

Bering Straits Regional Housing Authority

P.O. Box 995 Nome, Alaska 99762

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:	()
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4. Date of Birth:	
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5. Tribe/Native Village:	6. Roll Number:
Name of Reservation/Rancheria/Consortium:	

7. Marital Status:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Married)	(Single)	(Widowed)	(Other)

If you checked "Other", please explain.	
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Information About Spouse

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

9. Date of Birth:	
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10. Tribe:	11. Roll Number:
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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, please use a blank sheet of paper.

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?
	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, indicate amount: \$ _____, to whom: _____, and when: _____
18.	If repair assistance is needed, do you own <input type="checkbox"/> or rent <input type="checkbox"/> this house?
	If renting, is the owner Indian? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, provide name of owner(s): _____

HOUSING INFORMATION, continued.

19.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____				
20.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
21.	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community 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"/>	
		Bath tub	<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, provide the 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 received Housing Improvement Program assistance after October 1, 1986?	<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?	<input type="checkbox"/>	<input type="checkbox"/>
	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?	<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.	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"/>
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?	<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 statements of condition from two sources, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

(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 cause for disqualification.

Applicant's Signature: _____ Date: _____

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