



Mutual Help Program

A Homeownership Program

Information for Applicants

MUTUAL HELP HOMEOWNERSHIP PROGRAM: Eligibility requires that applicant be Native or American Indian and be a family of two or more people related by blood or marriage or have a history of living together for at least two years. An individual may qualify as a family if they are at least 62 years of age or handicapped/disabled and we have a unit of suitable size. To be eligible for the program, you must also meet income guidelines. Payments are 15 percent of your adjusted gross income with a 25 year contract.

INFORMATION THAT MUST BE INCLUDED

You must include the following information in addition to completing the Application for admission.

- **Copies of Social Security Cards for every household member and copies of tribal enrollment or certificate of degree of Indian blood, picture ID for all adults members.**
- **Preference Points:**
 - Living in the Community 5
 - Displaced 20
 - Disabled/Handicapped 16
 - Terminal Illness 2
 - Veteran Status 2
 - Elderly 2

It is the responsibility of the applicant to provide the documentation necessary to support the request for points.

- **Copies of the past three years income tax if you are a seasonal worker or are self employed. Please be sure the income tax are signed and dated prior to submitting them.**
- **Be sure to sign each of the enclosed verification forms.**

Please make sure that your application is filled out completely and is accurate. Incomplete applications will result in a delay in process.

You must update your application annually to maintain your earliest application date. Failure to do so will result in being removed from the waiting list and starting over with a new application date.

SOURCES OF INCOME

All income must be reported for those individual living in the home over the age of 18. (Including Permanent Fund Dividends)

Name of Household Member	Source of Income	Mo./Yearly Rate	Alaska PFD	Total Income

Other Sources of Income: Do you receive any of the following types of income?

Type:	Name of Household Member	Amount
Social Security:		
Unemployment:		
Other: (List)		

Assets over \$5,000: i.e. boats, vehicles, real estate, etc.

Name of holder	Asset Description	Value/Amount

Native Corporation(s) Dividends:

Shareholder's Name	Corporation	Number of Shares

Other Assets: i.e. Bank Accounts, Real Property, Bonds, Retirement, IRA's etc.

Type/Name	Account Number	Amount

CURRENT HOUSING CONDITIONS

IMPORTANT! Complete this section to determine Federal Preference Points.

Monthly rent:	Length of time at this residence:
Number of bedrooms:	Landlord:
Number of families residing in home:	Address:
Number of occupants:	Phone:

Are you without housing or about to be without housing? Please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you living under substandard housing conditions? Please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you paid more than 50 percent of your income for more than 90 days? Please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involuntarily displaced? (i.e. disaster, by Federal Agency action beyond your control or from physical violence?) Please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain any of the above in further detail; Federal Preferences are subject to verification:		
I/we understand that the information given to the Tlingit-Haida Regional Housing Authority on this application is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information is punishable under Federal Law. I/we also understand that false statements or information are grounds for termination of housing assistance and termination of occupancy. I have no objections to inquiries being made for the purpose of verification.		
Signature of Head of Household _____ <div style="text-align: right;">Date _____</div>	Signature of Co-Applicant _____ <div style="text-align: right;">Date _____</div>	

AUTHORIZATION TO RELEASE INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Tlingit-Haida Regional Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Employment, Income, and Assets
- Residences and Rental Activity
- Medical or Child Care Allowances
- Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords
- Past and Present Employers
- Veterans Administration
- Public Housing Agencies
- Welfare Agencies
- Retirement Systems
- Courts and Post Offices
- State Unemployment Agencies
- Banks and other Financial Institutions
- Schools and Colleges
- Social Security Administration
- Credit providers and Credit Bureaus
- Law Enforcement Agencies
- Medical and Child Care Providers
- Utility Companies
- Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Signature	Printed/Typed Name	Date
«head»		
«spouse»		
«adult1»		
«adult2»		
«adult3»		

GENERAL ASSISTANCE VERIFICATION

Recipient:

Source:

Source's Address:

Source's Phone:

Source's Fax:

The recipient named above has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

**Your assistance in completing this form accurately and timely
is greatly appreciated!**

APPLICANT/TENANT RELEASE STATEMENT

Applicant/Tenant Name: _____ I hereby authorize the release of the following information in order to determine my eligibility for the Housing Credit Program. Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.

Signature:

Social Security Number:

NATIVE CORPORATION DIVIDEND VERIFICATION

Participant:	Date of Birth:
Address:	Social Security #:
City/St/Zip	Number of Shares:

Native Corporation Name:

Address:

City/St./Zip:

Native Corporation Name:

Address:

City/St./Zip:

This form authorizes my Native Corporations to release information requested by THRHA, regarding the status of dividend distributions and my number of shares.

Participant Signature: _____ Date: _____

The individual named above is a participant of a housing program provided by Tlingit Haida Regional Housing Authority. We are required by Federal Law to verify all family income and Allowable expenses, both for initial housing and for continued occupancy. We would appreciate the completion of this form at your earliest convenience. If you have any questions, please contact our office at (907)780-6868.

