**Northwest Inupiat Housing Authority**

**COMMUNITY IMPROVEMENT PROGRAM**

**APPLICATION**

*Please bring copies of the following items to your first appointment with the NIHA Eligibility Technician. Failure to provide the necessary copies will delay the processing of your application.*

\_\_ 1. Application form completely filled out and signed

\_\_ 2. Past three (3) years signed income tax forms AND past two (2) years W-2’s that were submitted to the IRS

\_\_ 3. Current pay stubs

\_\_ 4. Divorce Decree (if applicable)

\_\_ 5. Original copy of Social Security Cards for each household member 6yrs and older

\_\_ 6. Certificate of Indian Blood issued by the Bureau of Indian Affairs

\_\_ 7. Birth Certificate for each child

\_\_ 8. Driver’s License or State issued Identification Card

\_\_ 9. Tribal Verification (Regional Corporation or IRA Verification)

**NOTICE TO ALL APPLICANTS**

In order for the Northwest Inupiat Housing Authority (NIHA) to determine your eligibility for any of its programs, all documentation and information required must be complete and returned to NIHA within sixty (60) days of the receipt of your completed application form. Any of NIHA’s programs are funded by grants from the Federal Government. Funding is limited and will be expended on a “first come, first served” basis until depleted. If complete documentation is not received within sixty (60) days, the NIHA staff will not be able to process your application.

HUD Income Limits 2015

Family Size Maximum

1 Person Family 47,264

2 Person Family 54,016

3 Person Family 60,768

4 Person Family 67,520

5 Person Family 72,922

6 Person Family 78,323

7 Person Family 83,725

8 Person Family 89,126

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Names Previously Applied Under (if applicable):

Name: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_ \_\_\_ \_\_

1. **FAMILY COMPOSITION**: It is mandatory to provide Social Security Numbers for **ALL** family members.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relation to Head | Date of Birth | Place of Birth | Sex (m/f) | Social Security Number |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

I certify that all information I have provided in order to apply for the Community Improvement Project is true, complete, and correct. I understand that this application remains current for only 60 days.

1. **INCOME RECORD**: Please list all income each household member receives over the age of 18. All income must be reported for eligibility purposes. Any false or deliberate omission of information provided by the applicant that materially affects eligibility will be grounds for denial of this application. If a family member is receiving social security benefits, please fill out and sign the Social Security Administration Consent for Release of Information form for all members receiving benefit.

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member Name | Name & Address of Employer or Source of Income | Employer | Annual Wage |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |  |
| --- | --- | --- |
| Household Member Name | Source of Retirement/Annuities of Other Income | Phone/FAX of Retirement Source |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

I certify that all information I have provided in order to apply for the Community Improvement Project is true, complete, and correct. I understand that this application remains current for only 60 days.

Do you or any of your household receive any of the following types of income or assistance?

Public Assistance Yes No

 VA Benefits Yes No

Social Security Yes No Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Unemployment Yes No

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support Yes No

 # of PFD’s: \_\_\_\_\_\_\_

Longevity Yes No

*\*\* If any household members receive any of these types of income or assistance, please supply copies of statements from all agencies showing amounts and the name of the recipient.*

1. **BASIC QUESTIONAIRE**

1. Have you ever applied for any NIHA program? Yes No
If yes: Name on Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_\_\_\_\_

2. Have you ever participated in a federally funded housing program? Yes No
If yes: Location/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_\_\_\_\_

3. Are you presently on a waiting list for a federally funded program? Yes No
If yes: Location/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_\_\_\_\_

4. Have you ever subleased a federally funded unit? Yes No
If yes: Location/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_\_\_\_\_

5. Do you currently owe any money to any Housing Authority or HUD? Yes No
If yes: Location/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Amount: \_\_\_\_\_\_\_\_\_\_\_\_

I certify that all information I have provided in order to apply for the Community Improvement Project is true, complete, and correct. I understand that this application remains current for only 60 days.

**NIHA Housing Application Consent Form**

**For Local Vendor and Utilities Credit Verifications**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to allow the NW Inupiat Housing Authority to request and obtain credit information from the local (Alaska) Vendor or Utility listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that the credit information received by the NW Inupiat Housing Authority under this consent form cannot use it to deny, reduce, or terminate assistance without first independently verifying what the amount was. I, then, must be given the opportunity to contest any determinations.

Name of Vendor/Utility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and understand the application and Federal Privacy Act Notice, along with this consent form. This consent expires fifteen (15) months after signed.**

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Head of Household Date SSN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Other Family Member Over 18 Years Date SSN

**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 USC 3601-19). The Housing and Community Development Act of 1987 (42 USC. 3543) requires applications 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, have and use. Giving the Social Security Numbers of all household members 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.

**Northwest Inupiat Housing Authority**

**P.O. Box 331**

**Kotzebue, AK 99752**

**(907) 442-3450**

**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 9836. Any person who knowingly or willfully requests, obtains or disclosures any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.00.

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.