



Regional Housing Authority

HOME REPAIR APPLICATION

ONLY COMPLETE APPLICATION PACKETS WILL BE PROCESSED!

This application maybe used for multiple repair programs from multiple funding sources.

1. COMPLETE APPLICATION PACKET— MUST INCLUDE:

- THRHA Home Repair Application—**filled out completely.**
* If questions are blank, your application will be incomplete and will not be processed.
- Copy of ID – must show birth date
- Proof of Tribal Enrollment
- Proof of Homeownership
- Proof of homeowner’s insurance or a completed self-indemnification form
- Proof of Income—*Earned and Unearned*
 - Earned – provide documents for all listed on the income section
 - Unearned – provide documents for all listed on the income section

2. HOW TO SUBMIT APPLICATION PACKET—

- By email—send to Repairs@thrha.org
- By fax—send to (866) 253-0890
- By kiosks at THRHA or Tribal office

3. DETERMINATION OF ELIGILBILTY—

- Verify that the application is complete with all supporting documents.
- Review prior THRHA repair work completed at the residents.
- Ensure the household income limit is met for each home repair program.

**If you have any questions or need assistance,
please call our Tribal Services Home Repair staff at (907) 780-3122.**

To be completed by TS Home Repair staff:

_____ Date/Time COMPLETED Application and supporting documents are received.

| | |
|------------|-------|
| Community: | Date: |
|------------|-------|



| APPLICANT INFORMATION | |
|---|--|
| Full Name: | Last four of SSN: |
| Applicant Date of Birth (MM/DD/YYYY): | Applicant Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Enrolled Tribal Citizen—Is ANY household member a Tribal Citizen? <input checked="" type="checkbox"/> Yes—Alaska Native / American Indian *Submit copy of one of the following: -Certificate of Indian Blood -Tribal Enrollment -Card or Tribal Enrollment Verification <input type="checkbox"/> No | Tribal Enrollment Number: |
| Do you rent or own your home? <input type="checkbox"/> Rent—landlord approval required <input type="checkbox"/> Own—proof of ownership required upon approval -Copy of the DEED -Other legal document showing ownership with the legal address | |
| Do you have homeowner’s insurance? <input type="checkbox"/> Yes—please provide proof of coverage <input type="checkbox"/> No—must sign a self-indemnification form | |
| Is your repair an emergency? THRHA policy states: “Emergencies are defined as the result of unexpected circumstances; service will be provided to correct a hazardous condition that threatens the health and safety of the occupant”. Eligible repairs are limited to no heat in the winter, plumbing hazards, electrical hazards, and imminent structural collapse. This program cannot remodel or improve your home, but instead repairs existing hazardous living conditions. <input type="checkbox"/> Yes— please call (907) 780-3122 to report <input type="checkbox"/> No | |

Applicant Contact Information

| | | |
|---------------------------------|-----------------------------------|--------|
| Mailing Address: | | |
| Physical Address: | | |
| Primary Phone:— <i>required</i> | Secondary Phone:— <i>required</i> | Email: |



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Applicant Household Members—list ALL household members who live in the home to be repaired.

| Name <i>Last, First, Middle Initial</i> | Relation to Applicant | Tribal Member? Y/N | Date of Birth <i>MM/DD/YYYY</i> | Last four of SSN <i>XXXX</i> | Work? Y/N | Where? | Gross Income per month | Frequency of pay? * (See below) | THRHA staff use |
|--|-----------------------------|--------------------------|------------------------------------|------------------------------------|--------------|--------|------------------------------|---------------------------------------|--------------------|
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***Frequency of pay:**

- M = Monthly - Provide 1 most recent paystub
- W = Weekly - Provide 5 most recent consecutive paystubs
- E = Every two weeks - Provide 3 most recent consecutive paystubs
- T = Twice per month - Provide 2 most recent consecutive paystubs



Unearned Income: Please answer for all members in the household.

| | HH Mbr 1 First Name & Amount | Which Source? | HH Mbr 2 First Name & Amount | Which Source? | HH Mbr 3 First Name & Amount | Which Source? | THRHA staff use |
|---|------------------------------------|------------------|------------------------------------|------------------|------------------------------------|------------------|--------------------|
| Unemployment Insurance or Workman's Compensations? Unemployment Insurance (UI) or Workman's Compensations (WC) | | | | | | | |
| Government/Tribal Assistance? Public Assistance (PA), General Assistance (GA), Aid to Families w/ Dependent Children (AFDC), Social Security Insurance (SSI) or Benefit (SSB), Veterans Affairs (VA) disability or retirement, Electronic Benefits Transfer (EBT), or Temporary Assistance for Needy Families (TANF) | | | | | | | |
| Child Support from ALL sources? Child Support Enforcement Agency (CSEA), Court of Law, Direct from Individual or other. | | | | | | | |
| Alimony from ALL sources? Court of Law, directly from individual or other. | | | | | | | |
| Other sources? Severance package, settlement, regular gift/payment, regular payment from lottery winning, regular payment from inheritance (s) and/or regular payment from real estate (rental/sales). | | | | | | | |
| Native Corporation dividend? Sealaska, Goldbelt, Huna Totem, Kake Tribal, etc. | | | | | | | |
| Alaska Permanent Fund Dividend (PFD)? | | | | | | | |

