INTERIOR REGIONAL HOUSING AUTHORITY
828 27th Avenue | Fairbanks, Alaska 99701
Phone: 907-452-8315 | 1-800-478-4742 | Fax: 907-452-8324
Website: www.irha.org

PROGRAM ASSISTANCE APPLICATION

Program Information:

☐ Tribal Equity Advantage Mortgage Program (TEAM)

This program provides Alaskan Native/American Indians with affordable housing opportunities through grant funding that assists with closing costs and the down payment when purchasing a home valued up to $300,000.00. Applicants must have an approved loan letter from a lender. Eligible housing units consist of single-family homes, townhouses, and condos. Multi-unit buildings such as duplexes are not eligible for purchase.

☐ Home Ownership Program (HOP)

This program offers an opportunity to Alaskan Native/American Indians to purchase a home through the IRHA for those who meet all requirements, over a 20-year period. Monthly obligation payments are based on 30% of the household's monthly income, 15% for rural clients. The home buyer is responsible for maintaining all the utilities and upkeep of routine and non-routine maintenance of the home until the home is conveyed.

- The family must have a steady income with a minimum yearly income of $20,000.00.
- Must complete the Alaska Housing Finance Corporation (AHFC) Homebuyer's Course. (www.ahfc.us)
- Program applications are based on a points system, with a time and date stamp.

If the applicant qualifies for this program, the following information are pertinent:

- **Home buyers must pay a $1,500.00 down payment and processing fee.**
- **Home buyers must occupy the home as their primary residence for 20 years.**
- **Home buyers must not own a home or have been a homeowner in the previous 3 years.**

☐ Home Ownership Program for Elders (HOPE)

This program offers an opportunity to Alaskan Native/American Indians, 62 years old or older, to purchase a home through the IRHA for those who meet all requirements, over a 10-year period. Monthly payments are based on 15% of the household's monthly income. The home buyer is responsible for maintaining all the utilities and upkeep of routine and non-routine maintenance of the home for the duration of the agreement.

- The family must have a steady income with a minimum yearly income of $20,000.00.
- Must complete the Alaska Housing Finance Corporation (AHFC) Homebuyer's Course. (www.ahfc.us)
- Program applications are based on a points system, with a time and date stamp.

If the applicant qualifies for this program, the following information are pertinent:

- **Home buyers must pay a $1,500.00 down payment and processing fee.**
- **Home buyers must occupy the home as their primary residence for 10 years.**
- **Home buyers must not own a home or have been a homeowner in the previous 3 years.**

☐ Rehabilitation Program

☐ Fairbanks ☐ Village

This owner-occupied program assists Alaskan Native/American Indian homeowners living in the IRHA Region in the Fairbanks North Star Borough, and homeowners living in villages with rehabilitation of their existing home. The IRHA provides the labor and materials to rehabilitate the home and focuses on health, safety, and energy efficiency.

The program funding is a forgivable grant loan, meaning that the funds do not have to be paid back to IRHA if the homeowner occupies the home and is in compliance with the binding commitment and program requirements. The grant loan shall be forgiven over a 15-year period, with a calculated percentage of the loan amount forgiven each year.

☐ Low Rent Program

The Meda Lord Facility, located in Nenana, has fifteen total units with one and two bedrooms. There is a part-time facility manager located on site. Applicants must be 62 years old or older and must meet program requirements.

The Tok tri-plex rental units located in Tok consist of two buildings with three units each. All rental units are two bedrooms. Applicants must meet program requirements.

Monthly payments are based on 30% of the individual or family income. Applicants must meet all requirements of the program and provide the required documentation.

☐ Rental Assistance Program

This program provides rental assistance to elders, 62 years old or older, and other eligible applicants. The rental assistance is based on 30% of all taxable income. Elders are a high priority under this program. All applicants must meet program requirements, and the rental units must meet HUD quality housing standards.

☐ Emergency Assistance Program (May receive once in a lifetime)

There are three types of assistance under the emergency program and is provided as a one-time assistance.

Assistance is only provided to eligible applicants and must meet program guidelines and requirements. Maximum assistance shall be $2500.00.

- Homelessness Prevention – Provides emergency assistance to applicants to prevent being unhoused or when housing becomes inadequate.
- Foreclosure Prevention – Provides up to two months mortgage payments to a financial institution to prevent foreclosure on a home.
- Transitional Housing Assistance – Provides assistance during transition from a temporary shelter.

Past due rental fees, late fees, and utilities are not covered costs in this program.

