



BERING STRAITS REGIONAL HOUSING AUTHORITY
Housing Management Department

P.O. Box 995
Nome, Alaska 99762
443-5256 or 5257
FAX No. (907) 443-8650
1-800-478-5255

Dear Applicant:

Attached is a housing application form, please complete and return to Bering Straits Regional Housing Authority to be considered for housing in Nome, Alaska.

For you to be assured your application is processed within two weeks for eligibility, include the following with your returned application.

- Copies of birth, social security card on you and your children.
- Copy of enrollment in a Native Corporation on yourself.
- Copies of 2008, 2007 & 2006 1040 IRS income taxes on you, and all family members over the age of 18.
- Copy of bank deposits, or all income received by family for one month.
- List all family members who will live with you in the unit, & you and your spouse/other adult sign and date all pages.
- State Trooper Criminal history form on you, this may cost \$ 25.00 at the Nome State Trooper office.

If you need assistance in completing the form call me at 443-5256 or toll free 1-800-478-5255. Thank you.

Sincerely,

Shirley M. Bell
Sr. Occupancy Specialist

BERING STRAITS REGIONAL HOUSING AUTHORITY

NOME LOW RENT APPLICATION FOR HOUSING

Applicant Name: _____ Home phone: _____

Other name used: _____ Work phone #: _____

P.O. Box #: _____ City: _____ State: _____ Zip Code: _____

Street Address: _____

Landlord's name: _____ Phone number: _____

P.O. Box #: _____ City: _____ State: _____ Zip Code: _____

Family composition: You and family members who will live in the Unit:

Name	SSN	DOB	Sex	Race	Occupation	Birthplace

Income: You and family member's gross income from all sources of money received.

Name	Source of Income	Monthly amount	Annual estimate

Income Tax: IRS 1040's for the past three years on you and all adult family members.

Applicant:	2008 \$ _____	2007 _____	2006 _____
Spouse:	2008 \$ _____	2007 _____	2006 _____
Other Adult:	2008 \$ _____	2007 _____	2006 _____

Office Use Only

Date of Application _____ Time _____ am/pm

PRESENT HOUSING CONDITIONS:

Verification is required if you answer YES to numbers one, two or three.

1. Do you live in substandard housing? Yes No
2. Do you pay fifty (50) percent or more of income for rent? Yes No
3. Are you involuntarily displaced? Yes No
4. Do you live in subsidized housing? Yes No
5. Have you ever lived in subsidized housing? Yes No If yes, where? _____
6. Do you live in Nome? Yes No If no, where do you live? _____
7. Are you renting? Yes No If yes, from whom? _____ Monthly charge _____
8. Do you own your own home? Yes No If yes, monthly cost _____
9. Are you living with a relative? Yes No If yes, whom? _____
10. Describe your present living conditions: _____

ASSETS: List all household members owned assets and their value, include saving accounts, money market accounts, stocks, bonds, land, houses, mobile homes, trust funds, etc. Use additional paper if necessary.

LAND: Native Allotment () ; Restricted () ; Non-Restricted ()
 Location: _____ Value: \$ _____ Lot #: _____ Block #: _____
 Do you have a deed? Yes No If yes, Date purchased _____ Date recorded _____
 Was it inherited? Yes No If yes, from whom? _____
 Is there a house on the lot? Yes No If yes, how many? _____
 Do you rent it out? Yes No If yes, amount per month: _____
 Is it used for business? Yes No If yes, what type? _____

Comments: _____

BUILDINGS: Location _____ Used for: _____ Value _____
 Location _____ Used for: _____ Value _____

VEHICLES: Type/Make: _____ Model: _____ Value _____
 Type/Make: _____ Model: _____ Value _____

OTHER ASSETS:
 Description: _____ Value _____
 Description: _____ Value _____

TOTAL ASSETS: \$ _____

WARNING! TITLE 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.

I do hereby swear and attest that all of the information provided within this application is true and correct. I also understand that all changes in the income of any family member of the household as well as any changes in the household members must be reported to BSRHA in writing immediately. I understand that this is not a contract and does not bind either party. I have no objections to inquiries being made for the purpose of verifying the statement made within and any other credit checks to determine my eligibility.

