

PART 1

Date of Application: _____
Printed Name: _____
Physical Address: _____
Legal Description: 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 or area? _____ Do you own and reside in the house? _____
Have you applied for, or received funding for housing rehabilitation from any other organization before? _____
If so, when? _____ Name of Organization: _____

List Description of Renovation(s) needed:

Family Composition:

Name	Relationship to You	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 rehabilitation application, I understand and agree that:

1. If this application is accepted by NVE, an inspection of my residence will be made by the NVE Housing Office to determine the extent of work to be done.
2. After the inspection is completed and it is agreed to proceed, an agreement of understanding will be provided identifying the schedule and describing the rehabilitation/renovation repairs that will be conducted.
3. In order for the rehabilitation/renovation repairs to be conducted in a safe and timely manner, it may be necessary to vacate my residence during the rehabilitation/renovation.
4. If it is necessary to vacate my residence during the rehabilitation/renovation period, it will be at no expense to NVE.

PART 3

Resident Ownership Affidavit: I certify that I am the legal owner of the residence for which I am applying to the NVE Housing Rehabilitation Program. I attest that it is my year-round residence and that I have no plans to convert this residence for any other purpose or use. (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

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

Attachments: Proof of Ownership
Income documents (may include Payroll Stubs, Dividend Stubs, or most recent IRS 1040 Form)

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: NVE 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)

[] Inspection Date Scheduled/Inform Applicant _____
(Date Informed - Attach Copy)

[] Applicant Informed of Rehabilitation Schedule and Work to be Performed _____
(Date Informed - Attach Copy)

[] Other: _____

[] Other: _____