



# Homeowner Assistance Fund Program

*Assisting Households Impacted by COVID-19*

## *Application Instructions and Checklist*

***Applications will be accepted until July 1, 2022, or until all funds are spent.*** Tribally enrolled homeowners who are Bering Straits Regional Corporation Shareholders or who are tribally enrolled in the Bering Straits region are eligible for funds. The application period and household eligibility requirements may be expanded, depending on available funds.

Please use this checklist to prepare and complete the application package. Be sure to gather and submit ALL required documents. ***Failure to do so will delay the processing of your application.*** Funding is not guaranteed, and all documentation will be verified to determine eligibility.

- Completed Application Form** – Filled out completely, signed and dated.
- Release of Information** – Signed and dated by each household member 18 years of age or older.
- Proof of Identification** – Photo ID (Government or State Issued) for all household members 18 years of age and older.
- Household Income Documentation** - Includes, but is not limited to, the last 30 days of pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), bank statements, 2020 or 2021 Tax Returns, and/or documentation of any other household income received by all household members 18 years of age or older.
- Household COVID-19 Impact Documentation** – Includes, but is not limited to, a notice or email from your employer documenting a job loss, furlough, closure, reduction in hours, or other documentation that supports the impact your household has experienced due to COVID-19, or fill out Section 5 of this application.
- Mortgage Holder Documentation** –Proof of mortgage, current statement, and any late payment and/or eviction notices.
- Utility Documentation** - Current utility bills and/or statements, late payment notices and/or disconnect notices. (heat, electricity, water and sewer, garbage, propane for home use, and firewood are covered under this section.)
- Tribal Enrollment** – Proof of tribal enrollment for at least 1 member of your household.

### ***How do I submit my application?***

*Completed applications, including all required documentation, can be submitted by one of the following methods:*

**Email:** [haf@bsrha.org](mailto:haf@bsrha.org)

**Fax:** 1-907-443-8652

**Mail:** Bering Straits Regional Housing Authority  
HAF Program  
PO Box 995  
Nome, AK 99762

### ***Questions? Concerns? Need an application?***

### ***Need assistance completing the application?***

***Help is a phone call away!*** Please reach out to one of the following team members and they will be happy to assist you:

**Homeowner Assistance Fund Coordinator**

907-443-8622



# Homeowners Assistance Fund

Assisting Households Impacted by COVID-19

## Eligibility Requirements

- To be eligible for this program you must be tribally enrolled homeowners who are Bering Straits Regional Corporation Shareholders or who are tribally enrolled in the Bering Straits region are eligible for funds. Additionally:

1. You or a member of your household **must meet at least one of the following criteria (please check ALL that apply):**

- Qualifies for or is currently receiving unemployment benefits.
- Has been or is currently unemployed.
- Has lost income due to the COVID-19 pandemic.
- Has incurred significant costs due to the COVID-19 pandemic.
- Has directly or indirectly experienced financial hardship due to the COVID-19 pandemic.

2. You or members of your household **must demonstrate a risk of homelessness or housing instability. To do so, at least one of the following statements must be true (please check ALL that apply):**

- Has received a home eviction notice.
- Has received past-due mortgage or utility notice(s).
- Is at an increased risk of exposure to COVID-19 due to overcrowding.
- Is delaying the purchase of essential goods / services to pay mortgage or utilities.
- Is relying on credit cards, payday lenders, or other high-cost debt products to pay for mortgage or utilities.
- Is depleting savings rather than using wages or other income to pay for mortgage or utilities.

