

**BARANOF ISLAND HOUSING AUTHORITY
TRIBAL CITIZEN HOME REPAIR PROGRAM
245 Katlian Street ~ (907) 747-5088**



HOUSING APPLICATION INTERVIEW AND CERTIFICATION CHECKLIST

- APPLICANT INTAKE INTERVIEW COMPLETED
- PHOTO ID FOR EVERYONE OVER 6 YEARS OF AGE
- TAX RETURNS FOR LAST THREE YEARS OR NOTARIZED STATEMENT
- CERTIFICATE OF INDIAN BLOOD
- INCOME INFORMATION FOR ALL MEMBERS OF HOUSEHOLD
PAYCHECK STUBS or
STATEMENT OF BENEFITS
- BANK STATEMENTS FOR ALL BANK ACCOUNTS LAST THREE MONTHS
- PROPERTY OWNERSHIP DOCUMENTS (DEED/TITLE)

FILE CERTIFICATION

Certifying BIHA Representative

Date

NEEDED DOCUMENTATION

1. SOCIAL SECURITY CARDS OR PHOTO ID SHOWING SS# FOR ALL FAMILY MEMBERS OVER 6 YEARS OF AGE.
2. COMPLETE SETS OF TAX RETURNS FOR THE LAST THREE (3) YEARS.
3. DOCUMENTATION OF PROOF OF INDIAN BLOOD.
4. NAME, ADDRESS & PHONE NUMBER OF CURRENT EMPLOYER, AND FAX NUMBER IF AVAILABLE.
5. AT LEAST THREE (3) MOST CURRENT PAYCHECK STUBS AND ANY OTHER INCOME DOCUMENTATION RECEIVED BY ANY HOUSEHOLD MEMBER OVER THE AGE OF 18.
6. STATEMENTS FROM THE FOLLOWING AGENCIES SHOWING THE AMOUNT OF BENEFITS/INCOME AND THE NAME OF THE RECIPIENT:
 - SOCIAL SECURITY BENEFITS
 - DISABILITY
 - PUBLIC ASSISTANCE/TANF
 - CHILD SUPPORT
 - ALIMONY
 - PENSION OR RETIREMENT BENEFITS
 - NATIVE CORPORATION DIVIDENDS IN EXCESS OF \$2,000 PER RECIPIENT, PER YEAR
 - LONGEVITY
 - UNEMPLOYMENT
 - VETERANS ADMINISTRATION PAYMENTS
 - ANY OTHER INCOME OR REGULARLY RECEIVED PAYMENT RECEIVED BY HEAD OF HOUSEHOLD, OR RECEIVED ON BEHALF OF ANY MEMBER OF HOUSEHOLD, MONOR OR ADULT (EVEN IF TEMPORARILY ABSENT)
 - ANY INCOME DERIVED FROM ASSETS SUCH AS: REAL, PERSONAL OR RENTAL PROPERTY, INTEREST ON ACCOUNTS, STOCK, DIVIDENDS, CD'S, IRA'S, ETC.
7. NAME, ADDRESS, PHONE OR FAX# OF COMPANY PAYING RETIREMENT OR PENSION BENEFITS.
8. NAME AND ADDRESSES OF BANKS, AND ALL ACCOUNT NUMBERS AS WELL AS COPIES OF BANK STATEMENTS (3 MOST CURRENT MONTHS) FOR EACH ACCOUNT.
9. PROPERTY OWNERSHIP DOCUMENTS SUCH AS DEED OR TITLE.

ANY FALSE INFORMATION OR DELIBERATE OMISSION OF INFORMATION PROVIDED BY THE APPLICANT THAT MATERIALLY AFFECTS ELLIGIBILITY WILL BE GROUNDS FOR DENIAL OF THE APPLICATION, OR TERMINATION FROM THE PROGRAM.

PRELIMINARY APPLICATION FOR PROGRAM PARTICIPATION

Baranof Island Housing Authority does not discriminate on the basis of age, color, sex, religion, national origin, handicap or familial status. Alaska Native/American Indian applicants receive preference in applying for Baranof Island Housing Authority programs.

