

Nome Eskimo Community
P.O. Box 1090
Nome, AK 99762
Housing Department
Phone: (907) 443-2246
Fax: (907) 443-5053
Email: nomeeskimo@gci.net



BUY DOWN ASSISTANCE LOAN APPLICANT CHECKLIST

Name: _____ Date: _____

Please bring copies of the following items to your first appointment with the NEC Housing Program staff. Failure to provide the necessary copies will delay the processing of your application.

- 1. Application form completely filled out and signed.
- 2. A copy of your most recent signed income tax form 1040 and/or W-2s. If self employed, the last (3) three years income tax forms including the Schedule "C".
- 3. Divorce Decree (*if it applies to you*).
- 4. Income verification: Pay stubs for the last two (2) pay periods.
- 5. Original copy of Social Security cards for each household member.
- 6. Certificate of Indian Blood issued by the Bureau of Indian Affairs and/or Tribal Enrollment Verification.
- 7. Need proof of age for individual(s) in the household ie, birth certificates, etc..
- 8. Driver's license or State issued I.D. Card. (Over the age of 18)
- 9. Regional/Village Corporation Verification.

NOTICE TO ALL APPLICANTS

In order for the Nome Eskimo Community (NEC) Housing to determine your eligibility for the Buy-Down Assistance Loan, all documentation and information required must be completed and returned to NEC Housing. The Buy- Down Assistance Loan is funded by a grant from the Federal Government. Funding is limited and will be expended on a "***first come, first served***" basis until depleted. If complete documentation is not received, the NEC Housing staff will not be able to process your application.

I have read and understand the above statement:

Applicant's Signature

Date

Co-applicant's Signature

Date

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LETTER OF INTEREST

Applicant: _____
 First Middle Last

Home Phone: _____

Co-applicant: _____
 First Middle Last

Cell Phone: _____

Address: _____

Work Phone: _____

City State Zip

Msg. Phone: _____

Dear NEC Housing Staff;

I/We am/are interested in the Buy-Down Assistance Loan and are submitting this application to NEC Housing. Please contact me/us if you need any further information.

Applicant's Signature

Date

Co-applicant's Signature

Date

NEC Housing staff: Record the date and time this application was submitted.

Date: _____ Time: _____

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**NEC Housing Buy-Down Assistance Loan
APPLICANT CERTIFICATION FORM**

Giving True and Complete Information

I/We certify that all the information provided on household composition, family assets and items for allowances and deductions, is accurate and complete to the best of my/our knowledge. I/we 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/we certify that I/we have disclosed where I/we received any previous Federal housing assistance and whether or not any money is owed. I/we 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/we certify that the house will be my/our principal residence and that I/we will not obtain duplicate Federal housing assistance while I/we am/are participating in the Buy-Down Assistance Loan. I/we will not live anywhere else without notifying the Housing Program staff immediately in writing, I/we will not sublease my/our property unless it has been approved by the Housing Director.

Cooperation

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

REMINDER: Determination of your eligibility cannot be made until all written verifications are returned to the NEC Housing Program. Verbal determination of your eligibility cannot be made.

Criminal and Administrative Actions for False Information

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of NEC Housing Assistance.

Earnest Money Receipt and Agreement to Purchase - Termination from the NEC Housing Program for providing false, inaccurate or incomplete information may result in loss of your earnest money (Earnest Money Receipt and Agreement to Purchase). I/we may also be liable to the seller of the unit for any costs incurred by the agreement.

Signature and Date of Household Adults:

1) _____

2) _____

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BUY DOWN ASSISTANCE LOAN APPLICATION

Please read and completely fill-out ALL questions to enable NEC Housing to process your application. Use additional paper if necessary. Please PRINT or TYPE.

Applicant: _____ Home Phone: _____
 First Middle Last

 Other Names Used _____

 Work Phone: _____

Co-Applicant: _____ Home Phone: _____
 First Middle Last

 Other Names Used _____

 Work Phone: _____

Address: _____
 Mailing _____

 City State Zip

Employer (Applicant) _____ From: _____

 Address _____ To: _____

 City State Zip

Employer (Co-Applicant) _____ From: _____

 Address _____ To: _____

 City State Zip

Other Income: _____

Have you ever been a home buyer or home owner? Yes No

Have you received assistance for a home purchase in the past five years? Yes No
 If yes, please describe: _____

Have you ever declared bankruptcy? Yes No
 If yes, please describe: _____

Are you related to any NEC employee or Tribal Council Member? Yes No
 If yes, please explain: _____

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APPLICANT’S HOUSEHOLD COMPOSTION

Please list all persons who will be living in your home.