3. Your household income **must be at or below 150 percent of the area median based on your household size. Household income includes wages, tips, etc. for all members of your household over the age 18.** Income limits vary and are based on your household size. Using the information provided below, **is your household income level less than the maximum amount allowed for your household size?**

- YES       NO

### Alaska

*Includes BSNC Shareholders and the communities of: Brevig Mission, Council, Elim, Gambell, Golovin, Koyuk, Mary's Igloo, Savoonga, Shaktoolik, Shishmaref, Solomon, Teller, Wales, and White Mountain*

Number of Household Members	1	2	3	4	5	6	7	8
150% of mean income	\$98,595	\$112,680	\$126,765	\$140,850	\$152,118	\$163,386	\$174,654	\$185,922

- If you answered “Yes”, please proceed to *the Application for Assistance.*
- If you answered “No”, or if you have any questions regarding the eligibility criteria listed above, ***please contact us and a member of our team will be happy to assist you. YOU MIGHT STILL BE ELIGIBLE!***



**Homeowner Assistance Fund**  
*Assisting Households Impacted by COVID-19*  
**Application for Assistance**

Internal Use Only

Date Received: \_\_\_\_\_

Pool Number: \_\_\_\_\_

**Section 1: Applicant Information**

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

*Please select all that apply:*

**Race:**  Alaska Native / American Indian  Asian  Black or African American  White or Caucasian  
 Native Hawaiian or Other Pacific Islander  Other

**Ethnicity:**  Not Hispanic or Latino  Hispanic or Latino **BSNC Shareholder:**  Yes  No

**Please circle the tribe in which you are enrolled:**

Brevig Mission Council Elim Gambell Golovin Koyuk Mary's Igloo Savoonga  
 Shaktoolik Shishmaref Solomon Teller Wales White Mountain Tribe Not Listed: \_\_\_\_\_

**Section 2: Financial Assistance Requested**

Which type(s) of eligible assistance are you applying for? *(Please check all that apply)*

Mortgage <input type="checkbox"/>	Utilities <input type="checkbox"/>	Other (circle all that apply): down payment assistance loan, title, mortgage reinstatement, property taxes, homeowner, flood and fire insurance <input type="checkbox"/>
Mortgage Arrears <input type="checkbox"/>	Utility Arrears <input type="checkbox"/>	

**Section 3: Household Information:** *Please list all persons who are residing in your household. If necessary, please list additional members on a separate page*

FULL Name of Household Member(s)	Relation to Head of Household	Date of Birth	Gender	Social Security Number
1	Self			
2				
3				
4				
5				
6				

**Required Household Documentation:** Please attach copy of photo identification for all household members ages 18 and older, and CIB and/or tribal enrollment verification.

**Section 4: Household Sources of Income:** Please list income for ALL household members ages 18 and older.

Household Member Name	Source of Income (employment, unemployment, social security, public assistance, retirement, pension, etc.)	Monthly Gross Income
Do all household members receive the Alaska Permanent Fund Dividend (PFD)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If answer is no, please explain why:

**Required Income Documentation:** Please attach all supporting documents for the above listed income. This includes, but is not limited to, the last 30 days of pay stubs, pension statement(s), social security award letter(s), bank statements, unemployment letter(s), 2020 or 2021 Tax Returns, and/or documentation of any other household income.

**Section 5: Household COVID-19 Impact:** In your own words, please describe how COVID-19 has impacted your household. Please refer to Questions #1 & #2 on the Eligibility Requirements and use the space provided below to explain your answers.

**Supporting Documentation:** Please attach a notice or email from your employer documenting a job loss, furlough, closure, reduction in hours, or other documentation that supports the impact your household has experienced due to COVID-19.

**Section 6: Conflict of Interest**

*This program is funded by the Department of Treasury and administered by Bering Straits Regional Housing Authority. The program is subject to conflict-of-interest rules intended to ensure all applicants are treated fairly and no one, by virtue of their position, unduly influences the selection or assistance approval process. Applicants must declare whether they, or any member of their household, has a potential conflict **by checking one of the statements below:***

- I am not an employee or member of the Board of Commissioners or Bering Straits Regional Housing Authority, nor am I an immediate family member of nor have any business ties with any such person.
- I have a potential conflict of interest as described in the space below. *(Please note, having a potential conflict does not automatically disqualify you from the program. The application will require additional review to determine that no conflicts exist, that a conflict exists and that an exception may be made, or that the applicant is conflicted and may not be assisted.*

Please describe potential conflict of interest (if applicable):

**Section 7: Mortgage Provider Information (Homeowners skip to section 8)**

Mortgage Provider Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Address of Home: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Monthly Mortgage Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

**Required Mortgage Documentation:** Please attach a copy of your current statement which is on official company letterhead with a breakdown of your mortgage, and any late payment and / or eviction notices.