To be eligible for the Emergency Assistance program, you must:

- **Write a letter of need to IRHA that includes the following information:**
  - The reason you need assistance.
  - Detail how you got into the situation.
  - Describe how you would avoid this situation in the near and distant future, if you received assistance.
  - Name and ages of all members living in the household.
  - Name of homeowner.
  - State whether IRHA has helped you in any way in the past, and if so, how long ago.

In order for the IRHA to determine your eligibility all required documentation must be completed and returned within thirty days of application. Failure to do so will render your application obsolete and require submission of a new application.

All applicants are required to comply with all regulations, guidelines, agreements, policies, and procedures set forth by the IRHA and any state, local, or federal agencies. Any information knowingly omitted, falsely provided, inaccurate, or unlawfully stated, may disqualify or deem the application and services provided voided.

For program information, application assistance or required application documents, please contact the Tribal Development department at 907-452-8315.

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IRHA PROGRAM ASSISTANCE APPLICATION

Date of Application: ____/____/_____

Applicant Name: _____

Programs:

- ☐ Tribal Equity Advantage Mortgage (TEAM)
- ☐ Low Rent Program: _____
- ☐ Rehabilitation Program (Fairbanks)
- ☐ Rental Assistance
- ☐ Home Ownership Program (HOP)
- ☐ Home Ownership Program for Elders (HOPE)
- ☐ Rehabilitation Program (Village)
- ☐ Emergency Assistance

CHECKLIST OF REQUIRED DOCUMENTATION:

Please provide copies of the following items with your application/ failure to provide the necessary copies will delay the processing of your application.

☐ Application form completely filled out and signed.

☐ Tribal Enrollment or a Certificate of Indian Blood (CIB) card for every household member. This can be obtained at the Bureau of Indian Affairs (BIA) office.

☐ Criminal History from Alaska State Troopers for everyone 18 and older in the household. Per policy if you or any member in the household are convicted of drug-related crimes or physical violence in the last five years, you must verify successful completion of a certifiable program to be eligible.

☐ Income verification: (everyone in the household 18 & older)

- ☐ Pay stubs for the last two pay periods
- ☐ Verification of all other income such as SSI, SSA, etc.
- ☐ Federal Tax Return (prior year)

☐ Proof of Native Corporation Dividends

☐ Bank Statements (prior month)

☐ Picture ID for each adult

☐ Proof of Ownership (Quitclaim Deed, Warranty Deed), ***which must be filed with the State of Alaska Recorder's Office.*** (Rehabilitation Program)

☐ Proof of Homeowner Insurance (Fairbanks Rehabilitations only)

NOTICE TO ALL APPLICANTS

The IRHA does not accept incomplete applications, for the IRHA to determine your eligibility for any program, all required documentation must be completed and returned within thirty days of application. Failure to do so will render your application obsolete and require submission of a new application.

All applicants and household members shall complete the "Conflict of Interest" form. This form will also be posted in IRHA for five days and a copy sent to the HUD Office.

INTERIOR REGIONAL HOUSING AUTHORITY
PROGRAM ASSISTANCE APPLICATION

Please provide all the requested information so that IRHA may process your application.
Use additional paper if necessary. PRINT or TYPE.

Please check the program:

☐ Tribal Equity Advantage Mortgage (TEAM)
☐ Low Rent Program: _____
☐ Rehabilitation Program (Fairbanks)
☐ Rental Assistance
☐ Home Ownership Program (HOP)
☐ Home Ownership Program for Elders (HOPE)
☐ Rehabilitation Program (Village)
☐ Emergency Assistance

Applicant Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Co-Applicant: _____ Phone: _____

All Other Names Used: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Do you currently: ☐ Rent ☐ Own ☐ Other: _____

Mailing Address *(if different)*: _____

Please list all persons who live in the home:

Name	Relationship	Marital Status	Gender	Birthdate	Social Security #
	Applicant				
	Co-Applicant:				

Yes	No	
		Has any household member, listed above, been assisted by any IRHA program? If yes, what year?_____
		Do you or any household member owe money to AHFC or any other Federal housing assistance program?
		Have you ever been evicted or suspended from any HUD Housing program?
		Have you been a homebuyer or homeowner in the last three (3) years?
		Is any member of the household a Veteran? If yes, please provide proof with this application?
		Are you or any member of your household required to register as a sex offender?

TRIBAL AFFILIATION

Please list all of your Tribal Affiliations below. This information is helpful to IRHA when applying for future funds.