Occupancy Specialist: _____

CONFIDENTIAL INFORMATION REQUESTED YEAR TO DATE

Date of Distribution	Amount	Frequency

Total amount of dividend for the past 12 months: \$_____

Representative Signature:	Date:	Phone Number:
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CHILD SUPPORT ENFORCEMENT VERIFICATION FORM

To: CSED	From: Tlingit & Haida Regional Housing Authority
Phone: (907) 269-6900 Option 5	Phone: (907) 780-6868
Fax: (907) 787-3310	Fax: (907) 780-6895
<p>I, _____ (Type or Print Name of Client) _____ (Social Security Number) grant permission to disclose the amount of my benefits to Tlingit and Haida Regional Housing Authority.</p> <p>Applicant's Signature:</p>	
<p><u>Declaration of Payment Received through Child Support Enforcement Division if awarded by a divorce decree, administrative order, or judgment.</u> The Child Support Enforcement Division (CSED) shall fill out this section if disbursements are being paid directly to the applicant through CSED.</p>	
Child Support case number:	Monthly Child Support charge:
End date of Child Support obligation:	Monthly Spousal Support charge:
<p>Please attach last 12 months payment record received by custodial parent.</p>	
Comments:	
Name of person completing form:	Date:
Title:	Phone number:

Public Assistance Verification Public Assistance Verification

Recipient:	TANF: 789-1370
Source's Name: TANF, Adult P.A., AFDC	Adult Public Assistance: 465-4657
Source's Address: Juneau/Ketchikan	AFDC: 465-5238
	Ketchikan: 247-2135

The recipient named above has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

**Your assistance in completing this form accurately and timely
are greatly appreciated!**

Applicant/Tenant Release Statement

Applicant/Tenant Name: I hereby authorize the release of the following information in order to determine my eligibility for the Housing Credit Program. Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.

Signature:	Social Security #:
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Check the type(s) of assistance received, the GROSS amount CURRENTLY receiving and frequency:

Benefit Type	Amount	Frequency
Aid to Families with Dependent Children		
Temporary Assistance for Needy Families		
Adult Public Assistance		
Child Support Disregard or Pass through		
General Assistance		
Food Stamps		
Medicare		

Are there any expected changes in the next 12 months? Please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this person receive child support/alimony directly? If yes, please provide name of payer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Signature of Source:	Title:
Date Completed Form:	Phone Number:

Office Use Only:

Date Received:	Calculations:
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EMPLOYMENT VERIFICATION

Employer's Name:	Phone:
Employer's Mailing Address:	Fax:

Employee's Name:

The recipient named above has applied for an apartment governed by Tlingit-Haida Regional Housing Authority. We must verify all income and asset sources of this person and their household to determine initial and continued eligibility. *Please complete the following information and return as soon as possible.*

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement

Applicant/Tenant Name: I, _____, hereby authorize the release of the following information in order to determine my eligibility for the Housing Program. Please complete this form in full and return it to THRHA at your earliest convenience.

Signature:	Social Security Number:
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If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title:	Date of Hire:
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Compensation Information

Hourly Wages	\$	Has employment been continuous? If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Hours/Week				
Number of Weeks/Year <i>(Including paid vacations)</i>				

Overtime Information

Hourly Overtime Wages:	\$	Number of Weeks of OT/Year:
Number of Overtime Hours/Week:		

Raise Information

Date of Next Raise:	Amount of hourly increase: \$
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Additional Compensation Information

Tips/Week:	\$
Bonuses, Commissions or Other:	\$

Signature of Source:	Title:
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Date Form Completed:	Phone:
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Office Use Only

Date Received:	Calculations:
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EMPLOYMENT VERIFICATION

Employer's Name:	Phone:
Employer's Mailing Address:	Fax:

Employee's Name:

The recipient named above has applied for an apartment governed by Tlingit-Haida Regional Housing Authority. We must verify all income and asset sources of this person and their household to determine initial and continued eligibility. *Please complete the following information and return as soon as possible.*

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement

Applicant/Tenant Name: I, _____, hereby authorize the release of the following information in order to determine my eligibility for the Housing Program. Please complete this form in full and return it to THRHA at your earliest convenience.

Signature:	Social Security Number:
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If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title:	Date of Hire:
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Compensation Information				
Hourly Wages	\$	Has employment been continuous? If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Hours/Week				
Number of Weeks/Year <i>(Including paid vacations)</i>				

Overtime Information		
Hourly Overtime Wages:	\$	Number of Weeks of OT/Year:
Number of Overtime Hours/Week:		

Raise Information	
Date of Next Raise:	Amount of hourly increase: \$

Additional Compensation Information	
Tips/Week:	\$
Bonuses, Commissions or Other:	\$
Signature of Source:	Title:
Date Form Completed:	Phone:

Office Use Only

Date Received:	Calculations:
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GENERAL ASSET VERIFICATION

Source's Name:	Asset Holder:
Source's Mailing Address:	Phone:
	Fax:

The individual(s) named above has applied for an apartment governed by Tlingit-Haida Regional Housing Authority. We must verify all income and asset sources of this person and their household to determine initial and continued eligibility. *Please complete the following information and return as soon as possible.*

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement

Applicant/Tenant Name: _____, I hereby authorize the release of the following information in order to determine my eligibility for the Housing Program. Please complete this form in full and return it to THRHA at your earliest convenience.

