

**INTERIOR REGIONAL HOUSING AUTHORITY**  
828 27th Avenue • Fairbanks, Alaska 99701  
Phone: (907) 452-8315 | 1-800-478-4742



## **Tribal Equity Advantage Mortgage (TEAM) Program**

The Tribal Equity Advantage Mortgage Program (TEAM) is specifically designed to provide Alaskan Native/ American Indians of Fairbanks Area with affordable housing. Eligible housing units consist of single family homes, townhouses and condos. Interior Regional Housing Authority (IRHA) is a non-profit agency; multi-unit buildings such as duplexes are not eligible for purchase. Interior Regional Housing Authority, the TEAM Program and TEAM Clients shall comply with regulations and guidelines set forth by NAHASDA Act of 1996. To be eligible for the TEAM Grant you must:

- Be an Alaskan Native or American Indian and have a Certificate of Indian Blood card from the BIA or other positive identification of Native status and Tribal enrollment
- Have a family household income at or below HUD's income limit
- Purchase Single Family Residence, Condos or Town houses. Cannot purchase any type of Rental Properties, Duplexes, 4-Plexes, etc.
- Occupy the home as your primary residence
- Prequalify for a Mortgage Loan from an accredited Financial Institution
- Contribute 100% of the Required Earnest Money
- Have no secondary Mortgage Companies

IRHA has a grant for up to 20% of the purchase price of your new home (purchase price may not exceed \$200,000.00). This grant is designed to help with the down payment and closing costs. After you meet with your bank or credit union, bring your pre-approval letter along with a complete application for TEAM (it must be 100% complete) to the Housing Authority.

For more information please contact the Housing Department:

- ❖ Betty Huntington, Housing Manager 452-8315, ext. 130
- ❖ Jolene Malamute, Housing Program Assistant 452-8315, ext. 163



## **Tribal Equity Advantage Mortgage (TEAM) Program APPLICATION FORM**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_

### **CHECKLIST OF REQUIRED DOCUMENTATION**

**Please bring copies of the following items with your application. Failure to provide the necessary copies will delay the processing of your application.**

- Application form completely filled out and signed by all household members age 18 and older.
- Tribal Enrollment or a Certificate of Indian Blood (CIB) card for every household member (you can obtain that card at the Bureau of Indian Affairs)
- Criminal History from AK State Troopers for everyone 18 and older in the household. Per policy if you or any member in the household are convicted of drug-related crimes or physical violence in the last 5 years you must verify successful completion of a certifiable program in order to be eligible.
- Income verification: (everyone one in the household that is 18 & older)
  - Pay stubs for the last 2 pay periods
  - Verification of all other income
  - Federal Tax Returns (last 3 years)
- Picture ID for each adult
- Bank Statements (2 months)
- Pre-Approval letter from an accredited financial institution
- Provide AHFC Certificate from completion of AHFC Homebuyers Course – 1-800-478-2432

**☞ You are NOT ELIGIBLE if:**

- You or anyone in your household is a registered sex offender.

*To qualify for the TEAM Program you must:*

- **Prequalify** for a mortgage loan with an Accredited Bank.
- **Provide 100% of the Earnest Money.**
- **Occupy the Home as your primary residence.**

### **NOTICE TO ALL APPLICANTS**

IRHA will not accept incomplete applications. All required documentation must be submitted with the application or we will return it and this will delay the application process.

If you are related to an IRHA employee and/or IRHA Board Member you will be required to sign a "Conflict of Interest" Form. This form will also be posted in IRHA for five (5) days and a copy sent to the HUD office.

***Funds are expended on a "first come, first served" basis until depleted.***

**INTERIOR REGIONAL HOUSING AUTHORITY  
HOUSING ASSISTANCE APPLICATION**

*Please provide all of the requested information so that IRHA may process your application.  
Use additional paper if necessary. PRINT or TYPE.*

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you currently:     Rent     Own     Other: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

Name	Relationship	Marital Status	Gender	Birthdate	Social Security #
	Applicant				
Co-Applicant:					

Yes    No

	Do you have a Certificate of Indian Blood (CIB) card? If yes, please provide a copy with this application.
	Have you ever been evicted or suspended from any HUD Housing program?
	Have you been a homebuyer or homeowner in the last three years?
	Is anyone in your immediate family related to any Employees or Board of Commissioners of IRHA or Doyon Board Member, or your village council members? If yes, explain? _____
	Has any household member listed above applied for or been assisted by any IRHA program? If yes, what year? _____ What program? _____
	Do you or any household member owe money to AHFC or any other Federal housing assistance program?
	Is any member of the household a Veteran? If yes, please provide proof with this application?
	Are you or any member of your household required to register as a sex offender?

**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	

**PROPERTY INFORMATION \*\*\* Applies to Rehab and Self-Help Programs Only \*\*\***

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.**

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

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**HOUSEHOLD INCOME AND EXPENSES – must be completed for ALL programs**

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 including PFD'S and Native Dividends or your application will be returned.** (Note: If you are self-employed, that income will be verified through your 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
	Alaska PFD			
	Regional Dividends			
	Village Corp. Dividends			

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICANT CERTIFICATION FORM

I hereby swear or 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 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.

### Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is 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 on my/our application form is true and correct.

### Reporting on Prior Housing Assistance

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.

### Owner-Occupancy Property

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.

### Cooperation

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 case for eligibility determination.

### Criminal and Administrative Actions for False Information

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.

### Documentation

IRHA will determine eligibility when my application is complete. All required documentation and information must be submitted to IRHA with the application form. I understand that funds will be expended on a "*first come, first served*" basis, and that if the application is not complete, IRHA will not accept it.

