



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

CARES ACT ASSISTANCE PROGRAM

Name: _____ Home/Cell Phone: _____
 Address: _____ Work Phone: _____
 City/ST/ZIP: _____ Are you a current AVCP RHA Homebuyer? YES NO

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
1		Head						
2								
3								
4								
5								
6								
7								
8								
9								
10								

Anticipated Changes in Family Composition:

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

II. INCOME A. TOTAL INCOME FOR ALL FAMILY MEMBERS 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
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

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

Year Year Year



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: _____

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

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