Name	Social Security #	Adult/Child (Please Circle)	Marital Status
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	

INCOME: Please list ALL income for ALL family members from any sources before ANY deductions (Gross Income)

MONTHLY INCOME AND ESTIMATED INCOME FOR THE NEXT 12 MONTHS

Gross Monthly Income	Applicant	Co-Applicant	Other Household Members	Total Estimated for the Next 12 Months
Base Pay	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Bonuses	\$	\$	\$	\$
Native Corporation	\$	\$	\$	\$
AK PFD	\$	\$	\$	\$
All Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

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APPLICANT'S HOUSEHOLD FINANCIAL SUMMARY

Please fill out this section entirely; your lender will require this information. By filling out this portion of our application now you will be better prepared for Lenders application.

Applicant Income (from tax returns)	
YEAR	AMOUNT
	\$ _____
	\$ _____
	\$ _____

Co-Applicant Income or Other Household Member	
YEAR	AMOUNT
	\$ _____
	\$ _____
	\$ _____

INCOME:

Applicant's Gross Pay \$ _____
Co-Applicant \$ _____

OTHER INCOME:

Source: _____ Amount: \$ _____
Source: _____ Amount: \$ _____

ASSETS:

Cash in Savings: \$ _____
Stocks & Bonds: \$ _____
Life Insurance
Cash Value: \$ _____
Mobile Home: \$ _____
Other Assets: \$ _____
Other Assets: \$ _____
Stocks & Bonds: \$ _____
Car Payments: \$ _____
Other: \$ _____

CURRENT MONTHLY EXPENSES:

Rent: \$ _____
Utilities: \$ _____
Debt Payments: \$ _____
Student Loan: \$ _____
Insurance: \$ _____
Telephone: \$ _____
Child Care: \$ _____

TOTAL: \$ _____

TOTAL: \$ _____

Have you sold any real estate within the last five (5) years? Yes No

I hereby swear and 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 the Buy-Down Assistance Loan is Federally funded through the Nome Eskimo Community Housing Program.

Applicant's Signature Date

Co-Applicant's Signature Date

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To Whom It May Concern:

I hereby authorize the NEC Housing Program to verify my past and present employment earnings.

I also authorize any State or Government agency to release verification of my income, date of birth, the type of benefit, the effective date and the length of time the benefits will be received to the NEC Housing Program.

The information is only to be used in the processing of my application for the NEC Housing Program.

Applicant's Name Printed

Co-Applicant's Name Printed

Applicant's Signature

Co-Applicant's Signature

Date

Date

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SUMMARY OF THE BUY DOWN ASSISTANCE LOAN

Your initial at the end of each page and signature at the end of this Summary verify you have read and acknowledge the Summary.

The Nome Eskimo Community Housing Buy-Down Assistance Loan is funded by a grant from the U.S. Department of Housing and Urban Development (HUD) and administered by Nome Eskimo Community's Housing Program. There are a limited number of home loans available from the grant, which is a "ONCE IN A LIFETIME" assistance. Those persons who complete their applications first will receive priority for funding.

The program is designed to increase affordable housing for Alaskan Natives and American Indians who range from very low income to median income.

Applicants must meet all the following requirements to be eligible for the Buy-Down Assistance Loan:

- Applicants must be a first-time homebuyer (someone who has not owned a home in the past five years) and;
- Applicants must have an annual income at or below the income limits established and published by HUD.
- Applicants must be a member of Nome Eskimo Community.

Applicants must give true and complete information.

All information provided on household composition, income and family assets must be accurate and complete to the best of the applicant's knowledge.

Any misinformation or failure to provide complete information can result in termination from the NEC Housing Program.

All annual household income must be reported to Nome Eskimo Community Housing.

Annual income is the anticipated total income from "sources received by the individual or household members (even if temporarily absent)"; including all net income derived from assets, for the 12 month period following the effective date of the initial determination or re-examination of income.