### Signature and Date of All Household Adults

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Applicant Disclosure Conflict of Interest Statement

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

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

Application Date: \_\_\_\_\_

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

- I am an IRHA employee, IRHA Board of Commissioner, or Village Tribal Council member/ employee.
- I am an immediate family member of an IRHA employee, IRHA Board of Commissioner, or Tribal Council member/ employee.
- I am a business partner of an IRHA employee, IRHA Board of Commissioner, or Tribal Council member/ employee.
- 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>Name</i>	<i>Relationship</i>

### ACKNOWLEDGEMENT

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 \_\_\_\_\_

Other Adult \_\_\_\_\_

Date \_\_\_\_\_

Other Adult \_\_\_\_\_

Date \_\_\_\_\_



## THINGS YOU SHOULD KNOW

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

**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:

#### Income

- 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.)

#### Assets

- 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.

**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 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 complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735.

You can also write to:

HUD HOTLINE  
451 Seventh Street S.W.,  
Room 8254, Washington D.C. 20410



# FAIRBANKS & VILLAGE REHABILITATION PROGRAM



## Conditions of Work – Client Responsibility

Provide safe, sanitary, and sufficient access to the property for vehicles, equipment, materials, and workers.

- Restrain pets and keep away from workers and work areas
- Yield to work and equipment
- Supervise children and keep them out of work areas

I understand by signing below, I hereby agree and give permission for IRHA to access and work on my home. I understand that the scope of my work is contingent upon funds and this application or assessment in no way guarantees work or services be provided

I certify that the household will meet the Conditions of Work and understand that failure to meet them may result in denial of rehabilitation services.

I certify that IRHA will not be responsible for any damages that occur during the normal course of work if the household fails to comply with Conditions of Work.

I understand that Health and Safety conditions are the responsibility of the homeowner to address.

\_\_\_\_\_  
Homeowner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Other adult

\_\_\_\_\_  
Date

**Interior Regional Housing Authority**  
**828 27<sup>th</sup> Avenue**  
**Fairbanks, AK 99701**  
**907-452-8315, 800-478-IRHA, Fax 452-8324**  
**ATTN: Housing Department**



**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, request and authorize the Interior Regional Housing Authority to obtain any and all information pertaining to my application to determine my eligibility for housing assistance. For example: Bank financial information, Cash Assistance of any kind (ASAP/ GA/ SSI/ SSDI/ APA), wage information, tribal enrollment, Permanent Fund Dividend, Doyon Limited Programs, and Tanana Chiefs Conference Programs. Please release my confidential information from my file to:

NAME: HOUSING DEPARTMENT PERSONNEL  
ORGANIZATION: INTERIOR REGIONAL HOUSING AUTHORITY  
ADDRESS: 828 27th Avenue, Fairbanks, AK 99701

Purpose of disclosure: Eligibility Determination for Housing Assistance

Material to be released: ANY

My signature indicates I have read this form and/or have had it read to me. I know that any and all information is to be disclosed for determining my eligibility.

This consent form does not expire unless revoked by me in writing. I am able to revoke this consent (in writing) at any time.

Client's name (printed) \_\_\_\_\_

Client's signature \_\_\_\_\_ Date: \_\_\_\_\_

Client's name (printed) \_\_\_\_\_

Client's signature \_\_\_\_\_ Date: \_\_\_\_\_

# Interior Regional Housing Authority



## Employment Verification U.S. Government Required Information – Please respond within 5 days

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

To: \_\_\_\_\_  
(Company Name) (Address)

RE: \_\_\_\_\_  
(Applicant/ Homebuyer) (Social Security #)

The employee named above has applied for, or is receiving eligibility for, federal housing assistance at our site. We are required to verify this person's employment income. Failure to submit the information requested below may result in denial of housing assistance. This information is used only in determining eligibility and household rent and will be kept confidential.

We would appreciate your prompt return of this form. If you have any questions, please call IRHA's Housing Department at 907-452-8315.

Respectfully,

IRHA Representative

**RELEASE:** By my signature below, I hereby consent to the release of information requested.

Signature of Household Member \_\_\_\_\_ Date \_\_\_\_\_

### THIS SECTION IS TO BE COMPLETED BY EMPLOYER

1. Employed since \_\_\_\_\_ Present Position \_\_\_\_\_
2. Expected gross earnings during the next twelve (12) months: \$ \_\_\_\_\_  
Previous twelve (12) months' gross earnings: \$ \_\_\_\_\_
3. Current salary – base rate pay  
\$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per week; or  
\$ \_\_\_\_\_ per hour for \_\_\_\_\_ weeks per year; or  
\$ \_\_\_\_\_ per hour for \_\_\_\_\_ months per year; or annual salary \$ \_\_\_\_\_
4. Effective date of next salary increase \_\_\_\_\_
5. Employee works  Full-time  Part-time  Full-Year  Seasonally  Temporarily
6. Overtime pay rate per hour \$ \_\_\_\_\_
7. Expected hours of overtime during twelve (12) months \_\_\_\_\_
8. Other compensation not included above \$ \_\_\_\_\_ for (specify for commissions, bonuses, tips, etc.)
9. Does employee receive vacation pay?  Yes  No Number of vacation days per year \_\_\_\_\_

Signature/ Title \_\_\_\_\_ Date \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.

♥ Please return to: IRHA, 828 27th Avenue, Fairbanks, AK 99701 | ph 907-452-8315 | fax 907-452-8324