



Native Village of Unalakleet

P.O. Box 270  
Unalakleet, AK 99684  
Ph: (907) 624-3622  
Fax: (907) 624-3621

## HOUSING ASSISTANCE APPLICATION

Complete all information or put N/A if not applicable. Failure to provide all information will cause delay or denial of application, you will not be placed on a waitlist until application is complete. *It is your responsibility to update application if there are changes to your family composition or income.*

### I. REQUIRED DOCUMENTATION

- Copy of Certificate of Indian Blood or Tribal Enrollment Card** - head of household or spouse
- Copy of Social Security Card** - every family member over the age of 6
- Copy of State ID or Driver's License**
- Signed HUD Consent to Release Information Form 9886** - attached to application
- Signed HUD Form "Things You Should Know"** - attached to application
- Income Verification** - for all income earning household members:
  - Sporadic income such as fishing: last 3 years of tax returns
  - Regular employment: last 4 paystubs
  - Social Security/Pension: statement of benefits

### II. PERSONAL INFORMATION

Name: _____		
Current Mailing Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____		Cell Phone: _____
Email: _____		
Tribal Affiliation: _____		
Regional Corporation: _____		

III. PROGRAM APPLICATION IS FOR:      \_\_\_\_\_ TINY HOME      \_\_\_\_\_ HEALTHY HOMES

REASON FOR APPLICATION:

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**IV. FAMILY COMPOSITION** (attach sheet if necessary)

Full Name of Family Member	Relation to Head of Household	Date of Birth	Birthplace	Gender	Social Security Number	Occupation

**V. INCOME**

Family Member Name	Source of Income (employment, unemployment, social security, pension, etc.)	Address of Employer	Rate		Hours Per Week
			\$_____/hour	\$_____/month	

**Other Income:** Check all that apply, fill out amount and family member(s) that it belongs to

\_\_\_ Bonuses        \$\_\_\_\_\_    Name(s)\_\_\_\_\_

\_\_\_ Fishing        \$\_\_\_\_\_    Name(s)\_\_\_\_\_

\_\_\_ Regional Corporation Dividend \$\_\_\_\_\_    Name(s)\_\_\_\_\_

\_\_\_ Other Dividend \$\_\_\_\_\_    Name(s)\_\_\_\_\_

\_\_\_ Other        \$\_\_\_\_\_    Name(s)\_\_\_\_\_

\_\_\_ Other        \$\_\_\_\_\_    Name(s)\_\_\_\_\_

*NVU assumes that every family member receives an Alaska Permanent Fund Dividend, this amount will be used in income & monthly payment calculation.*

**VI. ASSETS :** Checking account, savings account, land, stocks & bonds, house, boat, ATV, vehicle, etc.

Full Description	Estimated Value
	\$
	\$
	\$
	\$
	\$

In the past two years, have you disposed of assets for *less* than market value? Y/N

If so, what asset? \_\_\_\_\_

What was its value? \$ \_\_\_\_\_ How much did you receive for it? \$ \_\_\_\_\_

**VII. PREFERENCE QUESTIONNAIRE**

1. Are you without or about to be without housing? Y/N

Explain: \_\_\_\_\_

2. Are you living in overcrowded conditions? Y/N

Two or more families living in one home? Y/N

Number of people living in one home: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

3. Are you paying more than 50% of your income toward housing payment and utilities? Y/N

Gross monthly income: \$ \_\_\_\_\_ Total rent and utilities: \$ \_\_\_\_\_

4. Are you living in substandard conditions?

Is there potable water? Y/N

Is there safe electricity? Y/N

Is there safe and adequate heat? Y/N

Do you have an indoor bathroom? Y/N

Has the building been declared unsafe or condemned? Y/N

5. Are you a veteran? Y/N *\*documentation required*

6. Do you have a medically verified disability? Y/N *\*medical provider documentation required*

7. Does the Head of Household or other qualified applicant have any of the following expenses?

Childcare: \$ \_\_\_\_\_/month Provider contact information: \_\_\_\_\_

Medical expenses: \$ \_\_\_\_\_/month Description: \_\_\_\_\_

**VI. OTHER INFORMATION**

1. Do you own any offroad vehicles or automobiles? If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have pets? If yes, please specify type and breed:

\_\_\_\_\_  
\_\_\_\_\_

3. List three (3) personal references, with contact information (email and/or phone number):

Contact 1: \_\_\_\_\_

Contact 2: \_\_\_\_\_

Contact 3: \_\_\_\_\_

4. List three (3) credit references, with phone numbers (utility accounts, store credit accounts, etc.):

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

Reference 3: \_\_\_\_\_

5. Have you previously participated in a Federally Subsidized Housing Program? Y/N

If yes, which Housing Authority? \_\_\_\_\_ Dates: \_\_\_\_\_

6. Current landlord information (if renting):

Name & Address: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

Previous landlord contact information (if within last 2 years):

Name & Address: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

**VII. ADDITIONAL COMMENTS (optional):**

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**VIII. 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 the Native Village of Unalakleet (NVU).

**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 Federally assisted housing program.

**Owner-Occupancy Property**

I certify that the house will be my principle residence. I will not live anywhere else without notifying NVU immediately in writing.

**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 eligibility determination.

**Criminal and Administrative Action for False Information**

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

**Documentation**

NVU will determine eligibility when my application is complete. I understand that funds will be expended on a "first come, first served" basis in accordance with the waitlist, and if complete documentation and information is not received within thirty (30) days, NVU may not be able to process my application.

**Signature and Date – All Household Adults Over 18**

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

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

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

NVU does business in accordance with the Federal Fair Housing Law and Americans with Disabilities Act and provides equal housing opportunities as applicable.

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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(I)(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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)

November 2004

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## *Things You Should Know*

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

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<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>• Evicted from your apartment or house</li><li>• Required to repay all overpaid rental assistance you received</li><li>• Fined up to \$10,000</li><li>• Imprisoned for up to 5 years</li><li>• Prohibited from receiving future assistance</li><li>• Subject to State and local government penalties</li></ul>
<b>Asking Questions</b>	If you don't understand something on the application or recertification forms, always ask questions. It is better to be safe than sorry.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>• All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.).<ul style="list-style-type: none"><li>• Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>• Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);</li><li>• Earnings from second job or part time job;</li><li>• Any anticipated income (such as a bonus or pay raise you expect to receive).</li></ul></li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.</li><li>• Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.</li><li>• The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.</li></ul>

March 2015



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**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 and certification forms you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false 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.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and / or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its' full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to have someone fill out an application for you.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance or utility charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report that information to the HUD Office of Inspector General (OIG) Hotline. You can call the hotline Monday - Friday, from 10:00am to 4:30pm, EST, at 1-800-347-3735. You can fax the information to 1-202-708-4829, or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write to the hotline at: HUD-OIG HOTLINE, GF1, 451 Seventh Street, S.W., Washington, DC 20410.

I HAVE READ AND UNDERSTAND THIS BULLETIN:

SIGNED: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_