



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

Dear Applicant,

Please choose/check which program you are applying for:

- | | | |
|--|--|---|
| <input type="checkbox"/> New Construction (NC) | <input type="checkbox"/> Renovation (REN) | <input type="checkbox"/> Emergency Repair (ERP) |
| <input type="checkbox"/> Homeless Prevention (Shelter/Hotel) | <input type="checkbox"/> Homeless Prevention (Rent Assistance) | |
| <input type="checkbox"/> Foreclosure Assistance | <input type="checkbox"/> Inspection | <input type="checkbox"/> Real Property Acquisitions |

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

- 1. Include copies of income verification/1040 tax forms for all members of the household.**
- 2. Include copies of Criminal Background Check for all adult members of household.**
- 3. Include copies of deed to any land owned (if any).**
- 4. Make sure to update your application.**

It is the responsibility of the applicant to update his/her application every 12 months. Applicants who fail to update their application risk being placed in the "**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. Birthdays and social security numbers are needed for all members of the household. If a section does not apply to your household, please write N/A.

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 member to work.

*** Also include any rent, utilities, or child care expenses.

QUYANAQPAK!! If you have any questions, please call Mary Lou Leavitt, Scott Bailie, or Rebecca Brower at (907) 852-4411. We will be happy to assist you in completing the application for Housing Assistance.



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

We have (8) types of Assistance Programs:

- **New Construction CNC** - If you do not own a home and would like to apply for a new home.
- **Renovation (REHAB)** - If you own the home and live in the home and are requesting
- **Emergency Repair (ERP)** - If you own the home and live in the home and have an emergency request.
- **Homeless Prevention Activity Program (Rent Assistance)** - If you are a renter and receive a termination letter due to back rent due. The applicant(s) would need to turn in a copy of the termination letter and original contract that was signed with their landlord.
- **Homeless Assistance (Shelter/Hotel)** - If you are homeless and need a place until your transition.
- **Foreclosure Assistance** - If you own the home and receive a foreclosure notice for non-payment.
- **Inspection** - We can assist in obtaining an inspection for your home.
- **Real Property Acquisition** - If you're a land owner and are selling your property.

1. Everyone who applies is required to turn in a Criminal Background Check from the NSB Police Department - This process is done on their own and at the cost of the applicant. You will need to go to the police department dispatch and show your ID/Driver's License and also pay the required \$20.00 fee. You will need to provide a money order paid to the state of Alaska for each background check, make sure that the "original" is turned in with your application and we will give you the original back after making a copy. (This is required by HUD)

2. Please make sure to also bring your tribal card - you may either bring your Native Village Tribal Card (or tribe you belong to), if you do not have an NVB card you may also use a BIA card. If you do not have either of the two we will accept ASRC cards. (Please make sure you include these cards for each person listed on the application).

3. We will need a copy of your land deed to any land owned (if applicable).

4. Please provide copies of your current taxes documents for yourself and all members of household over the age of 18.

**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 INFORMATIONS _____

1. Name: _____
Last First 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. Tribe: _____ Roll Number: _____
 Reservation/Rancheria: _____
6. Marital Status: Married Singled Widowed Other
- If you checked "Other", please explain. _____
7. Are you Homeless? No Yes 8. Are you or spouse a Veteran? No Yes

Information about Spouse: _____

9. Name: _____
Last First First MI Maiden Name (if any)
10. Date of Birth: _____
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, Relationship to Applicant, and Tribe/Roll Number.

| Name | Date of Birth | Relationship to Applicant | Tribe/Roll Number |
|------|---------------|---------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

Date of this application: _____

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 Earned Income | Source of Income |
|------|----------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total annual earned 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. | If repair assistance is needed do you own _____ or rent _____ this house? |
| | If renting, is the owner Indian? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | If yes, provide name of owner(s): |
| 18. | Are you living in Overcrowded Conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 19. | Is the condition of the home in a dilapidated state? <input type="checkbox"/> No <input type="checkbox"/> Yes |

Date of this application: _____

HOUSING INFORMATION, continued.

