NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

Dear Applicant,

To assist us in keeping accurate records, please make sure to do the following:

1. **Include copies of income verification for all members of the household.**
   Copies should include 1040 tax forms for prior year, or a copy of current Check stubs, and any dividend information. Any Public Assistance, Social Security, or Retirement information should be included. (even under the age of 18).
   **Income must be complete, to determine eligibility.

2. **Include copies of Criminal Record Histories of Adult Applicants**

3. **Include a copy of deed to any land owned.**
   The deed must be in the applicant's name, or permission must be given in writing to use another family member's land.

4. **Make sure to update your application.**
   It is the responsibility of the applicant to update his or her application at least every 12 months. Applicants who fail to update their application risk being placed in an "Inactive file".
   Updates are also necessary when jobs, family members, addresses, or phone numbers change. Even if everything stays the same, updates should be done on an annual basis.

5. **Complete all questions to the best of your knowledge.**
   Incomplete information delays processing. Birthdates and Social Security numbers are needed for all members of household. If a section does not apply to your household, PLEASE write N/A (do not leave blank).

6. **Other helpful information that should be included is:**
   If there is a disabled family member, include:
   Proof and the Nature of the Disability (from hospital, or State Agency).
   Annual disability and the cost for an assistance to allow family members to work.
   **Also include any rent, utilities, or child care expenses.

QUYANAQPAK!!!

If you have any questions, please call Samuel Okakok or at 852-4411.
We will be happy to help you complete the application for Housing Assistance.

P.O. Box 1130 • Barrow, Alaska 99723 • Phone: (907) 852-4411 • Fax: (907) 852-8844

BIA Form 6407
ISSUED 07/2011

OMB Control No. 1076-0084
EXPIRATION DATE: 10/31/2014

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
HOUSING ASSISTANCE APPLICATION

- All questions in this application must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

A. APPLICANT INFORMATION

1. Name: _____ _____ ___ _____
Last First MI Maiden Name (if any)

2. Current Address: _____ _____
Street Address P.O. Box # (if any)

_____ _____ _____
City State Zip Code

3. Telephone Number: (____)_____

4. Date of Birth: _____ 5. Social Security Number: _____

6. Tribe: _____ Roll Number: _____

Reservation/Rancheria: _____

7. Marital Status: ____Married ____Singled ____Widowed ____Other

If you checked "Other", please explain. _____

_____

Information About Spouse:

8. Name: _____ _____ ___ _____
Last First MI Maiden Name (if any)

9. Date of Birth: _____ 10. Social Security Number: _____

11. Tribe: _____ Roll Number: _____

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Social Security Number, Relationship to Applicant, and Tribe/Roll Number .

Name	Date of Birth	Social Security #	Relationship to Applicant	Tribe/Roll Number

If you need more space, use a blank sheet of paper.

Date of this application: _____

C. INCOME INFORMATION

12. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: $ _____

13. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: $ _____

14. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): $ _____

D. HOUSING INFORMATION

15.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). ****DRAW MAP ON BACK OF THIS PAGE****
16.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
17.	To your knowledge, has HIP assistance ever been provided for this house or have you ever received HIP assistance?
	___ No.
	___ Yes. If yes, indicate amount: $_____, to whom: _____, and when: _____.
18.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? ____No ____ Yes If yes, provide name of owner(s):

Date of this application:_____

HOUSING INFORMATION, continued.

19.	Is electricity available? ____No ____Yes If yes, provide name of electric company: _____.				
20.	Type of Sewer system:	___ City Sewer	___ Septic Tank	___ Chemical Toilet	___ Outhouse
21.	Water Source: ____ City Water ____ Private Well ____ Community Water Tank ____ Other (Please describe):				
22.	No. of Bedrooms _____				
23.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in] [WIDTH _____ ft/in]			
24.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

E. LAND INFORMATION

25.	Do you own the land on which you wish to renovate or build this home? _____ Yes _____ No If no, provide the name of the owner(s):			
26.	What is the current status of the land?	___ Fee	___ Tribal Fee	___ Native/Restricted
		___ Individual trust land	___ Tribal trust land	___ Public Domain
		___ Individually restricted	___ Tribally restricted	___ Other:
27.	If you do not own the land, do you have: _____ Leasehold interest? _____ Use permit?			
	_____ Indefinite assignment or joint ownership? If so, please explain:			

