligibility approval.

NVE asks your cooperation in supplying information regarding the person or persons named below. Please complete the following, date, sign, and return with your application.

Thank you for your cooperation.
NVE Housing Office

Adult Household Members

Name: _____ SSN: _____
Name: _____ SSN: _____
Name: _____ SSN: _____
Name: _____ SSN: _____

I/We hereby authorize release of all information regarding my income and assets to the Native Village of Eklutna (NVE). I understand that this information will be kept confidential. I/We agree that a photocopy of this authorization be accepted with the same authority as the original signed document.

Signature: _____ Signature: _____
(Homeowner) (Adult member of household)
Signature: _____ Signature: _____
(Homeowner) (Adult member of household)

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE

1. Income Verification for: _____
(Insert Adult Household Member's Name)

Last Year's Gross Earnings	Gross YTD Earnings

2. Public Assistance Verification:
Case No.: _____ Income per month of past 12 months: _____

3. Unemployment Verification: _____

4. Pension/Retirement Plan: _____

5. Native Corporation Disbursement:

Prior Year's Disbursement	YTD Disbursement

Information provided by: _____ Title: _____
Date: _____

Please Return to: Native Village of Eklutna Housing Office, 26339 Eklutna Village Road, Chugiak, AK 99567

PART 6

For NVE Office Use Only - The information in this application is to be treated confidentially and secured.

Date application received: _____

Signature of Person Receiving Application: _____ Date: _____

Follow up Action:

Approved: Yes [] No []

Acceptance/Rejection letter on file: _____

If Approved:

[] Income/Asset Verification(s) Completed _____
(Completed By) (Date Completed)

[] Applicant has not applied for emergency assistance in past three years _____
(Confirmed By) (Date)

[] Inform Applicant of Eligibility _____
(Date Informed - Attach Copy)

[] Applicant Assistance Mailed or Picked up from Housing Office _____
(Date Informed - Attach Copy)

[] Other: _____

[] Other: _____