

BERING STRAITS REGIONAL HOUSING AUTHORITY

415 E. Third Ave. • P.O. Box 995 Nome, AK 99762
 Tel (907) 443-5256/5257 • Fax (907) 443-8650
 Toll Free: 1-800-478-5255 • Website: www.bsrha.org

ANNUAL RE-CERTIFICATION

Name: _____ Address: _____
 Home Phone: _____ City: _____ State: _____ Zip: _____
 Work Phone: _____

I. FAMILY COMPOSITION: *List on a blank sheet if you need additional space.*

Full Name	Relation to head	DOB	Place of Birth	Sex	SSN	Occupation
1)	Self					
2)						
3)						
4)						
5)						
6)						

II. TOTAL INCOME: *Provide copy of income received by all family members.*

Family Member Name	Employer Name/ Income Source	Address Employer/ Income Source	Rate		Full time	Hours Per Week
			\$ /hr	\$ /mo		
			\$ ___/hr	\$ ___/mo	Y ___ N ___	___ hrs
			\$ ___/hr	\$ ___/mo	Y ___ N ___	___ hrs
			\$ ___/hr	\$ ___/mo	Y ___ N ___	___ hrs
			\$ ___/hr	\$ ___/mo	Y ___ N ___	___ hrs
			\$ ___/hr	\$ ___/mo	Y ___ N ___	___ hrs

Tax copies for past three years: 1) _____ 2) _____ 3) _____

Periodic or Sporadic Income: *Provide documentation for all boxes checked.*

- # family members who received the Alaska Permanent Fund Dividend.
- # family members who received Corporation dividends. Amount \$ _____ # _____
- Bonus, amount \$ _____ # _____
- Fishing, amount \$ _____ # _____
- Other, amount \$ _____ # _____

III ASSETS: *Provide documentation of checking, savings, bonds, stocks, land, property, houses, boats etc.*

Family Member	Estimated Value
1)	\$
2)	\$
3)	\$

Do you pay the following expenses?

- 1) Childcare: Yes No Amount \$ _____ to _____ per ___ hr. ___ wk. ___ mo.
- 2) Medical: Yes No Amount \$ _____ to _____ per ___ hr. ___ wk. ___ mo.
- 3) Travel: Yes No Amount \$ _____ to _____ per ___ hr. ___ wk. ___ mo.

If you answered yes; provide verification of expenses, copies of receipts, name and address of payee. #2-households must qualify for this expense. #3-expense of gas and/or taxi cab expenses to go "to" and "from" work only.

I/We certify that the information given to the Bering Straits Regional Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

All Household Adults Signature and Date of Signing

----- -- -- -- --
 ----- -- -- -- --
 ----- -- -- -- --
 ----- -- -- -- --

Additional Comments to your living situation:

