



IRHA HOMEOWNER REHABILITATION PROGRAM

APPLICANT NAME: _____

COMMUNITY: _____

This owner-occupied rehabilitation program was created to assist existing homeowners living in the Fairbanks North Star Borough and homeowners living in villages located in the IRHA Region with rehabilitation of their home. IRHA will provide both the labor and materials to rehabilitate the home that focus on health, safety and energy efficiency.

The program is a forgivable loan, meaning that the funds do not have to be paid back to IRHA as long as the homeowner occupies the home in compliance with the binding commitment. The grant/loan shall be forgiven over a 5-year period, with 20% of the loan amount forgiven each year.

In order for IRHA to determine your eligibility for this program, all required documentation must be submitted with your application. Failure to do so will render your application obsolete and will require you to submit a new application.

ELIGIBILITY REQUIREMENTS & REQUIRED DOCUMENTS:

Below are the eligibility criteria for the Homeowner Rehabilitation Program and the list of required documents to attach to your application. Please complete this section to determine if you are eligible for the program.

I have not received Rehabilitation Program services in the last 10 years. Per policy, applicants are not eligible for the Homeowner Rehabilitation Program if they received assistance within the last 10 years. Has any household member applied for or been assisted by any IRHA program? Yes No Program: _____ Year: _____

I or my household member is a veteran of the US Armed Forces. Please provide proof with this application.

Photo identification.

- Attached is a copy of our photo identification cards for all of my household members who are 18 years old and older.
- You can request a copy of or renew your State of Alaska Driver License & State Identification, through the mail, by going to the agency's website or by calling their Fairbanks Office with any questions at 855-269-5551.

Certificate of Indian Blood (CIB) or Tribal Enrollment Card. We are Alaskan Native/American Indian and have a CIB Card, Tribal Enrollment Card, or other positive identification proving native status and tribal enrollment.

- I am Alaska Native/American Indian and a Tribal Member.
- Attached is a copy of my household's documents showing Native status.
- To get a copy of your Tribal Enrollment information please contact your Tribal Council office or TCC Tribal Enrollment department. TCC has a toll free phone number and it is available at your Tribal Council office.
 - To get a copy of your Certificate of Indian Blood (CIB) complete the request for Certificate of Degree of Indian Blood form. Contact the BIA Enrollment Services to request a copy of the form at 907-456-0522.

Attach a copy of your document that proves you own your home. Per policy, an applicant must reside in the community, unless you are away for school, the military, or for medical reasons.

- I own my home; it is my primary residence and it is a single-family residence.
- FOR FAIRBANKS APPLICANTS ONLY** - Attached is a copy of my homeowner insurance. Homeowner must carry insurance on the property until the grant amount is forgiven.
- Attached is a copy of my Quitclaim Deed, Warranty Deed or long-term lease that is recorded.
- Your Tribal or City Council office may also have more information on who owns the land in the community.
 - You can also search for and print a copy of your property ownership documents from the State of Alaska's Recorder's Office website.

Applicants who have a balance due to IRHA are not eligible to receive program assistance until the debt is resolved.

- I do not owe IRHA or AHFC money, either by a past due balance or collections.
- I or my household members have not committed fraud in connection with any IRHA or HUD programs or failed to disclose previously committed fraud in connection with IRHA or HUD programs.
- We have not been evicted or suspended from any IRHA or HUD programs.
 - If you have a balance due to IRHA, please contact IRHA Housing or Planning Supervisor, at 907-452-8315, to prepare a payment plan. If your payment plan is approved your household may be eligible for the Homeowner Rehabilitation Program.

Criminal history for each household member who is 18 years old and older. Per policy, if you or a household member are convicted of drug-related or physical violence crimes in the last five (5) years you must verify successful completion of a certifiable program in order to be eligible for the program.

- None of my household members have a criminal history that includes drug related or physical violence crimes.
- Attached is proof that we attended a certified program to prove our steps towards recovery.
- None of my household members are required to register as a sex offender.
- Attached is the criminal history of all household members 18 years old and older.
 - Attached is a form to fill out and submit to the Alaska State Troopers to request your household members printed report. If you have any questions, please contact the AST Criminal Records department at 907-269-5767.
 - Remember to request a copy for all household members 18 years old and older.
 - Remember to include your payment. The cost is \$20.00 per request.

Attach a copy of the following income documents. My household's ESTIMATED annual income is at or below HUD's income limit. We have provided a form to help you calculate your household's annual income. See the next page.

- ___ Pay stubs for the last two pay periods for all employed household members. You can request a copy from your employer.
- ___ SSI, SSA, SSID verification. Please attach your most recent payment information from the Social Security Administration.
- ___ Prior year Federal Tax Return for all household members. You can request a copy of your tax return from the IRS or from the business where you completed your tax return. Attached is a form you can complete and fax to the IRS at 855-800-8105 to request your tax documents.
- ___ Prior month bank statement for all bank accounts and all household members with a bank account.
- ___ Proof of Native Corporation (regional and village) dividends. You can request a copy of your dividend verification document from your Regional and Village Corporations.
- ___ Other Income includes the following:
 - Unemployment Benefits
 - Workers Compensation
 - Severance Pay
 - Child Support
 - Alimony
 - Retirement Funds
 - Veteran's Disability
- ___ If you own a small business, please attach a copy of your prior year business' tax documents.

Essential Family. I am designated as an Essential Family in the Community.

- A copy of the Tribal Council's Resolution was provided to IRHA.
- A copy of my employment verification is attached.

Please contact us with any questions. We are happy to help.

- IRHA Planning & Housing Staff, 907-452-8315 | 800-478-4247

ANNUAL HOUSEHOLD INCOME

To calculate your annual household income, you need to get a total of each annual salary from wages, total of the dividends received and include other income for each household member. When you add these totals together you will get your estimated annual household income.

Income Calculation: Total income from wages. Do not try to calculate your anticipated overtime hours.

1. \$ _____ hourly rate x _____ hours/week x 52 weeks = \$ _____
 2. \$ _____ hourly rate x _____ hours/week x 52 weeks = \$ _____
 3. \$ _____ hourly rate x _____ hours/week x 52 weeks = \$ _____
TOTAL → \$ _____

Dividend & Other Income: Total income from dividends. Some regional and village corporation dividends are now non-taxable. IRHA still needs verification of your dividend income.

1. Regional Corporation	\$ _____	x _____	# of distributions/year	\$ _____
1. Village Corporation	\$ _____	x _____	# of distributions/year	\$ _____
1. SOA PFD Dividend	\$ _____	x _____	# of distributions/year=	\$ _____
1. Other: _____	\$ _____	x _____	# of payments/year	= \$ _____
2. Regional Corporation	\$ _____	x _____	# of distributions/year	\$ _____
2. Village Corporation	\$ _____	x _____	# of distributions/year	\$ _____
2. SOA PFD Dividend	\$ _____	x _____	# of distributions/year=	\$ _____
2. Other: _____	\$ _____	x _____	# of payments/year	= \$ _____
3. Regional Corporation	\$ _____	x _____	# of distributions/year	\$ _____
3. Village Corporation	\$ _____	x _____	# of distributions/year	\$ _____
3. SOA PFD Dividend	\$ _____	x _____	# of distributions/year=	\$ _____
3. Other: _____	\$ _____	x _____	# of payments/year	= \$ _____
4. Regional Corporation	\$ _____	x _____	# of distributions/year	\$ _____
4. Village Corporation	\$ _____	x _____	# of distributions/year	\$ _____
4. SOA PFD Dividend	\$ _____	x _____	# of distributions/year=	\$ _____
4. Other: _____	\$ _____	x _____	# of payments/year	= \$ _____
5. Regional Corporation	\$ _____	x _____	# of distributions/year	\$ _____
5. Village Corporation	\$ _____	x _____	# of distributions/year	\$ _____
5. SOA PFD Dividend	\$ _____	x _____	# of distributions/year=	\$ _____
5. Other: _____	\$ _____	x _____	# of payments/year	= \$ _____
6. Regional Corporation	\$ _____	x _____	# of distributions/year	\$ _____
6. Village Corporation	\$ _____	x _____	# of distributions/year	\$ _____
6. SOA PFD Dividend	\$ _____	x _____	# of distributions/year=	\$ _____
6. Other: _____	\$ _____	x _____	# of payments/year	= \$ _____
7. Regional Corporation	\$ _____	x _____	# of distributions/year	\$ _____
7. Village Corporation	\$ _____	x _____	# of distributions/year	\$ _____
7. SOA PFD Dividend	\$ _____	x _____	# of distributions/year=	\$ _____
7. Other: _____	\$ _____	x _____	# of payments/year	= \$ _____
				TOTAL → \$ _____

Please use a blank piece of paper if more space is needed

THIS IS YOUR ESTIMATED ANNUAL INCOME (Add all totals together) -----> = \$ _____

2021 Median Family Income

93,900

Alaska

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$ 52,584	\$ 60,096	\$ 67,608	\$ 75,120	\$ 81,130	\$ 87,139	\$ 93,149	\$ 99,158
100%	\$ 65,730	\$ 75,120	\$ 84,510	\$ 93,900	\$ 101,412	\$ 108,924	\$ 116,436	\$ 123,948

Please provide all of the requested information so that IRHA may process your application. Use additional paper if necessary. Please print legibly.

Applicant Name: _____ Email: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
Co-Applicant Name: _____ Phone: _____
 Other Names Used: _____
 Current Address: _____
 City: _____ State: **AK** Zip Code _____
 Mailing Address (if different than above): _____

Please list all household members who live in your home:

Name	Relationship	Marital Status	Gender	Birth date	Social Security #	Tribally Enrolled to	Regional Corporation	Village Corporation
	Applicant							

HOUSEHOLD INCOME:

Applicant's Current Employer: _____ From: ___/___/___
 Address: _____ To: ___/___/___

Co-Applicant's Current Employer: _____ From: ___/___/___
 Address: _____ To: ___/___/___

Other Adult's Current Employer: _____ From: ___/___/___
 Address: _____ To: ___/___/___

Other Adult's Current Employer: _____ From: ___/___/___
 Address: _____ To: ___/___/___

Please list all income earned, including from, wages, self-employment, child support, retirement, worker's compensation, SSI, SSA, SSID, veteran's disability, severance pay, alimony, pension.

FAMILY MEMBER	SOURCE of INCOME	YEARLY INCOME

PROPERTY INFORMATION:

Property Legal Address: Lot: _____ Block: _____ Subdivision: _____
Recording District: _____

Do you live in your home year around? Yes If No, please list reason why.

What year was your home built? _____ How many bedrooms? _____ Year moved in: _____

Do you have water/sewer? Yes No

Do you have insurance? Yes No Carrier: _____

Please list the health, safety and weatherization concerns that you have with your home.

Do you own additional properties? Yes No. If so, please list the addresses of all other real estate owned:

FRIENDLY REMINDER:

Attach all required documentation to this application. IRHA will not accept incomplete applications.

By signing below, I hereby certify that all information provided above are true and correct, to my knowledge.

Applicant Signature: _____ Date: __/__/__

Co-Applicant Signature: _____ Date: __/__/__

Other Adult Household Member Signature: _____ Date: __/__/__

Other Adult Household Member Signature: _____ Date: __/__/__

APPLICANT CERTIFICATION FORM

I hereby swear or attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is FEDERALLY funded through Interior Regional Housing Authority.

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my/our application form is true and correct.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

Owner-Occupancy Property

I certify that the house will be my principal residence. I will not live anywhere else without notifying IRHA immediately in writing. I will not sublease the property unless it has been approved by IRHA.

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of this application for eligibility determination.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Documentation

IRHA will determine eligibility when my application is complete. All required documentation and information must be submitted to IRHA with the application form. I understand that funds will be expended on a *"first come, first served"* basis, and that if the application is not complete, IRHA will not accept it.

Signature and Date of All Household Adults

Applicant Signature: _____ Date: ___/___/___

Co-Applicant Signature: _____ Date: ___/___/___

Other Adult Household Member Signature: _____ Date: ___/___/___

Other Adult Household Member Signature: _____ Date: ___/___/___

APPLICANT DISCLOSURE
Conflict of Interest Statement

Applicant Name(s): _____ Date: _____

Name of IRHA Program applying for: Homeowner Rehabilitation Program

I am applying for the IRHA program noted above and I am disclosing that:

- I am an IRHA employee, IRHA Board of Commissioner, or Village Tribal Council Member or employee.
- I am an immediate family member of an IRHA employee, IRHA Board of Commissioner, or Tribal Council Member or employee.
- I am a business partner of an IRHA employee, IRHA Board of Commissioner, or Tribal Council Member Or employee.
- I am neither to all of the above.

If you are a family member or business partner of an IRHA employee, IRHA Board of Commissioner, or Tribal Council member, please state their name and your relationship to them:

<i>Name</i>	<i>Relationship</i>

ACKNOWLEDGEMENT

I understand that a public disclosure of my selection will be made and that a copy of this disclosure shall be submitted to the U.S. Department of Housing and Urban Development.

