



AVCP Regional Housing Authority
 P.O. Box 767
 Bethel, AK 99559 (907) 543-3131 (800) 478-4687

EMERGENCY VOUCHER ASSISTANCE APPLICATION

1. APPLICANT INFORMATION

NAME		HOME #	
ADDRESS		CELL #	
CITY		WORK #	
EMAIL		MESSAGE#	

AVCP RHA HOMEBUYER: YES NO

2. FAMILY COMPOSITION – LIST NAMES OF ALL PERSON LIVING WITH YOU

FAMILY MEMBER NO	NAME OF PERSON	RELATIONSHIP TO HEAD	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER	CAN RECEIVE PFD Y/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Anticipated Changes in Family Composition:

3. INCOME – LIST ALL INCOME OF ALL PERSON LISTED ABOVE

Family Member No.	Source (Name of Employer, Public Assistance, Social Security, etc.)	Rate (hourly, bi-weekly, monthly)	Type of Income	Estimated Income	
				For 12 Months	Next 12 months
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

I have attached copies of my Schedule C (for business or fishing) for the last three years. Yes No

If answer is no, state why: _____

****NOTE: APPLICATION IS INCOMPLETE WITHOUT BOTH LAST YEARS TAX RETURN OR W-2'S AND A COPY OF TRIBAL ID OR CIB**

4. ASSETS – LIST ALL ASSETS OF ALL PERSONS LISTED IN THE FAMILY COMPOSITION

Please list all accounts that you or any other family member currently has along with the bank's name (e.g. Alaska USA Federal Credit Union, NBA, etc.); type of account (savings, checking, CD, etc.); account number; and amount. Use bottom of this page for additional space, if needed.



AVCP Regional Housing Authority
P.O. Box 767
Bethel, AK 99559
(907) 543-3121
(800) 478-4687
(907) 543-4020

RELEASE OF INFORMATION

TO:
AGENCY:
ATTENTION:
FAX:

FAX FROM:
TITLE:
PHONE:
FAX:

DATE: _____

We, the undersigned, authorize the release of information, requested by the AVCP Regional Housing Authority. The information requested shall be used solely to verify information disclosed in our application process and to conduct annual recertifications for assisted housing and similar programs. Agencies which may be contacted, included, but are not limited to: Employers, School Districts, Village Stores, U.S.P.O., State of Alaska Division of Public Assistance, Unemployment offices, Senior Care Program, U.S. Army, Social Security Administration, Fish Processors, Retirement Agencies, Financial Institutions, and Private Individuals.

A reproduction of this release is as valid as the original

This consent expires 15 months after it is signed.

_____ Social Security Number	_____ Applicants Printed Name	_____ Applicants Signature
_____ Social Security Number	_____ Household Member Printed Name	_____ Household Member Signature
_____ Social Security Number	_____ Household Member Printed Name	_____ Household Member Signature
_____ Social Security Number	_____ Household Member Printed Name	_____ Household Member Signature
_____ Social Security Number	_____ Household Member Printed Name	_____ Household Member Signature
_____ Social Security Number	_____ Household Member Printed Name	_____ Household Member Signature



**The Association of Village Council Presidents
Regional Housing Authority**

EVA Application Checklist

TO THE APPLICANT: An incomplete EVA application will delay the processing of your application. It could also remove your application from being considered for housing or housing programs. It is important that you submit a complete application. Please use this checklist to ensure you have provided the information or documents to process your housing application. If information is missing, you will be provide one opportunity to provide additional information, if you do not provide it by the deadline your application will be dropped.

IMPORTANT: You must enter information legibly, clearly, and understandably. You must enter the name, social security number and date of birth of all persons who will be living with you. Failure to do so will delay or even lead to the denial of your housing application. Every adult person must sign all documents where they are required to sign.

CHECKLIST

Housing Application

Full Name of Every Person Social Security Number Date of Birth

Required Documents that Need Signatures

Name of Adult Members Social Security Signature

Copy of Tribal Enrollment Cards or Identification Cards

Copy of All Adult Members

Copies of:

Recent Federal Tax Returns of all Adults Social Security Benefit Letter
 Unemployment Claims Letter Social Security Income APA
 TANF