Initial: Applicant: _____

Co-Applicant: _____

Income includes but is not limited to:

- The full amount, before any payroll deductions, of wages and salaries, overtime pay, commission fees, tips and bonuses, and other compensation for personal services including all regular pay, special pay and allowances of a member of the Armed Forces;
- ANCSA native corporation dividends exceeding \$2000 per person, per year for all household members;
- The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment;
- Payment in lieu of earnings, such as unemployment and disability compensation, worker’s compensation and severance pay;
- The net income from operation of a business or profession;
- Interest, dividends and other net income of any kind from real or personal property;
- Income derived from all family assets or a percentage of the value of such assets based on current passbook savings as determined by the Dept. of Housing and Urban Development;
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing at the dwelling.

Eligibility for the Buy-Down Assistance Loan

Your application for the Buy-Down Assistance Loan may be approved for processing based upon information you have provided NEC Housing regarding your current income and your “first-time homeowner” status. Final determination for eligibility for the program must be completed before you can close on a mortgage loan. Determination of your final eligibility will be based upon: 1) accuracy and completeness of information you have provided to us, 2) changes in household income from the date of application, 3) changes in the household composition and 4) compliance with all other terms and conditions of the Buy-Down Assistance Loan.

The Lending Institution

Upon acceptance to the program, the applicant will receive a confirmation letter from NEC Housing that will serve as a referral to a lending institution of their choice. The lending institution will:

- Determine applicant’s credit worthiness
- Be solely responsible for approving or denying the loan
- Perform a credit check which is paid by the applicant (expires in 90 days);
- Verifies your checking, savings and investment accounts; and
- Must be willing to participate in the Buy-Down Assistance Loan.

A “Good Faith Estimate” with the loan amount you may qualify for may be provided by the lending institution at no cost to the applicant.

The applicant may begin searching for a home within the loan amount quoted in the “Good Faith Estimate”.

The home must meet all Buy-Down Assistance Loan requirements and pass the Housing Quality Inspection.

Initial: Applicant: _____

Co-Applicant: _____

Earnest Money Agreement

It is necessary that language similar to the following be added as “additional terms and conditions” in any earnest money or purchase agreement entered into:

“This offer is contingent upon the property qualifying under HUD Section 8 Housing Quality Standards. This offer is also contingent upon HUD funding under the Native American Housing and Self-Determination Act, continued compliance with the NEC Housing eligibility standards, and continued availability of Buy-Down Assistance Loan funds. No funding will be released until completion of an environmental review of the sale property. If Section 8 approval is not received, if HUD funding is not available, or if the sale property does not conform to the National Environmental Policy Act, all earnest money shall be returned to buyer.”

Before signing an Earnest Money Receipt and Agreement to Purchase, NEC Housing recommends that applicant have the Earnest Money Agreement reviewed by an attorney. The Buy-Down Assistance Loan does not pay for the costs of the review.

Termination from the NEC Housing Program for providing false, inaccurate or incomplete information may result in the loss of your earnest money. You may also be liable to the seller of the unit for any costs incurred by this agreement.

NOTICE: It is the responsibility of the applicant to provide a copy of any Earnest Money Agreement entered into to the NEC Housing staff. Failure to provide a copy may delay closing on your home.

Appraisal

The Appraisal will be ordered by the lending institution.

Housing Quality Inspection

The cost of the Housing Quality inspection may be included with associated closing costs. Usually, NEC Housing hires the inspector and pays for the inspection. Either way, there will be no cost to the home buyer for the inspection. The home selected by the applicant must pass the Housing Quality Inspection before closing on the mortgage loan.

Buy-Down Assistance Loan

Once the applicant has been approved by the lending institution, the Buy-Down Assistance Loan will provide up to twenty five percent (25%) of the contract price of the home or the appraisal value, whichever is lower.

As an example let us say that you find a home for a total purchase price of \$100,000. 25% (\$25,000) assistance will bring the cost to the home buyer down to \$75,000.

Closing Costs

The client is responsible for a \$2,500.00 cash contribution to the sale. This total usually includes the \$1,000 earnest money and a \$1,500 certified check at the closing which covers some of the closing costs. The Buy-Down Assistance Loan will pay the balance of the buyer’s portion of closing costs (also called settlement costs).

Initial: Applicant: _____

Co-Applicant: _____

Second Loan Documents

The applicant will enter into a first and a second mortgage. The lending institution holds the first mortgage and has precedence over all other mortgages on the sale property. NEC Housing is the holder of the second mortgage on the home. The second loan documents can be made available to the buyer for an attorney’s review. NEC Housing does not pay for this review.