**** Do you or any household member expect any income changes in the next 12 months? If so, please explain:**



HOME INFORMATION

Physical address of the property:

Have you had previous THRHA / BIA HIP work completed on your home?

- No
- Yes—*answer questions below*
 - When?
 - What work was completed?

Year House was Built:

of Bedrooms:

Description of Repairs Needed—*please list repairs needed and provide as much information as possible*

- Heat Source Siding Interior – flooring, inner walls, cabinets, etc.
- Plumbing Roof Exterior Structure – deck, stairs, porch, etc.
- Windows/Doors Electrical Other



| Initial | DISCLAIMERS & CERTIFICATIONS |
|---------|---|
| | I certify that all the information in this application is submitted for the purpose of obtaining home repair assistance and is true and complete to the best of my knowledge. |
| | I certify that I am the owner/occupant of the property to be repaired and it is my primary home. |
| | I certify that the property to be repaired is not being offered for sale. |
| | I understand that any discrepancy or omission of information requested by this application may disqualify me from participating in the home repair program. |
| | I understand that THRHA will designate who will complete the home assessment and ensure that he/she meets ALL licensing and bonding requirements of the grant program(s). |
| | I understand that home repair funding is dependent on the availability of grant funds. |

ACKNOWLEDGEMENT OF BINDING COMMITMENT & HOMEOWNERS INSURANCE

BINDING COMMITMENT

Per THRHA policy, applicants who receive THRHA assistance will be required to sign a notarized DEED/TITLE RESTRICTION, also known as a BINDING COMMITMENT, in accordance with the program’s affordability period. The affordability period is determined by the funding source(s), amount of funds invested, and program requirements.

Example of Program Requirement

| IHBG Funds Invested | Affordability Period |
|--|-----------------------------|
| Under \$5,000 | 6 months |
| \$5,000 to \$15,000 | 5 years |
| \$15,001 to \$40,000 | 10 years |
| Over \$40,000 | 15 years |
| New construction or acquisition of newly constructed housing | 20 years |

HOMEOWNER’S INSURANCE

Initial the following:

I **have** home insurance and will maintain adequate insurance on my home for the affordability period; see BINDING COMMITMENT above and will name THRHA as *Additional Insured*.

or

I **do not have** homeowner’s insurance and will self-indemnify the program investment made in my home in accordance with program requirement(s).

I **understand** that any repairs to my home will not be eligible for additional work or replacement until the Binding Commitment and/or Forgiveness Schedule is fulfilled.

| | |
|-------------------------|-------|
| Applicant Signature: | Date: |
| Co-Applicant Signature: | Date: |



NATIVE CORPORATION DIVIDEND VERIFICATION

TO: See below.

| | |
|-----------------------------|--|
| Name of Native Corporation: | |
| Address: | |
| City, State Zip: | |

| | |
|-----------------------------|--|
| Name of Native Corporation: | |
| Address: | |
| City, State Zip: | |

FROM: See below.

| | | | |
|------------------|--|-------------------|--|
| THRHA Applicant: | | Date of Birth: | |
| Address: | | SSN: | |
| City, State Zip: | | Number of Shares: | |

I authorize the Native Corporation(s), listed above, to release information or records about me to Tlingit Haida Regional Housing Authority (THRHA). Please release the following information selected from the list below (check at least one box).

| |
|--|
| <input type="checkbox"/> My benefit payment amount from <u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> . |
| <small>MM/DD/YYYY</small> <small>MM/DD/YYYY</small> |
| <input type="checkbox"/> The number of shares assigned to me. |
| <input type="checkbox"/> Other, please specify: |

| | |
|-----------------------------------|--------------|
| THRHA Applicant Signature: | Date: |
| THRHA Staff Signature: | Date: |

Please send the requested information to:

TLINGIT HAIDA REGIONAL HOUSING AUTHORITY

Attention: Tribal Services
5446 Jenkins Drive
Juneau, AK 99801
Fax: (866) 253-0890
Email: Repairs@thrha.org



AUTHORIZATION OF 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 Regional 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 effect 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.