

AVCP Regional Housing Authority

Education Housing Assistance Grant Program

1) Purpose

To provide housing assistance to program eligible students attending post-secondary or vocational educational facilities away from their home community. The program is available to members of federally recognized tribes that have named the AVCP Regional Housing Authority as the Tribally Designated Housing Entity.

2) Housing Application

Housing applications with the required information and all forms signed are required to be submit each year to determine program eligibility and award of EHAG.

3) Program Eligibility Criteria

The applicant must meet the following program eligibility criteria:

- a) American Indian Alaska Native. The applicant must be an American Indian or Alaska Native of a federally recognized tribe. Must provide a tribal enrollment identification card/form and/or certificate of Indian blood.
- b) Income. The participant's income must not exceed the low income limits established by the HUD.
 - 1.) If at the time of the application the student is living with a family, the income of the family shall be included and verified in the application.
 - 2.) If an applicant is applying again for the program, the income of the student will be used and verified.
- c) Verification. The participant's income must be verified.

4) Other Criteria

- a) Resident of the geographical service area. At the time of the applicant the applicant must be resident of a tribal community in the AVCP RHA geographical area. Resident means is living in the one of the tribal community in the AVCP RHA geographical area.
- b) Copy of formal acceptance by a post-secondary or training institute.
- c) Copy of budget for going to the school including housing.
- d) Copy of agreement for housing.
- e) Copy of transcript with grades for students who have been awarded.

Education Housing Assistance Grant

Check List Form

STUDENT INFORMATION

Student	Year	First Year Student Y N

HOUSING APPLICATION Indicates Complete

<input type="checkbox"/>	Authorization of Release of Information	<input type="checkbox"/>	Income Information
<input type="checkbox"/>	Family Composition and Social Security Numbers	<input type="checkbox"/>	AIAN Verification
<input type="checkbox"/>	Tribal Enrollment Verification	<input type="checkbox"/>	

OTHER CRITERIA Indicates Complete

<input type="checkbox"/>	Resident of Geographic Area	<input type="checkbox"/>	Formal Acceptance Document
<input type="checkbox"/>	Budget including housing	<input type="checkbox"/>	Agreement for Housing
<input type="checkbox"/>	Transcript with grade information	<input type="checkbox"/>	

INCOME

Wages and Other Reported:

# Family	Source	Amount	Comment
TOTAL			

Alaska Permanent Fund Dividend

# Family	Source	Amount

VERIFICATION

# Family	Source	Amount	Type of Verification
	MISSING PFDs ____ NO X _____		
TOTAL			

ELIGIBILITY

# in Family	Family Income	Income Limit	Eligible Y N
			<input type="checkbox"/> Yes <input type="checkbox"/> No

REVIEWER: I certify the information has been reviewed for completeness and information provided has been verified and the applicant has met the EHAG and program eligibility and criteria.

Name of Reviewer	Signature	Date

APPROVAL

DEPARTMENT	Signature	Date
Tribal Operations		
Administration		



AVCP Regional Housing Authority Education Housing Assistance Grant Application

P.O. Box 767 Bethel, Alaska 99559

Phone (907) 543-3121 or 1-800-478-4687 Fax (907) 543-4020 or 1-800-965-4020

For Office Use Only:
Date & Time:
By:

APPLICANT INFORMATION

Name:	DOB	SS#	
Address:	City, State	Zip Code	
Land Line	Cell Phone	Email:	

Race/National Origin

American Indian/Alaskan Native
 Asian/Pacific Islander
 White
 Black
 Hispanic
 Gender:
 Male
 Female

First Time Applicant
 Second Time Applicant
 Name of City at time of Application: _____

I am an enrolled member of (Name of Tribe): _____

FAMILY COMPOSITION

No	Name	Relation	DOB	Social Security
1				
2				
3				
4				
5				
6				
7				
8				

FAMILY INCOME INFORMATION

Name	Employer Name	Employer Contact Info	Annual Income

ALASKA PERMANENT FUND DIVIDEND

# Family	Amount	Total

Copy of Federal Tax Returns attached. If not attached, explain why not: _____

POST SECONDARY / TRAINING INSTITUTE INFORMATION

Name	Contact Information	Acceptance Document Y N <input type="checkbox"/> Yes <input type="checkbox"/> No

Living on Campus
 Living Off Campus
 Number of Credits to be Taken: _____

Part-Time (6 or more credits)
 Full-Time (12 or more credits)

ACKNOWLEDGEMENT, AGREEMENT, AND CERTIFICATION

The undersigned acknowledge that AVCP Regional Housing Authority provides housing assistance for American Indian/Alaskan Natives under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA). To be eligible, one must be recognized as being American Indian or Alaskan Native by tribal enrollment and be able to obtain a Certificate of Degree of Indian Blood (CDIB) from BIA. The Authority may grant exception for Non-Indian if the presence of the Non-Indian family is "essential to the well-being of Indian families" and their housing needs cannot reasonably be met without the assistance from this program.

The undersigned understands and agrees with the terms and conditions provided in this application and intend to comply with them for the term set forth.

I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to AVCP Regional Housing Authority, its agents, successors, and assigns, insurers and any other person who may suffer any loss due to the reliance upon any misrepresentation which I/we have made on this application.

Consent: I consent to allow AVCP Regional Housing Authority to request and obtain information from the sources listed on this application for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that AVCP Regional Housing Authority that receive income and credit information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Applicant's Signature	Date	Spouse or Co-Applicant Signature	Date
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To be Completed by interviewer This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail <input type="checkbox"/> by telephone	Interviewer's Name	Name and Address of Interviewer's Employer AVCP Regional Housing Authority P.O. Box 767 Bethel, Alaska 99559	
	Interviewer's Signature		Date
	Interviewer's Phone Number (907) 543-3121 or 1-800-478-4687 FAX: (907) 543-4020		

