

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

HOUSING APPLICATION

It is your responsibility to update your application when changes occur.

Name: _____ Community applying for: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Tribal Affiliation: _____ ANSCA Village: _____ Regional Corporation _____
 Community you currently live in: _____ Length of residency: _____
 Phone Number: _____

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 Y ___ N ___	Hours Per Week ____ hrs
			\$ /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

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)	\$

Have you sold or disposed of any assets in the past two years? Yes No

If yes, describe: _____

IV. REQUIRED DOCUMENTATION

- Background Check will be conducted by BSRHA.**
- Copy of Certificate of Indian Blood (CIB) OR Tribal Enrollment Card** BSRHA provides housing programs for Alaskan Natives or American Indians. You must be enrolled in a Tribe and be able to receive a Certificate of Degree of Indian Blood (CIB) from BIA.
- Copy of Social Security Card for all family members over six (6) years of age.**
- Copy of State Identification or Driver's License.**
- Copy of past three (3) years taxes** Your application will not be complete and you will not be placed on the waitlist until your taxes are on file.
- Signed HUD Consent to Release of Information form 9886 Form** will need to be signed by all family members over the age of 18.

V. OTHER INFORMATION

1) Are you or any family members related to any BSRHA Board of Commissioners or employees?
Yes No

If yes, explain: _____

2) In the past five (5) years have you or any family members been charged with any misdemeanors or felonies? Yes No

If yes, explain: _____

3) Have you or any family members ever been evicted from a Federally Subsidized program?

Yes No If yes, explain: _____

V. OTHER INFORMATION CONTINUED

4) Do you own OR are you purchasing another home? Yes No

If yes, explain: _____

5) Do you have OR have you had utility account in your name? Yes No

If yes, explain: _____

6) Are you renting? Yes No Monthly Rent: _____ Monthly Utilities: _____

Landlords Name: _____

Address: _____ Phone number: _____

7) Child Care Expense? Yes No Amount \$ _____ per (hr/day/wk/mo/yr)

Child Care Provider name: _____

Address: _____ Phone number: _____

Do you receive re-imbusement for child care expenses? Yes No

If yes, from whom: _____

VI. FEDERAL PREFERENCE *rule amends regulations to provide selection criteria and definitions to be used by Bering Straits Regional Housing Authority to grant a preference in the provision of housing assistance to families who are: 1. Involuntarily displaced, 2. Living in substandard conditions, 3. Paying more than 50% of family income towards rent .*

1. Involuntarily Displaced

Are you without housing or Are you about to be without housing Yes No

2. Substandard Conditions

Number of people living in home: _____ Number of bedrooms: _____

Living in overcrowded conditions? Yes No

Two or more families living under one home? Yes No

Do you have potable water? Yes No

Is there safe electricity? Yes No

Do you have adequate heat? Yes No

Is there an indoor bathroom? Yes No

Has the building been declared unsafe or condemned? Yes No

3. Paying more than 50% of family income towards rent.

Do you pay more than 50% of your total family income to rent and utilities? Yes No

Gross monthly income: \$ _____ Total rent: \$ _____ Total utilities: \$ _____

If you feel you qualify for Federal Preference, have your Tribal Government and/or other agency complete a Verification of Involuntary Displacement or Verification of Substandard Housing form.

VII APPLICANT(S) CERTIFICATION FORM

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading. I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is FEDERALLY funded through Bering Straits Regional Housing Authority.

Give True and Complete Information

I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my application form is true and correct.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any Federal housing assistance and whether or not any money is owed. I certify that I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

Owner-Occupancy Property

I certify that the house will be my principle residence. I will not live anywhere else without notifying BSRHA immediately in writing. I will not sublease the property unless it has been approved by BSRHA.

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of this case for eligibility determination.

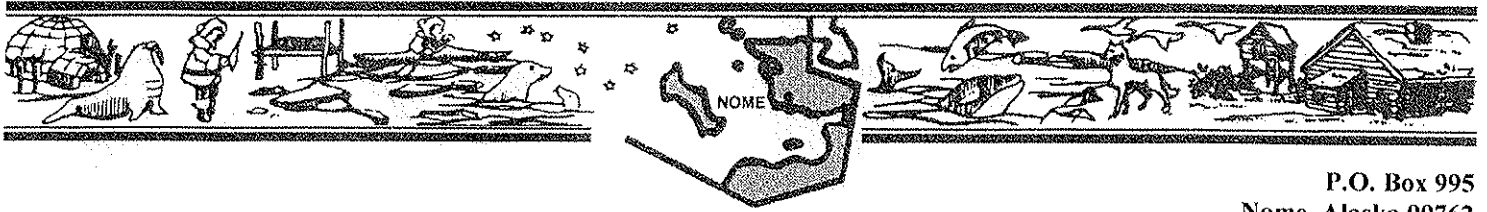
Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Documentation

BSRHA will determine eligibility when my application is complete. All documentation and information required must be completed and returned to BSRHA within thirty (30) days of the receipt of my application form. I understand that funds will be expended on a *first come, first served* basis, and BSRHA will not process my application unless all documentation is received.

All Household Adults *Signature and Date of Signing*



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BERING STRAITS REGIONAL HOUSING AUTHORITY
 Shirley Bell, Housing Advisor
 Housing Management Department

VERIFICATION OF INCOME

Consent: I consent to allow Bering Straits Regional Housing Authority or HUD 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 program. I understand that the Housing Authority receiving income information under this consent form cannot use it to deny, reduce, or terminate assistance without first independently verifying what the amount is, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest these findings. *This consent form expires fifteen (15) months from the date signed.*

Name: _____ Birth Date: _____ Soc. Sec. # _____
 Address: _____

Present Employer: _____
 Address: _____

Present Employer: _____
 Address: _____

Check Other Source of Income Received:

- | | |
|---|--|
| <input type="checkbox"/> Adult Public Assistance | <input type="checkbox"/> Senior Assistance Program |
| <input type="checkbox"/> Alaska Permanent Fund Dividend | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Alaska National Guard | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> ATAP | <input type="checkbox"/> Veteran's Benefit |
| <input type="checkbox"/> Child Support from _____ | |
| <input type="checkbox"/> General Assistance from _____ | |
| <input type="checkbox"/> Pension/Annuity from _____ | |
| <input type="checkbox"/> Retirement from _____ | |
| <input type="checkbox"/> Other income _____ | |

 Signature of Applicant/Participant

 Date

RELEASE OF CREDIT INFORMATION

Major Credit Cards:	Address	Account number
1. _____	_____	_____
2. _____	_____	_____

Bank Reference	Branch	Account number
1. _____	_____	_____
2. _____	_____	_____

Landlords – Past two years-	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Utilities	Address
1. _____	_____
2. _____	_____

Other Credit References	Address
1. _____	_____
2. _____	_____
3. _____	_____

TO WHOM THIS MAY CONCERN: I hereby authorize the release of my credit Information to Bering Straits Regional Housing Authority, PO Box, Nome, Alaska 99762.

Signature of Applicant

Date

Signature of Spouse/Other Adult