 Signature of Applicant Date Signature of Spouse/Other Adult Date

BASIC QUESTIONNAIRE

- | | Yes | No |
|--|-----|-----|
| 1. Have you ever participated in a Federally funded housing program?
If yes, list the years: _____ | () | () |
| 2. Are you on a waiting list for Federally funded housing?
If yes, where? _____ | () | () |
| 3. Have you ever sub-leased a Federally funded housing Unit?
If yes, when? _____ From whom? _____ | () | () |
| 4. Are you and/or your spouse 62 years of age or older? | () | () |
| 5. Are you capable of living independently? | () | () |
| 6. Do you require assistance with routine cleaning chores to an apartment? | () | () |
| 7. Do you or a family member require handicap facilities?
If yes, with what special features? _____
Type of handicap: _____ | () | () |
| 8. Do you or a family member require auxiliary aide for disability?
If yes, what type of auxiliary aid? _____ | () | () |
| 9. Did a Physician or Medical Facility make the determination?
If yes, whom? _____ | () | () |
| 10. Have you, or a household member been arrested, charged or convicted of a
criminal offense within the last five (5) years?
If yes, whom? _____
Type of charge: _____
Date of charges: _____ | () | () |
| 11. Have the charges been resolved? | () | () |
| 12. Have you, or a household member been sued for nonpayment of an account?
If yes, when? _____ by whom? _____
For how much? _____ | () | () |
| 13. Have all debts been satisfied?
If yes, explain: _____
_____ | () | () |

Signature of Applicant

Date

Signature of Spouse/Other Adult

Date

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Bering Straits Regional Housing Authority (the Authority) at application or reexamination, HUD will collect the information on Form HUD-50058. The data it will collect includes: Name, Sex, Birth Date, Social Security Number (SSN), Income (by source), Assets, certain deductible expenses and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer-match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulator investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSN's of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1427 et. Sq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348.408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing application.

SIGNATURE: I read the Federal Privacy Act Statement on _____

DATE

Head of Household or Spouse

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot line at 800-877-0246 or dial (206) 220-5170.

APPLICANT/TENANT/HOMEBUYER CERTIFICATION

APPLICANT/TENANT/HOMEBUYER STATEMENT

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

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call Fair Housing and Equal Opportunity National Toll free Hot Line at 800-877-0246 or (206) 220-5170.

HOUSING AUTHORITY'S OFFICIAL CERTIFICATION FOR TENANT'S FILE

HOUSING AUTHORITY OFFICIAL STATEMENT

I certify that:

- (1) the information given to the Bering Straits Regional Housing Authority by the household of _____ on household composition, income, net family assets, and allowances and deductions have been verified as required by Federal Law;
- (2) the family was eligible at admission;
- (3) the family has certified that it has given our agency accurate and complete information.

Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

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.

THINGS YOU SHOULD KNOW

PURPOSE: This is to inform you that there is certain information you must provide when applying for assisting housing. There are penalties that apply if you knowingly omit information or give false information.

PENALTIES FOR COMMITTING FRAUD: The United States Department of Housing and Urban Development places a high priority on preventing fraud. If your application forms contain false or incomplete information, you may be:

- 1.) Evicted from your apartment or house.
- 2.) Required to repay all overpaid rental assistance you received.
- 3.) Fined up to \$10,000.
- 4.) Imprisoned for up to 5 years.
- 5.) Prohibited from receiving future assistance.

Your state and local government may have other laws as well.

COMPLETING THE APPLICATION: When you give your answers to application questions, you must include the following information:

- 1.) All sources of money you and any adult member your family receive.
- 2.) Any money you receive on behalf of your children.
- 3.) Income from assets.
- 4.) Earnings from second job or part time job.
- 5.) Any anticipated income.
- 6.) All bank accounts, savings, bonds, certificates of deposit, stocks, estate that are owned by you and any adult member of your family who will be living with you.
- 7.) Any business or asset you sold in the last 2 years for less than its full value, such as your home.
- 8.) The names of all of the people who will actually be living with you, whether or not they are related to you.

SIGNING THE APPLICATION: Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. When you sign application forms, you are claiming that they are complete to the best of your knowledge and or misleading information. Information you give on your application will be verified by your Housing Agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

BEWARE OF FRAUD: You should be aware of the following fraud schemes:

- 1.) Do not pay any money to file an application.
- 2.) Do not pay any money to move up on the application list.
- 3.) Do not pay anything not covered by your lease.
- 4.) Get a receipt for any money you pay.
- 5.) Get a written explanation if you are required to pay any money other than what your contract covers.

