



FAIRBANKS REHAB LOAN PROGRAM

Applicant Name: _____ Date: _____

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 a copy of prior year tax return)
- Proof of Ownership (Quitclaim Deed, Warranty Deed)
- Copy of 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.

INTERIOR REGIONAL HOUSING AUTHORITY

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.

INTERIOR REGIONAL HOUSING AUTHORITY

1. What is the legal description of your property?
Lot: _____ Block: _____ Subdivision: _____
Recording District: _____
2. How many months out of the year do you live in your home? _____ If less than 12, please state reason why. _____
3. What year was your home built? _____ *This question must be answered.*
4. How many years have you owned your home? _____

Please list health, safety and weatherization concerns that you currently have with your home.

HOUSEHOLD INCOME AND EXPENSES:

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.

INTERIOR REGIONAL HOUSING AUTHORITY

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

TOTAL MONTHLY INCOME: \$ _____

TOTAL ANNUAL INCOME: \$ _____

TOTAL HOUSEHOLD ASSESSTS:

Cash in Savings	\$ _____
	\$ _____
	\$ _____
Stocks/Bonds	\$ _____
Real Estate	\$ _____
Automobiles	\$ _____
Other Assets	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total Assets	\$ _____

CURRENT MONTHLY EXPENSES:

Mortgage Payment	\$ _____
Utilities	\$ _____
Fuel	\$ _____
Telephone/Internet	\$ _____
Insurance	\$ _____
Child Care	\$ _____
Car Payments	\$ _____
Debt Payment	\$ _____
	\$ _____
	\$ _____
Total Monthly Expenses	\$ _____

List address of all other Real Estate Owned: _____

INTERIOR REGIONAL HOUSING AUTHORITY

Interior Regional Housing Authority requests information concerning your Tribal Affiliation. Please list your Regional Corporation and Village Corporation below. This information is helpful to IRHA when applying for future funds.

Regional Corporation _____

Village Corporation _____

Or American Indian Tribe _____

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