Signature: _____ Social Security Number: _____

Please list ALL account information. Check the type(s) of asset held, the current CASH VALUE, and any income that may be earned:

Assets – List Name of Holding Company	Type	Number of Shares	Price/ Share (As of Today)	Average Dividend/ Share Paid
Stocks:				
Bonds				
Securities				
	Type	Cash Value	Assessed Value	Fair Market Value
Real Estate Holding				
Personal Property (<i>Held as an Investment</i>)				
	Type	Cash Value	Valuation Date	
Life Insurance				
	Type	Cash Value	Dividend/Interest	
Pension, Annuity, Retirement Account				
Other				

Signature of Source:	Title:
Date Completed Form:	Phone:

Office Use Only

Date Received:	Calculations:
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Senior Assistance Verification

State Agency: AK Senior Assistance Program	Phone: (907) 787-3309
Mailing Address: Juneau, AK 99811-0211	Fax: (907) 373-1136
Recipient:	Recipients Phone:

The person named above has applied for housing governed by a THRHA Housing Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement

Applicant/Tenant Name: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Housing Program. Please complete this form in full and return it to Tlingit-Haida Regional Housing Authority at your earliest convenience.

Signature: _____ Social Security Number: _____

Please indicate the amount and date of distributions within the *past* 12 months:

Distribution Date	Amount	Frequency
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Will these distributions continue for the <i>next</i> 12 months? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Signature :	Title:
Date Completed Form:	Phone:

Office Use Only

Date Received:	Calculations:
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SOCIAL SECURITY VERIFICATION

Source's Name: Social Security	Phone #: (907) 586-7070
Source's Mailing Address: P.O. Box 21327, Juneau, AK 99802	Fax #: (907) 586-7320
Head of Household's Name:	
<p>The recipient named above has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.</p> <p style="text-align: center;">Your assistance in completing this form accurately and timely is greatly appreciated!</p>	
Applicant/Tenant Release Statement	
Recipient's Name:	
Social Security Number:	Date of Birth:
I hereby authorize the release of the following information in order to determine my household's eligibility for the Housing Credit Program. Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.	
Signature:	Social Security Number:

Please attach a copy of your family member(s) verification letter received from the social security office for amount you will receive for the year.

Request to Release Confidential Records/Information

Copy and complete this form for every household member over the age of 18.

I, _____ (Print your name), Do hereby request the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

Recipient:	Social Security Number:
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Whose address, telephone number, and fax number are:
Tlingit Haida Regional Housing Authority

Street Address:

Mailing Address: P.O. Box 32237

City: Juneau	State: AK	Zip: 99803-2237
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Telephone: (907) 780-3838	Fax: (907) 780-6895
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Records/Information to Release: (Please specifically describe the records and/or information you are requesting to be released to the recipient):

Unemployment:

Purpose: If approved by the Employment Security Division, the specific purpose(s) for which the requested records or information about me are to be released is/are (describe or explain what you intend the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

Annual Recertification:

Authorization: (Please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

Your signature	Date
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My Authorization for release of Records/Information expires on: _____ (Date)

Please return the original signed copy of this Request to Release Confidential Records / Information form to:

Alaska Department of Labor and Workforce Development
 Employment Security Division
 Attn: UI Support Unit/Custodian of Records
 PO Box 115509
 Juneau, AK 99811-5509

Or you may FAX this signed request form to the UI Support Unit: (907) 465-2741

Self-Employment Self Affidavit

Please return completed self affidavit to THRHA Specialist, Joe Yaletchko TCA/SCS

Head of Household's Name:	Date:
<input type="checkbox"/> Initial Certification	Date of Expected Move-In:
<input type="checkbox"/> Recertification (<i>Annual or Interim</i>)	Effective Date:

You have applied to live in an apartment that is governed by Tlingit-Haida Regional Housing Authority. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's initial and continued eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

COMPLETE THIS FORM IN ITS ENTIRETY

Business income counted towards income eligibility for the Housing Program is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct depreciation, payments made to expand the business or principal payments on debt.

Name of Business:	Business Address:
Type of Business:	City, State, Zip:
Position Held:	Start Date:
Anticipated Income: (<i>Next 12 months</i>)	Frequency: (<i>Annually, Monthly, Weekly, etc.</i>)
Last Years Income: (<i>Past 12 months</i>)	Frequency: (<i>Annually, Monthly, Weekly, etc.</i>)
Additional Compensation: (<i>Next 12 months</i>)	Frequency: (<i>Annually, Monthly, Weekly, etc.</i>)
Have operations been continuous?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a SIGNED copy of your Federal Income Tax Return including Profit/Loss Statement for each year you have been in business.

If this is a new business, you will need to provide an anticipated Profit/Loss Statement completed by an accountant or attorney.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident:	Date:
Signature of Notary Public:	Date:
State Commission Issued:	Commission Expiration Date:

Office Use Only:

Date Received:	Calculations
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