Owner Occupancy

To be eligible for the Buy-Down Assistance Loan, the applicant must certify that the subject property will be owner occupied.

Resale Restrictions

If the homebuyer decides to sell the home or defaults on the loan, NEC Housing has the first option to purchase the home.

The principal owed on the Buy-Down Assistance Loan will be reduced by 20% on each anniversary of the closing. After one year, the principal owed on the loan will be 80% of the original NEC loan amount; after 2 years the principal will be 60% of the original amount; after 3 years, 40%; 4 years, 20%; and after 5 years, 0%. If the homebuyer remains in the home for five full years, NEC Housing will forgive the Buy-Down Assistance Loan on the fifth anniversary of closing.

If the home buyer decides to sell the home or defaults on the loan in the first five years, the home buyer must pay the full principal balance remaining on the loan.

Alaska Housing Finance Corporation (AHFC)

AHFC purchases many of the first mortgage loans from the lending institutions. However, the lending institutions service the loans.

The applicant may not have another outstanding AHFC first mortgage loan.

The applicant’s completion of a mortgage loan educational process must be documented. The applicant may attend an approved workshop, such as AHFC’s Home Choice, and must submit a copy of the certificate of completion to NEC Housing prior to closing on the loans.

Second Loan Documents

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The applicant's completion of a mortgage loan educational process must be documented. The applicant may attend an approved workshop, such as AHFC's Home Choice, and must submit a copy of the certificate of completion to NEC Housing prior to closing on the loans.

Things You Should Know/Applicant(s) Certification Form.

- PENALTIES FOR COMMITTING FRAUD.
- YOUR RESPONSIBILITY AS AN APPLICANT IS TO ASK QUESTIONS, COMPLETE THE APPLICATION ACCURATELY AND FULLY AND REPORT ALL INCOME, ASSETS AND HOUSEHOLD MEMBERS.
- YOUR SIGNATURE REPRESENTS YOU UNDERSTOOD THE APPLICATION AND HAVE COMPLETED IT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.
- YOU ARE COMMITTING FRAUD IF YOU SIGN THE APPLICATION KNOWING IT CONTAINS FALSE, INCOMPLETE OR MISLEADING INFORMATION.

I have read and understood this Summary.

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

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HOME BUYER CERTIFICATION OF NEC HOUSING PROGRAM REQUIREMENTS

There are a number of requirements the home buyer must meet during the life of the Buy-Down Assistance Loan. These are in addition to those specified on the Second Loan Documents. The requirements are as follows:

1. The home must be the primary residence of the owner.
2. If the owner finances a home in a flood plain, the owner must annually purchase flood insurance adequate to cover the first and second mortgage loans. The owner must provide a certification of insurance to NEC Housing annually.
3. The home the owner purchases must meet housing quality standards as defined in 24 CFR PART 882.109, which state the house must have a bathroom, kitchen, living room, at least one bedroom, functioning water and sewer service, locking doors and windows, heat and insulation, lighting and electricity, free of environmental contaminants and structurally sound. Housing that is newly constructed must meet all applicable local codes, rehabilitation standards, ordinances, and zoning.
4. The maximum per-unit subsidy may not exceed \$125,000.
5. Purchase of a manufactured housing unit qualifies as affordable housing only if the unit:
 - A) Is situated on a permanent foundation;
 - B) Is connected to permanent utility hook-ups;
 - C) Is located on land that is held in a fee-simple title, land trust or long-term ground lease with term at least equal to that of the appropriate affordability period (5 years), and
 - D) Meets the construction standards established in 24 CFR 3280, which are similar to Housing Quality Standards described above, but much more stringent and detailed.

This certifies that I will comply with the Nome Eskimo Community Housing Program Requirements.

Signature of Homebuyer/Date

Signature of Co-Homebuyer/Date

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TO ALL APPLICANTS

The Nome Eskimo Community (NEC) Housing Program requests information concerning your Native Corporation and Tribal affiliations. Please list your Tribe, Regional and Village Corporations below.

