



AVCP Regional Housing Authority
 Post Office Box 767
 Bethel, Alaska 99559-0767
 (907) 543-3121 (800) 478-4687
 Facsimile (907) 543-4020

**Housing
 Application
 Package**
www.avcphousing.org

For office use only:
 Date and Time

By: _____

YOUR APPLICATION IS INCOMPLETE WITHOUT THE FOLLOWING DOCUMENTS AND MAY CAUSE A DELAY IN CERTIFYING AND DETERMINING ELIGIBILITY:

- A. Copy of your most recent federal income tax return
- B. **For Seasonal or Self-Employment**, the last 3 years taxes and Schedule C's
- C. **For SS Benefits**, a copy of your benefit letter from Social Security Administration
- D. Not completely filling out and signing the application
- E. Copy of CIB, Tribal Enrollment ID or Certification by the Tribe

Name: _____ Social Security Number: _____

Address/City/ST/Zip: _____ Phone: _____

I am an enrolled tribal member of: _____

I need housing in the Village of: _____

- | | |
|--|--|
| <input type="checkbox"/> A Home Mortgage Home | <input type="checkbox"/> A Low Income Apartment :(BLR or Tri-plex) |
| <input type="checkbox"/> Rental Voucher: | <input type="checkbox"/> Very Low Income Housing Program |
| <input type="checkbox"/> Sec. 8 Elderly-Ayalpik Apartments | <input type="checkbox"/> _____ |

Circle the Number of Bedrooms preferred: 1 2 3 4 5

Do you now own a home? Yes No Do you have a Mortgage? Yes No

What is the present value of your home? \$ _____

Are you renting? Yes No If yes: Landlord Name: _____

Address: _____

City, ST, Zip: _____

Does your home have?:

- | | |
|---|---|
| Heat? <input type="checkbox"/> Yes <input type="checkbox"/> No | Electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water? <input type="checkbox"/> Yes <input type="checkbox"/> No | Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Is your home overcrowded? Yes No

Number of Bedrooms: _____ Number of People: _____

What repairs do you need to your existing home? (Brief description)



Family Composition: You must list all persons who would live with you if you were to receive assistance. Failure to do so may result in not accepting your application or termination of you subsidy.

Received Alaska PFD	Name of Family Member	Relation to Family Head	Date of Birth	Birthplace	Age	Sex	Social Security Number	Occupation
Y N		Head						
Y N								
Y N								
Y N								
Y N								
Y N								
Y N								
Y N								
Y N								
Y N								
Anticipated Changes in Family Composition:								

Income Information:

List the details of the income each person in your household receives. Include wages, public assistance, social security, SSI, disability compensation, unemployment, interest, babysitting, child support, annuities, dividends, income from property, grants, Alaska National Guard or Armed Forces Reserves, and self-employment. Please provide proof of income (copies of wage statements, fishing settlements or other paperwork documenting Social Security, SSI, Child Support, etc.).

Family Member	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
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Asset Information List the assets of all family members, including checking accounts, savings accounts, IRA's, CD's, real estate, stocks, bonds, recreational vehicles and their value, fishing boats and permits. Please provide documentation. Attach additional sheets if necessary.



FAMILY MEMBER	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER

Other Assets

Stocks & Bonds	\$	Rec Vehicles(Value)	\$
War Bonds	\$	Real Estate (Value)	\$
IRA/CD's (Value)	\$	Other	\$

Have you sold or disposed of any assets in the Last two years? Yes No

If yes, describe: _____

Child Care Expense: Yes No Amount: \$ _____ per (hr/day/wk/mo/yr)

Name/address/phone # of Child Care Provider: _____

Do you receive Day Care Assistance or reimbursement of child care expenses? Yes No

If yes, from where: _____

Medical Expenses (Please attach applicable supporting documents)