I have been notified of my opportunity to receive a copy of the Conflict-of-Interest Policy or to receive additional information from IRHA.

I understand that this disclosure does not disqualify and/or determine my application ineligible.

Signature of All Household Adults

Applicant Signature: _____ Date: __/__/__

Co-Applicant Signature: _____ Date: __/__/__

Other Adult Household Member Signature: _____ Date: __/__/__

Other Adult Household Member Signature: _____ Date: __/__/__

Interior Regional Housing Authority
828 27th Avenue
Fairbanks, AK 99701
907-452-8315, 800-478-IRHA, Fax 452-8324
ATTN: Planning Department



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, request and authorize the Interior Regional Housing Authority to obtain any and all information pertaining to my application to determine my eligibility for housing assistance. For example: Bank financial information, cash assistance of any kind (ASAP/ GA/ SSI/ SSDI/ APA), wage information, tribal enrollment, Permanent Fund Dividend, Doyon Limited programs, and Tanana Chiefs Conference programs. Please release my confidential information from my file to:

NAME: IRHA PLANNING & HOUSING DEPARTMENT PERSONNEL
ORGANIZATION: INTERIOR REGIONAL HOUSING AUTHORITY
ADDRESS: 828 27th Avenue, Fairbanks, AK 99701

Purpose of disclosure: Eligibility Determination for Rehabilitation Assistance

Material to be released to IRHA: All information, as requested, to determine program eligibility

My signature indicates I have read this form and/or have had it read to me. I know that any and all information is to be disclosed for determining my eligibility.

This consent form does not expire unless revoked by me in writing. I am able to revoke this consent (in writing) at any time.

Applicant Signature: _____ Date: __/__/__
Printed Name: _____

Co-Applicant Signature: _____ Date: __/__/__
Printed Name: _____

Other Adult Household Member Signature: _____ Date: __/__/__
Printed Name: _____

Other Adult Household Member Signature: _____ Date: __/__/__
Printed Name: _____

Interior Regional Housing Authority



Employment Verification U.S. Government Required Information – Please respond within 5 days

Date: _____

To: _____
(Company Name) (Address)

RE: _____
(Applicant/ Homebuyer) (Social Security #)

The employee named above has applied for, or is receiving eligibility for, federal housing assistance at our site. We are required to verify this person's employment income. Failure to submit the information requested below may result in denial of housing assistance. This information is used only in determining eligibility and household rent and will be kept confidential.

We would appreciate your prompt return of this form. If you have any questions, please call IRHA's Planning Department at 907-452-8315.

Respectfully,

IRHA Representative

RELEASE: By my signature below, I hereby consent to the release of information requested.

Signature of Household Member _____ Date _____

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

1. Employed since _____ Present Position _____
2. Expected gross earnings during the next twelve (12) months: \$ _____
Previous twelve (12) months' gross earnings: \$ _____
3. Current salary – base rate pay
\$ _____ per hour for _____ hours per week; or
\$ _____ per hour for _____ weeks per year; or
\$ _____ per hour for _____ months per year; or annual salary \$ _____
4. Effective date of next salary increase _____
5. Employee works Full-time Part-time Seasonally Temporarily
6. Overtime pay rate per hour \$ _____
7. Expected hours of overtime during the next twelve (12) months _____
8. Other compensation not included above \$ _____ for (specify for commissions, bonuses, tips, etc.)
9. Does employee receive vacation pay? Yes No Number of vacation days per year _____

Signature/ Title _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.

♥ Please return to: IRHA, 828 27th Avenue, Fairbanks, AK 99701 | ph 907-452-8315 | fax 907-452-8324

Each employed household member must complete this form



THINGS YOU SHOULD KNOW

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose: This is to inform you that there is certain information that you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to 5 years.
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions: When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application: When you give your answers to application questions, you must include the following information:

Income

- All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks etc.)
- Earnings from the second job or part time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive.)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estates, etc. that is owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the past 2 years for less than its full value, such as your home to your children.
- The names of all the people (adults and children) who will actually be living with you, regardless of if they are related to you or not.

Signing the Application:

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications: You must provide updated information once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud: You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

Reporting Abuse: If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:

HUD HOTLINE
451 Seventh Street S.W.,
Room 8254, Washington D.C. 20410