Regional Corporation	
Village Corporation	
American Indian Tribe	

HOUSEHOLD INCOME AND EXPENSES

Applicant's Current Employer Name and Address:

_____ From: _____ / _____ / _____

_____ To: _____ / _____ / _____

Co- Applicant's Current Employer Name and Address:

_____ From: _____ / _____ / _____

_____ To: _____ / _____ / _____

INCOME: You must list all income earned or received by everyone listed on your application, including taxable Native Corporation income and dividends. This includes all income from wages, self-employment, child support, social security, disability, retirement income, worker's compensation, etc. List gross amounts received and ***attach verification for all income including PFD's and Taxable Native Dividends or your application will be returned.*** *(Note: if you are self-employed, that income will be verified through your tax returns.)* For more information about appropriate verification, please see the last page of this application form.

FAMILY MEMBER	SOURCE of INCOME	GROSS MONTHLY INCOME	YEARLY INCOME	VERIFICATION ATTACHED
	Alaska PFD			
	Regional Dividends			
	Village Corp. Dividends			

PROPERTY INFORMATION *** *Applies to Rehabilitation Only* ***

1. Property Legal Description:
   Lot:_____ Block: _____ Subdivision: _____
   Recording District:_____
2. How many months out of a year do you live in your home? _____
   If less than 12, please list the reason why. _____
3. **What year was your home built? _____ (*This question must be answered).***
4. How many years have you owed your home? _____
5. Do you have home insurance? ☐ Yes ☐ No Carrier: _____ Policy No.: _____

Please list health, safety, and energy efficient concerns that you currently have with your home.

_____

_____

_____

_____

List addresses of all other Real Estate Owned: _____

_____

_____

Applicant Signature: _____ Date: _____/_____/_____

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

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

APPLICANT CERTIFICATION FORM

I hereby swear or attest that all 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 and/or other actions may be taken against me. I also understand that this program is FEDERALLY funded through the Interior Regional Housing Authority (IRHA).

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions are 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 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 the IRHA immediately in writing. I will not sublease the property unless the IRHA has approved it.

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 case for eligibility determination.

Criminal and Administrative Actions for False Information

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

Documentation

The IRHA will determine program eligibility when my application is complete. All required documentation and information must be submitted to the 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 the 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: _____/_____/_____

APPLICANT DISCLOSURE
CONFLICT OF INTEREST STATEMENT

Applicant Name(s): _____

Name of IRHA Program applying for: _____

Application Date: _____

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

- ☐ I am an IRHA employee, IRHA Board of Commissioner, Doyon, Limited Board Director/employee, or Village Tribal Council member/employee.
- ☐ I am an immediate family member of an IRHA employee, IRHA Board of Commissioner, Doyon Board of Director, or Tribal Council member/employee.
- ☐ I am a business partner of an IRHA employee, IRHA Board of Commissioner, or Tribal Council member/ employee.
- ☐ I am neither to all 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:

Name:	***Relationship:***

ACKNOWLEDGEMENT

I understand that a public disclosure of my selection will be made, and 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 the IRHA.

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

Applicant Signature: _____ Date: _____/_____/_____

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

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

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 any 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 estate, etc. 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 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 claim 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.
- The 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 and 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

Interior Regional Housing Authority
828 27th Avenue
Fairbanks, AK 99701
907-452-8315, 800-478-IRHA, FAX 452-8324
ATTN: Tribal Development

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I,_____, request and authorize the Interior Regional Housing Authority to obtain all information pertaining to my application to determine my eligibility for program 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: Tribal Development Personnel

ORGANIZATION: Interior Regional Housing Authority

ADDRESS: 828 27th Avenue, Fairbanks, AK 99701

Purpose of disclosure: Eligibility determination for Program Assistance

Material to be released: Any documentation required to determine my program eligibility.

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

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

Applicant's name (printed): _____

Applicant's signature: _____ Date: _____

Co-Applicant's name (printed): _____

Co-Applicant's signature: _____ Date: _____

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 federal housing assistance at our organization. We are required to verify employment income. Failure to submit the information requested below may result in denial of housing program assistance. This information is used only in determining eligibility and/or household monthly obligation and will be kept confidential.

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

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

Signature _____ 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 of 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 ☐ Temporary ☐ Other: _____
6. Overtime pay rate per hour $ _____
7. Expected hours of overtime during twelve (12) months _____
8. Other compensation not included above $_____ for (specify for commissions, bonuses, tips, etc.)
   _____

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 | Phone 907-452-8315 | Fax 907-452-8324**