



COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY

PO Box 89
Glennallen, AK 99588

Telephone | 907.822.3633
Fax | 907.822.3662
Email | info@crbrha.org

Modification/Rehabilitation/Healthy HOME Program Application Check list

***All requested information must be attached to your application for it to be considered a complete application.
Eligibility will NOT be determined if the application is missing information.***

- Application Form – Completely filled out and signed.
- Previous years signed income tax forms with 1099's and W-2's; or
- Proof of Income for the entire household for the last 12 months
- Proof of Homeowners insurance
- Divorce Decree, if applicable
- BIA or Certificate of Indian Blood or Tribal Enrollment Card
- Picture ID or a valid Driver's License or Passport
- If disabled – Proof of disability from doctor or other legal source stating disability.

Please remember, if required documentation is NOT submitted with your application it will only delay the approval process. If you have any questions or if you need to make an appointment, please contact Teri Nutter at (907) 822.3633 or email at tnutter@crbrha.org.

I have read and supplied the above information and understand that providing false information will disqualify me from receiving any type of assistance from CRBRHA and can result in legal action.

Applicant's Signature

Date

Spouse/Significant Other Signature

Date

**Copper River Basin Regional Housing Authority
Modernization / Rehabilitation / Healthy HOME Program**

I. Personal Information

Date: _____

First Name: _____ M.I.: _____ Last Name: _____

Physical Address: _____

PO Box: _____ City: _____ State _____ ZIP: _____

Home Phone: (907) _____ Mobile: (907) _____ Email: _____

Village: _____ Enrolled Tribe: _____

Emergency Contact: _____ Phone Number: (907) _____

Are you a Veteran? Yes or No Date of Service: _____ Branch: _____

Type of Discharge: _____

II. Family Composition

Family Member	Date of Birth	Social Security Number	Relationship	Income – How much per month	Race
1.			Self		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

III. Disabilities/Special Needs

Please list any family members who have been diagnosed developmentally disabled, a Physician's determination for developmentally disabled must be documented and attached with this application. Special Needs Child is defined as: a) In child protective care; b) an Indian Child Welfare case; c) Physically or mentally challenged – physically or mentally incapacitated children are those that have a physical or mental impairment that acts as a significant barrier to education and/or employment; d) homeless.

Name of Family Member	Developmentally Disabled (DD) or Special Needs (SN)	Last 12 Months of Income	Alaska Native / American Indian or Other
1.			
2.			
3.			

IV. Income Source(s)

Please fill in the dollar amount for the type of income you have received for the last 30 days and over a 12-month period. Please provide income verification (i.e. pay stubs, retirement benefits, social security, etc.)

Type of Income Received	30 Days	12 Months
Earned Income - Wages		
Unemployment Benefits		
TANF / ATAP		
General Assistance (SOA - GA)		
Social Security Income		
Social Security Disability		
Alimony Support		
Child Support		
Alaska Permanent Dividend		
Senior Benefits (SoA)		
VA Payments Received		
Retirement/Pension Benefits		
Savings (IRA, savings, CD's, etc (passbook rate 0.06%)		
Other - Explain		

Current Employment

Application Information	Applicant	Spouse/Partner	Other Adult – 18 and Older
Job Title			
Employer			
Address			
Contact Person			

V. Housing Information

Please complete the following requested information regarding your current housing condition and status.

- a. Do you own the house to be repaired? Yes No
- b. Location of the house to be repaired, constructed, or purchase (legal physical location): _____

- c. What year was the house constructed? _____ Number of Bedrooms: _____
Size of house-length: _____ width: _____ Square feet: _____
- d. Plumbing fixtures: Flush toilet? Yes No Kitchen sink? Yes No
- e. Is electricity available? Yes No Name of Power Company: _____
- f. Sewer System? Community System Septic Tank Chemical Toilet
- g. Water Source? Community System Private Well Other: _____
- h. Do you own any other house that you do not live in? Yes No

If your answer is yes, please explain where the house is located and why you do not use it. _____

i. Is this a rental unit? Yes No

If a rental unit, you must provide verification of the following:

- 1) Letter from Landlord authorizing repairs
- 2) Current tax return or income from the Landlord
- 3) Certificate of Degree of Indian Blood

VI. Land/Property Information - Please complete the following requested information regarding land status.

a. Do you own the land on which you wish to renovate or build this home? Yes No

If no, provide name of owner(s), address, and phone number: _____

b. What status is the land now listed in? Individual Trust Tribal Trust Tribal Restricted
 Individually Restricted (Allotment) Tribal Fee Simple Fee Patented Other

If other, please explain: _____

c. If you do not own the land, do you have? A 25 year leasehold interest Use permit
 Indefinite assignment of joint ownership Other

If other, please explain: _____

MANDATORY REQUIREMENT: Include copies of warrant deed or Quit Claim. FOR Trailers, include a copy of the Title.

b. Insurance Information

In accordance with 24 CFR Part 1000.136 requires homeowners to carry insurance on any project that is assisted with a NAHASDA grant over \$5,000. Please provide the following insurance information and a copy of your certificate of insurance. CRBRHA must be placed on existing or new policy as a secondary insured. This allows CRBRHA to file a claim on your insurance if the structure is destroyed or extensively damaged by fire, flood, etc.