RE-CERTIFICATIONS: You must provide updated information at least once a year. Some programs require that you report changes to your income or family composition immediately. Be sure to ask when you must re-certify. You must report on the re-certification forms all income changes, such as pay increases or benefits, change of job, loss of benefits for all family members. You must also report any family member who has moved in or out.

REPORTING ABUSE: If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statement, report them to the manager of your project at 1-800-478-5255 or 907-443-5256, or by writing to: Bering Straits Regional Housing Authority, PO Box 995, Nome, Alaska 99762.

I HAVE READ AND UNDERSTAND THIS BULLETIN:

SIGNATURE: _____

DATE: _____

PREFERENCES OF APPLICANT SELECTION

BSRHA will notify all applicants that they may qualify for a local preference. It is BSRHA's policy that a preference does not guarantee admission. Every applicant must still meet BSRHA's screening criteria before being accepted as a tenant in BSRHA's Low Rent Housing Program. BSRHA has adopted HUD's federal preference as part of BSRHA's local preferences. These local preferences were approved and adopted by BSRHA's Board of Commissioners. These local preferences follow the federal preferences in 24 CFR 5.420, April 1, 1997.

See BSRHA's Low Rent and Senior Housing Policies for the complete explanation and viewing of the following preferences, Amended October 12, 1998, Chapter two, Tenant Eligibility; Section and Screening. Preferences for selection shall be granted to applicants who verified circumstances correspond to one of the following categories. An applicant qualifies for a local preference at the time they are being housed if the applicant is:

1. **Involuntary Displaced: (10 Points)** The applicant is not living in standard, permanent placement housing; within no more than six months from the date of preference status. Involuntarily Displacement may be: Displacement by Disaster, Displaced by Government Action, Displacement by Action of Housing Owner, Displacement of Avoid Reprisals, Displacement by Hate Crimes, Displacement by Inaccessibility of Unit, Displacement by HUD Disposition of Multifamily Project. Verification is required per Certification from the appropriate agency concerning any claims of Involuntary Displacement.
2. **Living in Substandard Housing: (10 Points)** Applicants must be living in substandard housing at the time of any verification by BSRHA. An applicant who is homeless or living in a shelter for the homeless is considered living in substandard housing.
3. **Paying more than 50% of income for Rent: (10 Points)** A family must be paying more than 50% of income for rent for a period of 90 days or more at the time of any verification by BSRHA. A stipulation applies to this section, see full policy and procedures.
4. **Working Family: (3 Points)** Families who are employed or are receiving benefits must provide third party verification from employers or state or local agencies in order to verify they are a working family or an elderly or disabled family receiving benefits. Families who are participating in or have graduated from an educational or training program must provide third party verifications from a recognized program.
5. **Family Reunification, Child Welfare System: (3 Points)** A family claiming to have a lack of adequate housing that is a primary factor in the imminent placement of a child in foster care, or in preventing the discharge of a child from foster care to reunite with his or her family. BSRHA must have a third party written statement from the State of Alaska, Department of Health and Social Services verifying this status.
6. **Veteran: (3 Points)** As defined in AS 18.55.33. Veterans does not include a person enlisted and accepted for active training only for a period of six months or less. Persons claiming veteran status must provide a third party verification such as discharge papers or documentation from the Armed Services served, or the Veteran's Administration. A full description is in BSRHA Low Rent Policies and Procedures.
7. **Elderly: (1 Point)** Applicant who verified circumstances correspond to two or more of the local preference categories shall be assigned the preference category with the highest point score.

Local preference may not be combined or aggregated in any manner to increase the score.

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

Date

BERING STRAITS REGIONAL HOUSING AUTHORITY
Income Verification

P.O. Box 995
Nome, Alaska 99762
443-5256 or 5257
FAX No. (907) 443-8650
1-800-478-5255

VERIFICATION OF INCOME

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 _____ | |

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.**

Signature of Applicant/Participant

Date

BERING STRAITS REGIONAL HOUSING AUTHORITY
Income Verification

P.O. Box 995
Nome, Alaska 99762
443-5256 or 5257
FAX No. (907) 443-8650
1-800-478-5255

VERIFICATION OF INCOME

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 _____ | |

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Signature of Applicant/Participant

Date