

- Completed NAHASDA Application
- Income Tax Copies – Please provide all pages of the last year tax copy for all adult household members. If no taxes were filed, provide a notarized statement saying such.
- Authorization for the Release of Information – execute a release for each adult living in the home.
- Photographic ID
- Tribal Enrollment Card – Provide a copy of tribal enrollment card.
- If no Tribal Enrollment - Provide an essential role letter from tribe/city.
- Award Letters – for Social Security, Disability, retirement, Public Assistance or Pension income. Award letters should reflect the amount you are currently receiving either by check or direct deposit in addition to any deductions. (Only if no tax copies are available)
- Most current pay stubs from income sources.
- W9 from rental agency, if applying for rental assistance.
- W9 from utility company, if applying for utility assistance.
- Your tribe may request additional documents upon approval.



Date & Time Application Received:

PO Box 50 Dillingham, AK 99576 (907) 842-5956 Toll free: 1-800-478-1996 fax: 907-842-2784

# NAHASDA APPLICATION

Take the time to completely fill in each section and provide all requested information and signatures, this will avoid delay in determining your eligibility. It is your responsibility to update your application when changes occur.

## APPLICANT

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I am an enrolled tribal member of the village/Tribe of:

\_\_\_\_\_

If not tribally enrolled, attached is a letter from the local tribe stating my family is essential to the well-being of Alaska Native families, and I personally certify that my housing needs cannot be reasonably met without NAHASDA assistance:  yes  no

Please check the type of service/assistance requested:

- Homeownership Unit 
  Down-Payment 
  Acquisition 
  Utility/Fuel 
  Rental 
   
 Home Repairs

### I. HOUSEHOLD COMPOSITION: *list all persons who will reside in household in the next twelve (12) months.*

	NAME (Last, First Middle Initial)	Relationship to HOH	Marital Status	Birth Date	Social Security Number	Student Status	Tribe
Head		SELF					
Co-Head							
3							
4							
5							
6							
7							
8							
9							
10							

II. Are you or any household member an employee or Commissioner of BBHA or a family member or business partner of a BBHA Employee or Commissioner? .....  yes  no

If yes, name of employee/commissioner: \_\_\_\_\_

Your answer to the above question only impacts how your application is processed, not your eligibility.

III. Do you currently own a home? .....  yes  no

Property Information

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Recording District: \_\_\_\_\_

If yes, does your home have:

Heat .....	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/>	no
Electricity .....	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Water .....	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Sewer .....	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Is your home overcrowded?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

Do you currently rent? Please provide current lease and W9 for landlord .....

Are you currently homeless? .....

If applicable, please provide current W9 for utility companies

Utility company: \_\_\_\_\_

Fuel company: \_\_\_\_\_

IV. What repairs do you need to your existing home? Skip this question if not applying for Home Repairs.

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V. INCOME: Please list the details of the income received for each person in your household. Include all wages, self-employment, public assistance, social security, SSI, disability, unemployment, retirement payments/pensions, interest, babysitting, child support, alimony, annuities, dividends, APFD, Native corporation dividends or payments, trust payments, income from property, including rent and sales proceeds/installments, grants, student loans & grants, military pay/benefits, Armed Forces Reserves, and any gifts. Provide proof of the income sources received. (copies of wage statements, fishing settlements, divorce or custody payment orders, other paperwork documenting income source, etc.)

Family Member Name	Income Source	Amount	Hr/Wk/Mo/Yr/Qtr


Do all members of the household receive a PFD?  yes  no  
 If no, please explain whom and why: \_\_\_\_\_

**VI. ASSET INFORMATION:** Provide documentation of checking, savings, bonds, stocks, land, property, houses, boats, 4-wheelers, snow machines, etc.

Family Member	Estimated Value
1)	\$
2)	\$
3)	\$

Have you sold or disposed of any assets in the past two years?  yes  no  
 If yes describe: \_\_\_\_\_

**VII. PROCESS INFORMATION:**

Have you or any household member, ever been evicted from any housing?  yes  no

If yes, please explain: \_\_\_\_\_

Have you or any household member ever been convicted of a drug-related crime?  yes  no

If yes, please explain: \_\_\_\_\_

Have you or any household member ever been convicted of a violent crime, i.e. assault?  yes  no

If yes, please explain: \_\_\_\_\_

Have you or any household member ever been convicted of a felony?  yes  no

If yes, please explain: \_\_\_\_\_

Have you or any household member used any names or social security numbers other than those listed?

If yes, please explain whom & why: \_\_\_\_\_ yes  no

**VIII. Voluntary Self-Identification**

These questions in this section are voluntary. Please check all that apply to you or to any member of the applicant household.

Does anyone in the household meet the definition of disabled?  yes  no  
 (please see the Person with Disabilities" definition latter).

Does anyone in the household require the features of an accessible unit?  yes  no  
 If yes, please list: \_\_\_\_\_

Does anyone in the household request any reasonable accommodations/modifications?  yes  no  
 If yes, please list: \_\_\_\_\_

For this application, a person with a disability is any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment



Please fill in if it applies:

Regional Corporation: \_\_\_\_\_

Shareholder Descendent \_\_\_\_\_

Village Corporation: \_\_\_\_\_ Shareholder Descendent \_\_\_\_\_

**IX. PERSONAL CERTIFICATION:**

I understand that BBHA may verify all of the information provided by me on this application. I hereby certify under penalty of perjury that all of the information contained in this document is true and complete to the best of my knowledge, information and belief. I understand that I will not be admitted to a program, and can be disqualified or terminated from a program, for giving false or inaccurate information on this application.

_____	_____	_____	_____
Applicant's Signature	Date	Other Signature	Date
_____	_____	_____	_____
Co-Applicant's Signature	Date	Other Signature	Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Your signature on this form authorizes Bristol Bay Housing Authority (BBHA) to obtain information on household income, finances and personal history to determine eligibility for BBHA assistance in compliance with NAHASDA. This authorization and the information obtained in this application may be given to any Federal, State, or local program that is enforcing relevant housing rules and regulations. Persons and/or organizations that may be contacted by BBHA for verification and information include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, and school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Your consent authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

Applicant's  
Acknowledgement

By signing below I acknowledge receipt and understanding of the information stated in this document. And consent to BBHA's use of the information I have provided. I understand that should I be determined eligible for NAHASDA assistance the relevant tribe(s) will be notified. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for BBHA assistance.

I agree that a copy of this Authorization may be used for all purposes, and that the original authorization will be on file at BBHA and stay in effect for one (1) year and (1) month from the date signed. I understand that I have a right to review my file and ask to correct or supplement information on file.

Applicant (Please print)	Signature	Date
Other Adult Print	Signature	Date
Other Adult Print	Signature	Date
Other Adult Print	Signature	Date

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