

INTERIOR REGIONAL HOUSING AUTHORITY

828 27TH Avenue • Fairbanks, Alaska 99701

Phone: (907) 452-8315 • Fax: (907) 456-8941



SELF HELP 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? 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 types of repairs needed to the home and list of materials needed (attach additional documentation if needed):

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 INCOME	YEARLY INCOME	VERIFICATION ATTACHED
	Alaska PFD			

TOTAL MONTHLY INCOME: \$ _____

TOTAL ANNUAL INCOME: \$ _____

TOTAL HOUSEHOLD ASSETS:

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

CURRENT MONTHLY EXPENSES:

Mortgage Payment \$ _____
 Electricity \$ _____
 Fuel \$ _____
 Telephone/Internet \$ _____
 Vehicle Payments \$ _____
 Insurance \$ _____
 Childcare \$ _____
 Debt Payment \$ _____
 \$ _____
 \$ _____
 Total Monthly Expenses \$ _____

List address of all other Real Estate Owned: _____

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.

Applicant Signature

Date

Co-Applicant/Spouse Signature

Date

SELF HELP REHAB PROGRAM

This owner occupied self help rehabilitation program was created to assist existing homeowners living in the IRHA region who have the talent and ability to provide labor to repair and/or weatherize their own home. The homeowner will do the rehabilitation work themselves with IRHA providing the materials. This program is intended where homes require a minimal amount of rehabilitation work and the homeowner is sufficiently skilled to perform the necessary work.

1. The maximum amount of assistance is \$35,000. Up to \$25,000 may be used for materials and up to \$10,000 may be used for IRHA to install any electrical and/or mechanical equipment.
2. The home must be the primary residence of the owner.
3. The property must be a single family residence, including condominiums and townhouses.
4. This program is a forgivable loan meaning that the funds do not have to be paid back to IRHA as long as the homeowner owns and occupies the home in compliance with the debt forgiveness agreement (Fairbanks) or the binding commitment (villages).
5. The loan shall be forgiven over a 10 year period, with 10% of the loan amount forgiven each year for 10 years.
6. The homeowner must carry homeowners insurance on the property until the loan is forgiven. If insurance is not available in the community IRHA will insure the home through AMERIND, and costs will be paid by the Tribes Indian Housing Block Grant funds.
7. Once the homeowner receives the material from IRHA, homeowner has two years to complete the project.

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