Applicant: _____

American Indian/Alaska Native Tribe _____

Regional Corporation _____

Village Corporation _____

Co-applicant: _____

American Indian/Alaska Native Tribe _____

Regional Corporation _____

Village Corporation _____

SECTION 184 LOAN PROGRAM

In addition to NEC's Buy-Down Assistance Loan, there are other programs available to Alaska Natives and American Indians to achieve homeownership. One of these programs, HUD's Section 184 Indian Home Loan Guarantee Program, is available through qualified lending institutions. This is a loan guarantee program which insures the loans for the purchase or repairs to an existing home or construction of a new home. Additional information can be received by contacting the Alaska Office of Native American Programs (AONAP) office at (877) 302-9800. You can also learn more from your lender or online at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/homeownership/184

U.S. DEPARTMENT OF AGRICULTURE

The USDA Rural Development office, located at the Nome Post Office Building, also provides mortgage loans and housing services for those potential homebuyer applicants with low to moderate income. For more information call (907) 443-6022.

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We, _____
authorize Nome Eskimo Community (NEC) Housing to receive/release information from/to all agencies and financial institutions to verify my/our application for participation in the NEC Housing Buy-Down Assistance Loan. I/We understand this authorization and the information obtained may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Information may also be obtained directly from financial institutions concerning information about mortgage loans and unearned income (i.e. interest and dividends). I/We understand that income information obtained from these sources will be used to verify information that I/we provide in determining eligibility for the Buy-Down Assistance Loan. Therefore, this consent form only authorizes release directly from financial institutions of information regarding any period(s) within the last five (5) years.

I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my/our eligibility.

COMPUTER MATCHING NOTICE AND CONSENT

I/We understand and agree that HUD or NEC Housing may utilize computer-matching programs to verify the information supplied for my/our application. If a computer match is done, I/we understand that I/we have a right to notification of any adverse information found and a chance to dispute incorrect information. HUD or NEC Housing 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 Administration; 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/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with NEC Housing and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

Applicant's Name Printed

Applicant's Signature

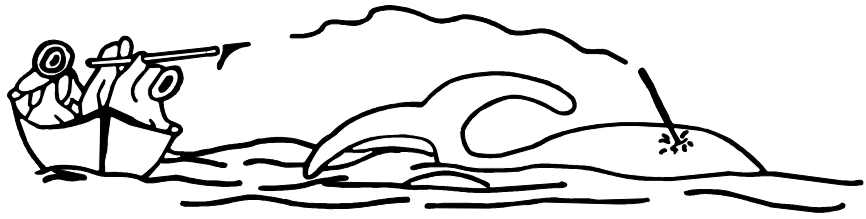
Date

Co-Applicant's Name Printed

Co-Applicant's Signature

Date

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SITNASUAK NATIVE CORPORATION VERIFICATION OF PAYMENTS
(Make one copy of this form for each shareholder in your household)

I, _____
 authorize NEC Housing to obtain information regarding the payments from my Native Corporation as
 requested below.

Sincerely,

 Applicant's Signature

 Date

 NEC Housing Representative

(Bottom portion to be completed by the SITNASUAK NATIVE CORPORATION)

**Please verify the amounts of the dividends from Sitnasuak Native Corporation paid to the
 individual identified above for the past three years.**

Sitnasuak Native Corporation

Shares _____
 (Amount)

Dividends paid in the last three (3) years:

Year	Amount

Other payments from Corporation:
 (i.e. Director Compensation)

Year	Amount

Does your Corporation anticipate providing a dividend? No Yes Amount _____

Completed by: _____ **Date:** _____
PLEASE PRINT

Title: _____ **Signature:** _____

Request to Release Confidential Records and Information

I, _____ Social Security No. _____
(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 herein, from the confidential records maintained by the Employment Security Division, to:

Recipient: **Nome Eskimo Community Housing Program**
200 W. 5th Avenue
P.O. Box 1090
Nome, AK 99762

Telephone: (907) 443-2246 Fax: (907) 443-5053

Records/Information to Release:

All records of net income derived from wages and other compensation, for the twelve (12) month period preceding the date below.

If approved by the Employment Security Division, the specific purpose for which the requested records or information about me are to be released is:

Calculation of gross income for the purpose of determining eligibility for the Nome Eskimo Community Housing Program.

These records will not be used for any other purpose by NEC Housing, nor will the records be re-disclosed by NEC Housing to any other party for any purpose.

Authorization: (please sign your name below to authorize release of records and/or information to NEC Housing for the purpose stated above).

