



PROGRAM APPLICATION

Please select which program you are applying to:

Rehabilitation Program

This program is designed to assist you with health & safety concerns that you have with your home. IRHA will employ the workers and provide the material to make the repairs. You must own and live in the home for a minimum of five years for this grant to be forgiven.

Self-Help Rehabilitation Program

This program is designed to provide you with the materials necessary to do your own repairs that relate to the health & safety concerns of your home. You are required to make your own repairs and IRHA will provide up to \$25,000 worth of materials. You must own and live in the home for a minimum of five years for this grant to be forgiven.

Self-Help New Construction Program

This program is designed to provide you with materials and limited assistance for the construction of a new home. You are responsible for the construction of your home, but IRHA will provide up to \$50,000 worth of materials and assist with the electrical and mechanical portion. You are required to have your foundation and four walls in place before IRHA will consider your application. You must own and live in the home for a minimum of ten years for this grant to be forgiven.

Each program requires that the owner sign a Debt of Forgiveness Agreement with IRHA. This means that every year a percentage of the total amount of assistance that you receive will be forgiven until the required time period has ended. If you sell your home before the time period has been reached, you will owe the remaining portion of the grant to IRHA. A lien will be put on your home to reflect this agreement, but it will expire after the allotted time period has been reached.

If you have any questions regarding any of these programs, please call the Planning Department at IRHA.

**REQUIRED DOCUMENTATION THAT NEEDS TO BE
ATTACHED TO YOUR APPLICATION WHEN
APPLYING FOR A PROGRAM**

- Copy of C.I.B. or Tribal Enrollment Card
- Picture I.D. for Every Person over 18 Years of Age
- Proof of Income
(Copies of all monthly checks received for every person over 18 years of age and/or a copy of prior year tax return)
- Proof of Ownership (Quitclaim Deed, Warranty Deed)
- Copy of Homeowners Insurance

Only applicants from Fairbanks, Tok, and Nenana need to provide Proof of Ownership & Homeowners Insurance

NOTICE TO ALL APPLICANTS

In order for Interior Regional Housing Authority to determine if you are eligible for the Program to which you have applied, all required documentation must be completed and returned at the same time. Failure to do so will account for a letter requesting missing information. If IRHA's Planning Department has not received the requested information within thirty (30) days of the second letter sent to you requesting such information, your application will become inactive and you will not be considered for the program to which you have applied.

I N T E R I O R R E G I O N A L H O U S I N G A U T H O R I T Y

Applicant(s) Name(s): _____ Home Phone: _____
 _____ Work Phone: _____

Other Names Used: _____

Physical Address of Property: _____

City: _____ State _____ Zip Code _____

Mailing Address (if different): _____

Please include yourself and list all persons who live in the home

NAME	RELATIONSHIP	M/F	AGE	SSN
	APPLICANT			

- Yes No Do you have a Certificate of Indian Blood (CIB) card? If yes, please provide a copy with this application.
- Yes No Have you ever been evicted or suspended from any HUD housing program?
- Yes No Is anyone in your immediate family related to any Employees or Board of Commissioners of IRHA? If yes, who? _____
- Yes No Has any household member listed above applied for or been assisted by any IRHA program? If yes, what year? _____
 What program? _____
- Yes No Do you or any household member owe money to AHFC or any other Federal housing assistance program?
- Yes No Is any member of the household a Veteran? If yes, please provide proof with this application.
- Yes No Is there a need for improvements on your home for a person with a disability? If yes, please provide proof of disability with application.

I N T E R I O R R E G I O N A L H O U S I N G A U T H O R I T Y

Applicant's Current Employer Name and Address:

_____ From: _____ / _____ / _____

_____ To: _____ / _____ / _____

Co-Applicant's Current Employer Name and Address:

_____ From: _____ / _____ / _____

_____ To: _____ / _____ / _____

INCOME: You must list all income earned or received by everyone listed on your application, including Native Corporation income. This includes all income from wages, self-employment, child support, social security, disability, retirement income, worker's compensation, etc. List gross amounts received and **attach verification for all income.**

(Note: If you are self-employed, that income will be verified through your income tax returns.) For more information about appropriate verification, please see the last page of this application form.

FAMILY MEMBER	SOURCE of INCOME	GROSS MONTHLY INCOME	YEARLY INCOME	VERIFICATION ATTACHED

Interior Regional Housing Authority requests information concerning your Tribal Affiliation. Please list your Regional Corporation and Village Corporation below.

Regional Corporation _____

Village Corporation _____

Or American Indian Tribe _____

What is the legal description of your property? **This information must be provided.**

Lot _____, Block _____, Subdivision _____

Other Legal Description _____

REHABILITATION & SELF-HELP REHABILITATION APPLICANTS

How many months out of the year do you live in your home? _____ If less than 12, please state reason why. _____

What year was your home built? _____ **This question must be answered.**

How many years have you owned your home? _____

Please list below the health & safety concerns that you currently have with your home.

SELF-HELP NEW CONSTRUCTION APPLICANTS

Will this property be your primary residence? _____

Are the foundation and four walls complete? _____ If no, what date do you expect it to be completed? _____

Please explain your experience in the construction trade below.

APPLICANT(S) CERTIFICATION FORM

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or is misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is Federally funded through Interior Regional Housing Authority.

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions are accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information in this application is true and correct.

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

I certify that the house will be my principal residence. I will not live anywhere else without notifying IRHA immediately in writing. I will not sublease the property unless it has been approved by IRHA.

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of this application for eligibility determination.

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program to which I have applied.

IRHA will determine eligibility when my application is complete. All documentation and information required must be completed and returned to IRHA within thirty (30) days of receiving this application form. I understand that funds will be expended on a "first come, first served" basis, and that if complete documentation is not received within thirty (30) days, IRHA will not be able to process my application. If IRHA has not received the required documentation to complete my application within thirty (30) days of the second letter requesting such information, my application will become inactive.

By signing below, I hereby certify that the above is true and correct to the best of my knowledge.

Signature

Date

Signature

Date