Do you receive Medicare Medicaid? Do you pay for medical insurance? Yes No

Do you pay for medical services out of your pocket? Yes No

Do you regularly pay for prescription drugs? Yes No Amount \$ _____

Program Information

1. Have you or has any member of your family applied for or participated in a rental assistance program including the Mutual Help program? Yes No Where? _____

2. Does anyone outside of your household pay for any of your bills or give you money?
 Yes No If yes, please explain giving amount and frequency of money received:

3. Have you or has any other adult member of your household ever used any name(s) other than the names listed on this application? Yes No If yes, please explain: _____

4. Have you or has any other adult member of your household ever used any social security number(s) other than the social security number(s) listed on this application? Yes No

If yes, please explain: _____

5. Have you or any of your family members been charged with, arrested, incarcerated, on parole or probation for any criminal offenses? Yes No If yes, please explain: _____

6. Is anyone, 18 years of age or older, enrolled as either a part or full time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? Yes No If yes, please explain: _____

Credit & Landlord References

I have had credit with the following creditors and authorize them to provide credit information to the AVCP Regional Housing Authority for consideration regarding my application for Mutual Help/Low Rent Housing.	
Name: _____	Phone No. _____
Address: _____	_____
Name: _____	Phone No. _____
Address: _____	_____
Name: _____	Phone No. _____
Address: _____	_____

Declaration

³⁵/₁₇ I (We) certify that the information provided in this application is accurate and complete to the best of my (our) knowledge and belief.

³⁵/₁₇ I (We) understand that providing false statements or information is punishable under Federal Law and constitutes grounds for termination of housing assistance and eviction.

³⁵/₁₇ I (We) further certify that I (We) do not owe any money to any Indian Housing Authority or any private landlord.

³⁵/₁₇ I (We) further certify that if a Mutual Help Home or Low Rental Apartment for my (our) family results from this application, that the Mutual Help Home or Low Rental Apartment will be my (our) primary place of residence.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Signature of Head of Household

Date



Signature of Spouse/Co-Tenant

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

*If you believe that you have been discriminated against, you may call
The Office of Fair Housing and Equal Opportunity at 1-800-669-9777.*





**The Association of
Village Council Presidents**
Regional Housing Authority **Bethel, AK 99559**
(907) 543-3121 **(800) 478-4687**
4020 (FAX)

Box 767
(907) 543-

RELEASE OF INFORMATION

DATE: _____

We, the undersigned, authorize the release of information by mail or fax, 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 re-certifications 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, U.S. Army, Social Security Administration, Fish Processors, Retirement Agencies, Financial Institutions, and Private Individuals.

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**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

Social Security Number

Household Member Printed Name

Household Member Signature



AVCP Housing Authority
P.O. Box 767
Bethel, Alaska 99559

Declaration of Eligibility Status

Name:	Name:
I am: <input type="checkbox"/> Head of Household <input type="checkbox"/> Adult Family Member	I am: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Tenant <input type="checkbox"/> Adult Family Member
AND	AND
I certify that I am (choose only one):	I certify that I am (choose only one):
<input type="checkbox"/> a U.S. Citizen	<input type="checkbox"/> a U.S. Citizen
<input type="checkbox"/> * a non citizen with eligible immigration status	<input type="checkbox"/> * a non citizen with eligible immigration status
<input type="checkbox"/> Choosing not to state if I am a U.S. Citizen or have eligible immigration status	<input type="checkbox"/> Choosing not to state if I am a U.S. Citizen or have eligible immigration status

I certify that the following minor children listed in my household are (please check appropriate box and list the name and birth date of each child:

List Names(s) of children

Date of Birth

- a U.S. citizen
- * a non citizen with eligible immigration status

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Choosing not to state if I am a U.S. Citizen or have eligible immigration status

_____	_____
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I declare under penalty of perjury under the laws of the state of Alaska that the above is true and correct to the best of my knowledge.



Head of Household / Adult Signature, Date

Adult Signature, Date

***Individuals who checked these boxes need to complete the Non-citizen with Eligible Immigration Status (Form APOO8)**

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Page 8

Rev 2 6/2008