| | | | | |
|-----|--|--|--------------------------|--------------------------|
| 20. | Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____ | | | |
| 21. | Type of Sewer system: | <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Chemical <input type="checkbox"/> Toilet Outhouse | | |
| | Water Source: | <input type="checkbox"/> City Water <input type="checkbox"/> Private Well Community <input type="checkbox"/> Water Tank <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Bathtub | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Sink/lavatory | <input type="checkbox"/> | <input type="checkbox"/> |

E. LAND INFORMATION

| | | |
|-----|--|--|
| 25. | Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide name of the owner(s): _____ | |
| 26. | What is the current status of the land? | <input type="checkbox"/> Fee <input type="checkbox"/> Tribal Fee <input type="checkbox"/> Native/Restricted |
| | | <input type="checkbox"/> Individual trust land <input type="checkbox"/> Tribal trust land <input type="checkbox"/> Public Domain |
| | | <input type="checkbox"/> Individually restricted <input type="checkbox"/> Tribally restricted <input type="checkbox"/> Other: |
| 27. | If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, give amount received \$ _____; the year it was received: 19____; and the location of the house: | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | Do you own any other house not occupied by your family? If yes, state where the house is located: _____ and who occupies it: | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Do you live in a house built with Housing and Urban Development (HUD) funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | Is the HUD project still under operation of an Indian Housing Authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Are you seeking Down Payment Assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | If you are requesting assistance for a new housing unit, have you applied for assistance from: | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Indian Housing Authority? If yes, provide date of application: | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Tribal Credit Program? If yes, provide date of application: | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Other? From who: _____ If yes, provide date of application: | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination). | | |

Date of this application: _____

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: _____

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.

Date of this application: _____



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

APPLICANT OR PARTICIPANT STATEMENT FOR 1040 TAXES

I hereby certify that the information given to the NVB-Housing Department pertaining to the (year) _____ 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 filling (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



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

RELEASE OF INFORMATION

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

I, _____, Date of Birth: _____ SSN: _____
(Co-Applciant)

Authorize:

| | | |
|--|--|--|
| State of Alaska Public Assistance 675 7th Avenue Fairbanks, Alaska 99701 Tel: (800) 478-2850 Fax: (800) 451-2923 | | Arctic Slope Regional Corp Stock Department Box 129 Barrow, Alaska 99723 Tel: (907) 852-8633 Fax: (907) 852-9457 Toll Free: 800-770-2772 |
| Social Security Administration 10112th Avenue Box 9 Fairbanks, Alaska 99701 Tel: (907) 478-0391 Fax: (907) 456-0333 | State of Alaska Permanent Fund Dividend Box 11462 Juneau, Alaska 99811-0462 Tel: (907) 465-2326 Fax: (907) 465-3470 | Ukpeagvik Inupiat Corporation Stock Department 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:

| | | |
|---|---|---|
| <i>Scott Bailie</i> Housing Director Native Village of Barrow Box 1130 Barrow, Alaska 99723 Tel: (907) 852-8918 Fax: (907) 852-4005 | <i>Rebecca Brower</i> Compliance Officer Native Village of Barrow Box 1130 Barrow, Alaska 99723 Tel: (907) 852-8905 Fax: (907) 852-4005 | <i>Mary Lou Leavitt</i> Occupancy Specialist Native Village of Barrow Box 1130 Barrow, Alaska 99723 Tel: (907) 852-8930 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-Applciant

Date



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

RELEASE OF INFORMATION

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

I, _____, Date of Birth: _____ SSN: _____
(Co-Applicant)

Authorize:

| | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Name: Address: Phone: Fax: | Name: Address: Phone: Fax: | Name: Address: Phone: Fax: |
| Name: Address: Phone: Fax: | Name: Address: Phone: Fax: | Name: Address: Phone: Fax: |

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Applicant

Date

Co-Applicant

Date

APPLICANT OR PARTICIPANT STATEMENT:



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

I hereby certify that the information given to the Native Village of Barrow Housing Department 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 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(s) 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 OF 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 206-220-5 170.