CRITERIA FOR ACCEPTANCE OF THIS APPLICATION

All information requested in this application is necessary to satisfy our selection guidelines or to satisfy HUD requirements. Be sure that all of your information is correct.

1. **Application must be fully complete, dated and signed prior to processing of application;**
2. Application must list all persons who would be living in the unit, their sex, date of birth, and relationship, including the following information:
 - ✓ Applicants address and a telephone number.
 - ✓ Family characteristics.
 - ✓ Social security numbers for all members of the household who are six years of age or older.
 - ✓ An estimate of the family's anticipated income for the next twelve months and the sources of that income.
 - ✓ Names of previous and current employers, banks, and any other information such as income tax returns for the past three years. BIHA needs to verify the applicant's income and deductions, and to verify the family composition.
 - ✓ Certification of Indian Blood.
3. Certification of Application. The application must provide for the applicant's certification of family's composition. By signing the application, you are stating that all information contained in the application is true and correct.
4. It is the applicant's responsibility to update the application and provide a valid phone number for contact. This update is required annually.

REQUIREMENT TO PROVIDE TAX INFORMATION

Baranof Island Housing Authority requires each applicant to provide copies of Income Tax Returns for the most recent three years, or if taxes were not filed, to complete the attached Certification of no Taxes Filed. The Certification must state reasons for not filing and be notarized.

If you are unable to provide tax returns because:

- ✓ you are not required to file returns due to lack of income; or
- ✓ you have filed tax returns, but have lost your copy;

please fill out the Request for Transcript of Tax Return form number 4506-T and submit the Request to the IRS per form instructions. It takes a minimum of 10 days for the IRS to process this request. Your application will not be considered complete until the information is received.

Baranof Island Housing Authority is a federally funded housing assistance program. By failing to file Income Tax Returns for any reason other than an exemption from the IRS from the requirement to file, you are in violation of federal law. BIHA cannot admit applicants who have been or are currently in violation of any local, state or federal laws.

REASONS APPLICATION MAY BE DENIED

- ✓ **Incomplete application;***
- ✓ **Provision of misleading or false information on application;**
- ✓ **Any false information provided by the applicant that materially affects eligibility;**
- ✓ **Failure of the applicant to sign the required application and other forms required;**
- ✓ **Over (or under) income limits;**
- ✓ **Failure to update application annually.****

VERIFICATION REQUIREMENTS

Staff will do third party verification of; income, employment, unemployment, AFDC, social security, retirement, child support, permanent fund dividends, native dividends, assets, family composition, student status.

Should you have any questions, or need assistance in filling out the application, please call 747-5088.

WARNING

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

** Applications will not be processed unless they are complete with all requested information and identification. A list of items needed is included with this application.*

*** Applications not updated annually will be deemed inactive. Staff will send one notice to update. If no response is received within the allotted time, the application will be terminated.*

APPLICATION FOR TRIBAL CITIZEN HOME REPAIR PROGRAM

Received By: _____ Date: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO UPDATE THIS APPLICATION AS CHANGES IN FAMILY CIRCUMSTANCES OCCUR. FAILURE TO UPDATE INFORMATION AT LEAST ANNUALLY OR WITHIN THE TIME FRAME SPECIFIED IN A WRITTEN REQUEST FOR UPDATED INFORMATION WILL RESULT IN THE APPLICATION BEING DEEMED INACTIVE.

APPLICANT INFORMATION:

Mailing Address: _____
 Physical Address: _____
 Home Phone: _____ Cell: _____ Work: _____

HOUSEHOLD COMPOSITION

NAME	RELATIONSHIP	DOB/AGE	SEX	SOCIAL SECURITY #
1.	Head Household			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

The following information is for Federal reporting purposes, and in some cases, for eligibility purposes.