Name of Insurance Company: _____

Address: _____

Phone Number: (____) _____ Policy Number: _____

Is your certificate of coverage attached? Yes No

If no, explain why: _____

Applicant Certification

I hereby certify that all information and statements made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I may receive a \$10,000 fine, imprisonment for not more than two (2) years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any CRBRHA program participation and services.

Applicant's Signature

Date

Spouse/Significant Other

Date

Conflict of Interest Certification

I hereby certify and disclose any potential Conflict of Interest between my application and staff of CRBRHA, or a Commissioner of CRBRHA or an officer or council member of my respected village. The following is a statement of who the applicant is related to, either a member of the Board of Commissioners, CRBRHA staff or a Village Council member.

<i>Applicant/Family Member</i>	<i>Name of CRBRHA</i>	<i>Name of Board of Commissioners</i>	<i>Name of Village Council Member</i>

Applicant's Signature

Date

Spouse/Significant Other

Date

Copper River Basin Regional Housing Authority
PO Box 89
Mile 111 Richardson Highway
Glennallen, Alaska 99588
PH: 907.822.3633 / FX: 907.822.3662
E-mail:

RELEASE OF INFORMATION

I, _____, hereby authorize the release of any information concerning me, to the Copper River Basin Regional Housing Authority located at Mile 111 Richardson Highway, PO Box 89, Glennallen, Alaska 99588. The requested information shall be used solely in the administration of CRBRHA programs, and a reproduction of this release is as valid as the original. Contacts may include but is not limited to:

- Public Assistance
- Department of Labor
- Veteran's Administration
- Employers
- Child Support Enforcement Agency
- Bureau of Indian Affairs
- Private Individuals
- Alaska Permanent Fund Dividend Fund
- Alaska Longevity Fund
- Copper River Native Association

Other (Please Name); _____

This authority shall continue until revoked in writing by the undersigned.

Applicant's Signature *Date*

Social Security Number

Spouse/Significant Other *Date*

Social Security Number

Other Adult *Date*

Social Security Number

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Things You Should Know

Don't risk your chance for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

PURPOSE 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.

PENALTIES FOR COMMITTING FRAUD 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:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000.00
- Imprisoned for up to five (5) years and/or
- Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

ASKING QUESTIONS When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

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

- All sources of money you and any "adult" member of the family who receive wages, welfare payments, alimony, social security, pensions, etc.
- Any money received on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, Alaska Permanent Fund Dividends, etc.)
- Earnings from a second job or part time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive.)

Assets:

- All bank accounts saving bonds, certificates of deposits, stocks, real estate, etc. that are owned by your or any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 12 months for less than its full value, such as your home to your children.

Family/Household Members:

- The names of all the people (adults and children) 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 the 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 provide 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.

RECERTIFICATION

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 pay increases or benefits, change of jobs, loss of jobs, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in out or.
- All assets that you or your family/household members own and any asset that was sold in the last two years for less than its full value.

BEWARE OF FRAUD

You should be aware of the following fraud schemes:

- * Do not pay any money to file an application
- 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 the money you paid
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges, etc.)

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 them to the manager of your project or Housing Authority. If you cannot report to the manager, call the local HUD office or the HUD hotline at **(202) 472.4200**. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W. Washington, D.C. 20410.

By signature below, I attest that I have read and understand the contents of this bulletin.

Applicant's Signature

Date

Spouse/Significant Other Signature

Date

TO BE COMPLETED BY CRBRHA STAFF

Please review and make sure all information is supplied.

Verification of Identity

Head () Driver's License/State ID# _____ Exp. Date: _____

Spouse () Driver's License/State ID# _____ Exp. Date: _____

Other Adult () Driver's License/State ID# _____ Exp. Date: _____

Verification of Indian Blood

BIA Card: () Tribe: _____ Enrollment # _____

Tribal Card: () Tribe: _____ Enrollment # _____

Other: () Describe: _____ Enrollment # _____

Verification of Homeownership

Warranty Deed:

Quit Claim:

MHOA:

Statement from lending institution showing current balance owing: \$ _____

Name and Address of Lending Institution: _____

Verification of Homeowners Insurance

Certificate of Coverage attached Yes No

Is CRBRHA listed as a secondary insured? Yes No

Verification of Other Assets

Type of Assets*	Current Balance	Interest Rate

* Savings Passbook rate will be calculated at 0.06% i.e savings balance is \$100 * 0.06% = \$6.00 will be considered asset.

Verification of Income

Source of Income	Contact Person	Address	Amount	How Often?

