



**Please review the checklist below to make sure your application is complete.**

**APPLYING FOR HOME REPAIR:**

If the application does not have all required documents, it will be held until all documents have been submitted or until the application period has expired.

**THE FOLLOWING ITEMS WILL BE NEEDED TO COMPLETE THE APPLICATION:**

- ✓ American Indian/Alaska Native (AIAN) tribal enrollment card or similar document
- ✓ Tax return for prior year
- ✓ Social Security Benefits Awards Letter *(if applicable)*
- ✓ Deed to your home *(document showing ownership of the home)*
- ✓ All questions on the application should be completed. If there is a section that is left blank, your application will be considered incomplete due to lack of information which will delay eligibility determination.

**WHEN DETERMINING ELIGIBILITY WE WILL REVIEW THE FOLLOWING ITEMS:**

- ✓ Total income (Employment income, Social Security, Public Assistance, TANF, ANSCA dividends, etc.)
- ✓ Prior repair program work done to the home

**Thank you for your interest in our program! If you have any questions or concerns, please do not hesitate to contact our office at:**

**PHONE (907) 780-6868 • FAX (866) 253-0890 • EMAIL [info@thrha.org](mailto:info@thrha.org)**

Income Information

**Income Verification**

*(Must be provided individually for every adult member in the household):*

- Previous year's Tax Returns and 1099's *(if self-employed provide the last 3 years complete with all 1099's)*
- Zero Income Affidavit *(if applicable)*
- Social Security Award Letter *(if applicable)*

**Applicant Checksheet • Did you include?**

- |   |   |
|---|---|
| <input type="checkbox"/> Complete Application | <input type="checkbox"/> Complete Income Documentation        |
| <input type="checkbox"/> Copy of Tribal ID    | <input type="checkbox"/> Deed to Property or Landlord Release |



**Regional Housing Authority**

Tlingit Haida  
Regional Housing Authority

**HOME REPAIR APPLICATION**

Community:

Do you own or rent your home (please check one)?

Rent

Own

Are you Alaska Native or American Indian?

Yes

No

Household Information: *List all household members that are applying to live in the property with you.*

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Birth Date <i>Month, Date, Year</i>	Social Security Number

Mailing Address

Main Phone

Secondary Phone

<input type="text"/>	<input type="text"/>
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Email Address



**Regional Housing Authority**

Tlingit Haida  
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**HOME REPAIR APPLICATION**

Yes  No

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship

Explanation

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Yes  No

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship

Explanation

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Yes  No

3. Do you have full custody of your child(ren)?  
*(If no, obtain proof of amount of time child(ren) will be living in unit.)*

Explanation

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Yes  No

4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*

Explanation

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Yes  No

5. Do you or any household members require any special accessibility features?

Explanation

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Yes  No

6. Are you an Honorably Discharged Veteran?  
*If so, please provide a copy of your DD214.*

Explanation

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Yes  No

7. Is your household currently receiving Section 8 rental assistance?

Name of Agency:

Contact Number:

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Regional Housing Authority

Tlingit Haida  
Regional Housing Authority

# HOME REPAIR APPLICATION

Information About Your Home:

Address of Property to be Repaired *(Must be home owners physical address)*:

What year was your home built?

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Description of Repairs Needed *(In the space below, please list the repairs that are needed for your home)*:




Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**

Do YOU or ANYONE in your household receive OR expect to receive income from:

Yes  No

8. Employment wages or salaries?

*(Include overtime, tips, bonuses, commissions, and payments received in cash.)*

Household Member	Name of Company	Phone Number

Yes  No

9. Self-Employment?

*(Include overtime, tips, bonuses, commissions, and payments received in cash.)*

Household Member	Type of Business	Amount

Yes  No

10. Regular pay as a member of the Armed Forces/Military?

Household Member	Base Name & Branch	Amount



**Regional Housing Authority**

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Regional Housing Authority

**HOME REPAIR APPLICATION**

Yes  No  11. Unemployment benefits or workman's compensation?

Household Member	Case Worker	Amount

Yes  No  12. Public Assistance, General Relief, AFDC, or Temporary Assistance for Needy Families (TANF)?

Household Member	Case Worker	Amount

Yes  No  13. Child Support or Alimony? *(IF YES, answer 13A and 13B.) We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

Household Member	Payor	Amount

13-A. How is the support received? *(Check all that apply)*

- Child Support Enforcement Agency
- Court of Law
- Directly from Individual
- Other

13-B. If support/alimony is court-ordered but not actually received, are you taking legal action to remedy *(If yes, obtain court papers)*

Explain




**Regional Housing Authority**

Tlingit Haida  
Regional Housing Authority

**HOME REPAIR APPLICATION**

Yes  No

14. Social Security, SSI, or any other payments from the Social Security Administration?

Household Member	SSA Officer	Amount

Yes  No

15. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Source of Benefit	Amount

Yes  No

16. Regular payments from a severance package?

Household Member	Source of Benefit	Amount

Yes  No

17. Regular payments from any type of settlement?  
*(For example, insurance settlements.)*

Household Member	Source of Benefit	Amount

Yes  No

18. Regular gifts or payments from anyone outside of the household?  
*(This includes anyone supplementing your income or paying any of your bills.)*

Household Member	Source of Benefit	Amount

Yes  No

19. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Amount



**Regional Housing Authority**

Tlingit Haida  
Regional Housing Authority

**HOME REPAIR APPLICATION**

Yes  No

20. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Amount

Yes  No

21. Do any household members belong to any Native corporations?

Household Member	Name of Corporation	Amount

22. Do you or any other household members expect any changes to your income in the next 12 months?

Explain


**PLEASE USE BELOW IF YOU NEED ADDITIONAL SPACE TO REPORT INCOME.**

Household Member	Type	Amount





**Disclaimers & Certifications:**

- I certify that all the information provided in this application are true and complete to the best of my knowledge and belief;
- I certify that this application is submitted for the sole purpose of obtaining home repair assistance;
- I certify that I am the owner/occupant of the property to be repaired, is my principal residence, and is not being offered for sale;
- I understand that any discrepancy or omission in the information provided may result in the disqualification of participation in THRHA's Home Repair Program;
- I understand that all home assessments will be completed by a professional contractor who is licensed and bonded;
- I understand that home repair funding is dependent on the availability of grant funding.
- I understand that if work is performed on my home, I will be responsible for signing a deed restriction prior to the commencement of the work.
- I understand that I will be responsible for providing proof of home insurance if selected.

**Applicant sign below:**

Signature

Date

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**Authorization for Release of Information**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Tlingit Haida Regional Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- ✓ Identity                      ✓ Employment                      ✓ Assets                      ✓ Rental Activity
- ✓ Marital Status              ✓ Income                              ✓ Residences

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous landlords, past and present employers, Veterans Administration, Welfare Agencies, Retirement Systems, Courts and Post Offices, State Unemployment Agencies, Banks and other Financial Institutions, Schools and Colleges, Social Security Administration, Credit providers and Credit Bureaus, Law Enforcement Agencies, Medical and Child Care Providers, Utility Companies, and Support and Alimony Providers.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public or Tribal Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	Print Name	Signature	Date
Head of Household			
Spouse			
Adult Member			
Adult Member			
Adult Member			

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.