**Section 8: Utility, Insurance, Property Tax Provider Information** *Please Note: Cable television, and phone service are not eligible under this program. If necessary, please list additional providers on a separate page. HEAT, ELECTRICITY, WATER AND SEWER, FIREWOOD, PROPANE, GARBAGE, HOMEOWNERS INSURANCE, AND CITY PROPERTY TAXES ARE COVERED IN THIS SECTION.*

Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

**Required Utility/Insurance/Taxes Documentation:** Please attach a current bill for utilities you would like covered.

**Section 9: Duplication of Benefits:** A DOB occurs when a household or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Have you or any member of your household received or anticipate receiving mortgage or utility assistance from any other source(s)? Yes  No

If yes, please indicate below the amount allocated from any and all funding sources.

**Source of Funds #1**

Assistance Provider Name	
Purpose / Specific Use	
Amount	

**Source of Funds #2**

Assistance Provider Name	
Purpose / Specific Use	
Amount	

**Source of Funds #3**

Assistance Provider Name	
Purpose / Specific Use	
Amount	

**Source of Funds #4**

Assistance Provider Name	
Purpose / Specific Use	
Amount	

**Section 10: Applicant Intent to Participate and Agreement** *Must be signed by all household members ages 18 and older.*

I/We hereby certify that the information provided in this application to the Bering Straits Regional Housing Authority is true and correct. I/We understand that this is not a contract and does not bind either party. Additionally:

- I/We certify that the assistance I am applying for under this program, if awarded, will be used for my/our primary residence. If my/our living situation changes, I/we will notify BSRHA immediately.
- **I/We certify that any assistance received through this program will not be duplicative of any other assistance provided for the same costs.**
- I/We understand that it is my/our responsibility to supply all information and required documentation to determine my/our eligibility and failure or refusal to do so may result in processing delays and / or termination of eligibility determination.
- I/We understand that knowingly supplying false or inaccurate information is punishable under Federal and / or State criminal law and is grounds for termination from the program. If any information is found to be false or misleading, I/we understand that I/we will be disqualified from the program or other actions may be taken against me/us.
- I/We understand that BSRHA will only determine eligibility once my/our application is complete. I/we understand that funds are limited, and if the required information is not supplied in a timely manner, I/we may not receive assistance.
- I/We agree that if determined to be eligible to receive assistance under this program, by signing this document I/we am/are agreeing to:
  - notify BSRHA immediately whenever changes in household composition or income occur; and
  - provide BSRHA with the necessary information for reexaminations for continued program participation; and
  - abide by all program guidelines necessary for participation.
- **I/We certify that I/we have read and understand the provisions in this document and that I/we wish to process with the application for the Homeowner Assistance Fund Program.**

Applicant		
Signature	Printed Name	Date
Other Adult Household Members (ages 18 and older)		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date



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## *Release of Information*

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In signing this consent form, I am authorizing Bering Straits Regional Housing Authority (BSRHA) to request and obtain income information for the purpose of verifying my eligibility for the Homeowner Assistance Fund Program administered by the Department of Treasury. I am also authorizing BSRHA to:

- contact my mortgage provider and/or property owner to request information including, but not limited to, mortgage and payment information and I hereby authorize my mortgage provider to release such information. I also authorize BSRHA to release my information to my mortgage provider which is deemed necessary to complete my application.
- contact my utility providers to request information including, but not limited to, billing and payment information and I hereby authorize my utility providers to release such information. I also authorize BSRHA to release my information to my utility providers which is deemed necessary to complete my application.

I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

I further authorize Bering Straits Regional Housing Authority to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws.

\_\_\_\_\_  
Printed Name and Signature of Applicant / Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number of Head of Household

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date