

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

EMERGENCY VOUCHER ASSISTANCE PROGRAM ONLY

Name:	-				Home Pl	none:			
Address:					Wor	k Phor	ne:		
City/ST/ZIP:				A	re you a	curre	nt AV	CP RHA Homebuy	er? YES NO
I. FAMILY	COMPOSITION A. PERS	SONS THAT	CURRENTLY	LIVE WI	гн үои				
Family Member No.	Name of Family Member	Relation to Family Head	Date of Birth	Birthplac	e	Age	Sex	Social Security Number	Occupation
1		Head							
2									
3									
4									
5									
6									
7									
8									
9									
10									
Anticipate	ed Changes in Family Compo	osition:		1		1	1	l l	
II. INCOM	E A. TOTAL INCOM	IE FOR ALL	FAMILY MEN	BERS LIS	STED ABO	OVE			
Family Member	Source (Name of Employer, Po Assistance, Social Security, etc.		Rate (hourly, bi	i-weekly,	Type of Income			Estim For 12 Months	ated Income Next 12 months
No.								\$	\$
								\$	\$
									\$
								\$	·
								\$	\$
								\$	\$
								\$	\$
If income is based on seasonal employment, my income for the last three years is as follows:									
Year Year Year Year I have attached copies of my tax returns for the last three years. 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						
I have atta	ached copies of my Schedule	C (for busin	ness or fishing) for the la	st three ye	ears.	Yes [□No	
	is no, state why:				•] Yes [□ No	

NOTE: APPLICATION IS INCOMPLETE WITH OUT LAST YEARS TAX RETURN OR W-2'S



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.

FAMILY MEMBER	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER

Туре	Estimated Value
1	
2	
3	
4	

It is your responsibility to update all changes of family composition and income

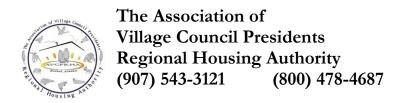
- IV. AVCP Regional Housing Authority provides assistance for American Indians or Alaska Natives. You must be recognized as being Indian or Alaska Native by tribal enrollment and able to obtain a Certificate of Degree of Indian Blood (CDIB) from BIA. Exceptions for Non-Natives may be granted by the Authority if:
 - A. The AVCPRHA determines that the presence of the Non-Native is essential to the well-being of other Indian families in the area;
 - B. The essential Non-Native shows they are unable to obtain adequate housing without the assistance from this program.

NOTE: APPLICATION IS INCOMPLETE WITHOUT COPY OF CIB, TRIBAL ID, OR CERTIFICATION FROM TRIBAL GOVERNMENT

assets and allowances and dedu	octions is accurate and controls is punishable under for	ional Housing Authority on household comcomplete to the best of my/our knowledge a ederal law. I/We also understand that false	and belief. I/We understand
		either party. The above information is true for the purpose of verifying the statements	
Signature of Head of Household	Date	Signature of Spouse	Date
Application Reviewed by	 Date		

If eligible, where do you want payment sent, please fill out the portion below:

Name of Vendor/Provider	Type (Fuel, Electric, etc.)	Amount



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
Social Security Number	Household Member Printed Name	Household Member Signature
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