Enrolled member of Sitka Tribe of Alaska* Alaska Native* American Indian*

**If you are claiming Tribal preference, documentation of enrollment in Sitka Tribe of Alaska must be provided. To claim preference as an Alaska Native / American Indian, you must provide a Certificate of Degree of Indian Blood from the Bureau of Indian Affairs, or other acceptable proof from a federally recognized Tribe.*

Have you or a member of your household ever been convicted of any crime other than a traffic violation?
 Yes No If yes, explain what the conviction was for: _____

Are you or a member of your household required to register as a sex offender? Yes No

Have you or a member of your household ever been convicted of domestic violence? Yes No

By my/our signature below, I/we certify that the information provided above is true and correct, and that I/we have disclosed any and all information regarding my/our criminal background.

 Applicant Signature

 Date

 Other Adult/Spouse Signature

 Date

PROPERTY INFORMATION:

Type of Dwelling: Single Family Duplex/Zero Lot Modular/Mobile*

*Mobile homes are eligible for varying levels of funding based on the status of land they are located on. See TCHRP policy for details.

Legal Description:

Lot: _____ Block: _____ Subdivision: _____

Number of Rooms: _____ (Include rooms other than bedrooms such as living and dining room, etc.)

Approx. Square Footage: _____ Year Built: _____ Number of Occupants: _____

Primary Heat Source: ___ Oil ___ Electric ___ Wood ___ Other: _____

Please describe any emergency or high priority repairs you have identified or any extraordinary circumstance related to your home:

SOURCE OF INCOME:

Income includes but is not limited to the following; hourly wage, salary, income from a business, public assistance, Social Security, disability, child support, alimony, unemployment, VA benefits, regular payments from an annuity or trust, pensions or other retirement accounts, Native corporation dividends exceeding \$2,000 per year, any income received from assets, etc. Provide GROSS INCOME, before deductions.

ALL INCOME MUST BE REPORTED FOR THOSE INDIVIDUALS LIVING IN THE HOME OVER THE AGE OF 18.

Name	Source of Income	Total Annual Income	PFD
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	

TOTAL: \$ _____

ASSETS/DIVIDEND INCOME:

Assets include, but are not limited to; real property, non-commercial boats, recreational vehicles/watercraft, rental property, stocks, interest in non-native held corporations, etc. Documentation of current value of each asset must be provided with the application. Provide a current tax assessment of your home to document it's value*.

Name	Description of Asset	Current Value
1.	Home* (tax assessed value)	\$
2.		\$
3.		\$
4.		\$
5.		\$

NATIVE CORPORATION SHARES:

Shareholder	Corporation	# Shares
1.		
2.		
3.		
4.		

BANK ACCOUNTS:

List all checking and savings accounts, CD's, IRA's, Bonds, etc. Use a separate sheet if necessary.

Name Account Holder	Bank or Lending Institution	Account Numbers
1.		
2.		
3.		
4.		

APPLICANT CERTIFICATION AND DECLARATION OF TRUTH
PLEASE READ BEFORE SIGNING

I/WE UNDERSTAND THAT THE INFORMATION GIVEN TO BARANOF ISLAND 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 ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF OCCUPANCY. I/WE HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFICATION.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date



Baranof Island Housing Authority

245 Katlian Street
Sitka, AK 99835

(907) 747-5088 – fax (907) 747-5701

Certification by Applicant of no Income Tax Returns Filed

I/we, _____ certify that I/we have not filed income tax returns for the following years: _____, _____, _____. The reason I/we have not filed taxes is: _____

Section 1001 of title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

By signing below, I/we acknowledge that if it is determined that I/we have misrepresented this information that I/we are subject to prosecution for misrepresentation of income and/or assets for the purpose of unlawfully obtaining federal funds.

Signature of Applicant

Date

Signature of Co-Applicant

Date

State of Alaska
First Judicial District **ss.**

The Foregoing Instrument was acknowledged before me by _____

_____ on this _____ day of _____ 20____.

Witness my hand and seal.

Signature of Notary Public

Printed name of Notary Public

My Commission Expires: _____