F. GENERAL INFORMATION

		Yes	No
28.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received $_____; the year it was received: 19__ __; and the location of the house:		
29.	Do you own any other house not occupied by your family? If yes, state where the house is located: _____ and who occupies it: _____.		
30.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
31.	Is the HUD project still under operation of an Indian Housing Authority?		
32.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application:_____		
	• Tribal Credit Program? If yes, provide date of application:_____		
	• Other? From who:_____ If yes, provide date of application:_____		
33.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide statements of condition from two sources, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application:_____

OMB Control No. 1076-0084
EXPIRATION DATE: 10/31/2014

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate) _____ Date: _____

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Created: October 3, 2001, 10:41:11 AM modified: September 19, 2007 modified: July 31, 2011

Date of this application: _____

APPLICANT OR PARTICIPANT STATEMENT:

I hereby certify that the information given to the NVB-NAHASDA on credit, references, and tenant history is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for termination or denial of housing assistance.

I understand that after verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on HUD form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. I acknowledge that I have received and signed a Federal Privacy Act Statement.
** (Household Member 18 and over)

_____

Signature of Head of Household Date

_____

Signature of Spouse Date

_____

Signature of Household Member Date

_____

Signature of Household Member Date

_____

Signature of Household Member Date

_____

Signature of Household Member Date

IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, OR HAVE QUESTIONS ABOUT THE LAWS ABOUT DISCRIMINATION, CONTACT THE ALASKA STATE COMMISSION FOR HUMAN RIGHTS, AT 1-800-478-4692, OR YOU MAY CONTACT THE FEDERAL OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY AT 206-220-5170.

_____

NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

APPLICANT OR PARTICIPANT STATEMENT FOR 1040 TAXES

I hereby certify that the information given to the NVB-NAHASDA Department pertaining to the (year) _____ taxes, that ☐ **I DO NOT** file taxes, nor does anyone in my household file for taxes. (By signing as household member(s) you are agreeing to the fact, that you do not file for taxes).

** Reason(s) for not filing (reason MUST be in detail, per HUD Policies):

_____
_____
_____
_____
_____
_____
_____

I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for denial of housing assistance.

_____
Signature of Head of Household Date

_____
Signature of Spouse Date

_____
Signature of Household Member Date

_____
Signature of Household Member Date

P.O. Box 1130 • Barrow, Alaska 99723 • Phone: (907) 852-4411 • Fax: (907) 852-8844

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

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

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
	Native Village of Barrow - NAHASDA Attn: Samuel Okakok P O Box 1130 Barrow, Alaska 99723 (907-852-4411) Date:

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

RELEASE OF INFORMATION

I, _____, Date of Birth _____ SSN: _____
(applicant)

I, _____, Date of Birth _____ SSN: _____
(co-applicant)

Authorize:

State of Alaska Public Assistance 675 7th Avenue Fairbanks, Alaska 99701 Tel: (800)478-2850 Fax: (907)451-2923	State of Alaska Unemployment Insurance Support Office P O Box 25514 Juneau, Alaska 99802 Tel: (907)465-4691 Fax: (907)465-2741	Arctic Slope Regional Corporation Stock Department P O Box 129 Barrow, Alaska 99723 Tel: (907)852-8633 Toll Free: 1-800-770-2772 Fax: (907) 852-9457
Social Security Administration 101 12th Avenue P O Box 9 Fairbanks, Alaska 99701 Tel: (907)478-0391 Fax: (907)456-0333	State of Alaska Permanent Fund Dividend P O Box 11462 Juneau, Alaska 99811-0462 Tel: (907)465-2326 Fax: (907)465-3470	Ukpeagvik Inupiat Corporation Stock Department P O Box 890 Barrow, Alaska 99723 Tel: (907)852-4460 Fax: (907)852-4459

To release information regarding any financial assistance, dividend payments or other kinds of income or public assistance to any of the following:

Samuel Okakok Housing Director Housing Department Native Village of Barrow P O Box 1130 Barrow, Alaska 99723 Tel: (907)852-4411 Fax: (907)852-4005	Bookkeeper/Accounting Technician Housing Department Native Village of Barrow P O Box 1130 Barrow, Alaska 99723 Tel: (907)852-4411 Fax: (907)852-4005	Occupancy Specialist Housing Department Native Village of Barrow P O Box 1130 Barrow, Alaska 99723 Tel: (907) 852-4411 Fax: (907)852-4005

For the purpose of evaluating my application for services through the Native Village of Barrow Housing Department. I understand that the information released will be treated in a confidential manner and will not be released to other persons or agencies without my specific authorization. This authorization expires 90 days from the date of my signature.

_____ _____
Applicant Date

_____ _____
Co-Applicant Date