(Applicant's Signature)

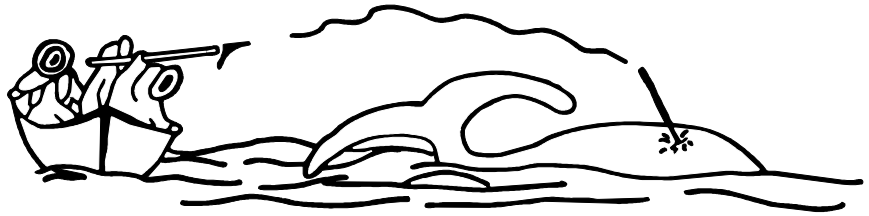
(date)

My Authorization for release of Records/Information expires one year and one month from the date above.

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

Alaska Department of Labor and
Workforce Development
Employment Security Division
P.O. Box 115509
Juneau, AK 99811-5509
Attn: UI Support Unit/Custodian of Records
Fax: (907) 465-2741

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VERIFICATION OF STATE ASSISTANCE

TO: State of Alaska
Department of Health & Social Services
Division of Public Assistance
Nome District Office
P.O. Box 2110
Nome, AK 99762
Phone: (907) 443-2237 Fax: (907) 443-2307

FOR: _____
Applicant's Name Social Security Number

Address

In compliance with Federal law; Nome Eskimo Community (NEC) Housing is required to verify income of applicants applying for Federally funded housing programs. Below is a signed release for this information. If you have questions, please contact NEC Housing at (907) 443-2246

I hereby consent to release to NEC Housing, the information needed regarding my income.

Applicant's Signature Date

NEC Housing Representative Date

(Bottom portion to be completed by Department of Health & Social Services)

Type of Assistance: _____ (ATAP, OAA, APA/IA, SENIOR BENEFITS.)

Gross Amount of Grant: \$ _____; Effective: _____

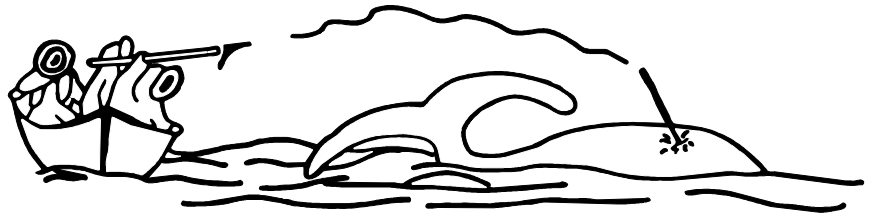
Amount of Other Income: \$ _____; and Source: _____

Remarks: _____

Prepared By (Signature) Date

Printed Name Title

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 Nome, AK 99762
Housing Department
 Phone: (907) 443-2246
 Fax: (907) 443-5053
 Email: nomeeskimo@gci.net



PENSION/RETIREMENT INCOME VERIFICATION

To: _____ Name: _____
 (Name of Company) (Person Receiving Pension/Retirement)

_____ DOB: _____

_____ SSN: _____

Date: _____ ID#: _____

If you are the survivor annuitant, give name and social security number of deceased spouse:

Name: _____ SSN: _____

Nome Eskimo Community (NEC) Housing is required to verify the total income of individuals applying for federally assisted housing. To comply with this requirement, NEC Housing asks your cooperation in supplying the information requested as outlined below. This information will be used only to determine the eligibility for the person authorizing the release. If you have any questions you may contact NEC Housing Staff at (907) 443-2246.

I hereby consent to release to NEC Housing, the information needed regarding my pension and retirement information.

Sincerely,

 Applicant's Signature Date NEC Housing Representative

(Bottom portion to be completed by the PAYOR)

Date of Initial Award: _____ Current Gross Monthly Amount: \$ _____

Remarks: _____

Completed by: _____ Date: _____
PLEASE PRINT

Title: _____ Address/Phone: _____

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VERIFICATION OF SENIOR BENEFITS PROGRAM

To: State of Alaska
 Senior Benefits Program
 855 W Commercial Dr.
 Wasilla, Alaska 99654

For: _____
 Name Social Security Number

 Address Date of Birth

In compliance with Federal law, Nome Eskimo Community (NEC) Housing is required to verify income of applicants applying for our Federally funded housing program. Below is the signed release for this information. If you have any questions, please contact NEC Housing Staff at (907) 443-2246.

I hereby consent to release to NEC Housing, the information needed regarding my income.

 Applicant Signature Date

 NEC Housing Representative Date

(Bottom portion to be completed by Senior Benefits Program)

Gross Amount received per month: \$ _____
 Amount of Deduction (if any): \$ _____

Remarks: _____

 Prepared By (Signature) Date

 Printed Name Title of Representative