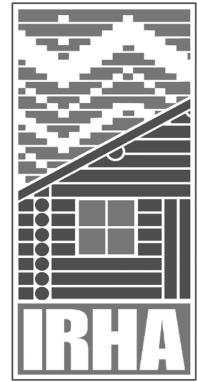


**INTERIOR REGIONAL HOUSING AUTHORITY**  
828 27<sup>TH</sup> Avenue • Fairbanks, Alaska 99701  
Phone: (907) 452-8315 • Fax: (907) 456-8941



**VILLAGE REHAB 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 your eligibility for this program, all required documentation must be completed and returned within thirty (30) days of application. Failure to do so will render your application obsolete and require submission of a new application.

**1. HOUSEHOLD INFORMATION:**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Please check one:     Single             Married             Separated             Divorced             Living w/someone

Co-Applicant/Spouse: \_\_\_\_\_ 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 or your Village Council? 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.

**2. PROPERTY INFORMATION:**

1. Property Legal Description:  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Recording District: \_\_\_\_\_
2. How many months out of the year do you live in your home? \_\_\_\_\_  
 If less than 12, please list reason why: \_\_\_\_\_
3. What year was your home built? \_\_\_\_\_ ***This question must be answered.***
4. How many years have you owned your home? \_\_\_\_\_
5. Do you have insurance?     Yes         No        Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List address of all other Real Estate Owned: \_\_\_\_\_

\_\_\_\_\_

**3. 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.)

FAMILY MEMBER	SOURCE of INCOME	GROSS MONTHLY	YEARLY INCOME	VERIFICATION ATTACHED
	Alaska PFD			
	Regional Dividends			
	Village Corporation Dividends			

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

TOTAL ANNUAL INCOME: \$ \_\_\_\_\_

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** \_\_\_\_\_

## Selected Applicant Disclosure Conflict of Interest Statement

Selected Applicant Name(s): \_\_\_\_\_

Name of IRHA Program selected for: \_\_\_\_\_

Date selected: \_\_\_\_\_

I am applying for the housing program noted above and I am disclosing that:

I am an IRHA employee, IRHA Board of Commissioner, or Village Tribal Council member.

I am an immediate family member of an IRHA employee, IRHA Board of Commissioner, or Tribal Council member.

I am a business partner of an IRHA employee, IRHA Board of Commissioner, or Tribal Council member.

I am neither to all of the above.

If you are a family member or business partner of an IRHA employee, IRHA Board of Commissioner, or Tribal Council member, please state their name and your relationship to them:

\_\_\_\_\_  
\_\_\_\_\_

I understand that a public disclosure of my selection will be made and that a copy of this disclosure shall be submitted to the U.S. Department of Housing and Urban Development.

I have been notified of my opportunity to receive a copy of the Conflict of Interest Policy or to receive additional information from IRHA.

I understand that this disclosure does not disqualify and/or determine my application ineligible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

U.S. Department of Housing and Urban Development – Office of Inspector General  
**THINGS YOU SHOULD KNOW**

**Purpose:**

This is to inform you that there is certain information that you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud:**

The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to 5 years.
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

**Asking Questions:**

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

**Completing the Application:**

When you give your answers to application questions, you must include the following information:

- All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks etc.)
- Earnings from the second job or part time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive.)
- All bank accounts, savings bonds, certificates of deposit, stocks, real estates, etc. that is owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the past 2 years for less than its full value, such as your home to your children.
- The names of all the people (adults and children) who will actually be living with you, regardless of if they are related to you or not.

Don't risk your changes for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Income  
Assets  
Family/  
Household  
Members**

### **Signing the Application:**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

### **Recertifications:**

You must provide updated information once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

### **Beware of Fraud:**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

### **Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, 451 Seventh Street S.W., Room 8254, Washington D.C. 20410.

## 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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Spouse Signature

\_\_\_\_\_  
Date

## VILLAGE REHAB PROGRAM

This owner occupied rehabilitation program was created to assist existing homeowners living in villages located in the IRHA region with the weatherization and rehabilitation of their home. The IRHA will provide both the labor and materials to weatherize and/or rehabilitate the home.

1. The home must be the primary residence of the owner.
2. The property must be a single family residence.
3. This program is a forgivable loan meaning that the funds do not have to be paid back to IRHA as long as the homeowner occupies the home in compliance with the binding commitment.
4. The binding commitment is an agreement between the IRHA and the participant that the dollar amount of assistance provided by the IRHA will be forgiven over a period of time as long as the homeowner owns and occupies the home.
5. The loan shall be forgiven over a 5 year period, with 20% of the loan amount forgiven each year for 5 years.

In order for Interior Regional Housing Authority to determine your eligibility for this program, all required documentation must be completed and returned within thirty (30) days of application. Failure to do so will render your application obsolete and require submission of a new application.

**By signing below, I hereby certify that I understand the terms and conditions listed above.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**BINDING COMMITMENT**  
**VILLAGE HOMEOWNER REHABILITATION PROGRAM**  
**PARTICIPANT AGREEMENT**

I/we, \_\_\_\_\_, submitted an application to the Interior Regional Housing Authority to participate in the Village Homeowner Rehabilitation Program. Based on my application I have been selected to participate based on the following:

1. I am the owner the home located at \_\_\_\_\_
2. I disclosed all members of the household and their income on the application.
3. This is my primary permanent home.
4. I acknowledge that if any of the information I provided is false or misleading, my participation in this program will be terminated and I will be charged for all costs incurred by the Interior Regional Housing Authority in my behalf.
5. I agree to abide to the terms of the program requirements
6. I acknowledge that I, or another low-come family must live in this home for the period of affordability of 5 years. Alternatively, I will be required to repay the Interior Regional Housing Authority for the amount expended on this home.
7. The amount to be paid back will be forgiven on a prorated basis based on the number of years remaining in the period of affordability.
8. Accordingly, I authorize the Interior Regional Housing Authority to place a lien on this property for the amount of \$\_\_\_\_\_ (amount of rehab assistance provided).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date