

AVCP REGIONAL HOUSING AUTHORITY P.O. BOX 767 BETHEL, AK 99559 (907) 543-3121 Fax: (907) 543-4020

| | CARES ACT ASSISTANCE PROGRAM | | | | | | | |
|--|------------------------------|-------------------------------|------------------|------------|---|-----|------------------------------|---|
| Name: Address: City/ST/ | | | | v | Home/Cell Phone: Work Phone:Are you a current AVC | | CP RHA Ho | mebuyer? |
| DOCUMENTATION FOR APPROVAL IS REQUIRED TO SHOW THAT YOU HAVE LOST INCOME OR HAVE BEEN AFFECTED FINANCIALLY DUE TO THE COVID-19 PANDEMIC IN THE FORM OF: - Lost working hours with current employment Reduced to Part-time from Full-time employment Furloughed or Terminated from current employment Self-employed or traditional artist that can show reduced income due to pandemic. I. FAMILY COMPOSITION A. PERSONS THAT CURRENTLY LIVE WITH YOU | | | | | | | | |
| Family Member No. | Name of Family Member | Relation to Family Head | Date of Birth | Birthplace | Age | Sex | Social Security Number | Occupation |
| 140. | | Head | | - | | | /vuinoci | |
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| Anticipated Changes in Family Composition: | | | | | | | | |

Please provide most recent tax returns or 2 most recent pay stubs for income verification.

A. TOTAL INCOME FOR ALL FAMILY MEMBERS LISTED ABOVE II. INCOME

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

| If income is based on seasonal employment, my income for the last three years is as follows: | | | | |
|--|------|------|--|--|
| Year | Year | Year | | |

| I have attached copies of my tax returns, W-2's | or most recent paystubs, | Yes No | |
|--|--|--|---|
| If answer is no, state why: 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: APPL OUT TAX RET | | | |
| accurate and complete to the best punishable under federal law. I/We | of my/our knowledge also understand that fa impacted by the COVII and does not bind eit | | Ise statements or information is not for termination of assistance. or application. The true and complete to the best of |
| Signature of Head of Household | Date | Signature of Spouse | Date |
| Application Reviewed by | Date | | |
| If eligible, where do you want procumentation is required frobbill for verification: | | | |
| Name of Vendor/Provider | | Type (Mortgage, Rental, Utility, Laundry Tokens) | Amount |
| | | | |
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| | | | |



The Association of Village Council Presidents Regional Housing Authority (907) 543-3121 (800) 478-4687

Box 767 Bethel, AK 99559 (907) 543-4020 (FAX)

RELEASE OF INFORMATION

| DATE: | | |
|-------|---|--|
| | 4 | |

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 |
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| Social Security Number | Household Member Printed Name | Household Member Signature |
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