

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



## RENOVATION 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. Income verification: Pay stubs for the last 2 pay periods.
- 3. 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".
- 4. Proof of Property Ownership (deed of trust, quit claim deed, bill of sale, etc.).
- 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. Driver's License or State issued I.D. Card. (Over the age of 18)
- 8. Proof of age for children under 18 years, ie, birth certificates, etc.
- 9. Regional/Village Corporation Verification.

### NOTICE TO ALL APPLICANTS

In order for the Nome Eskimo Community Housing (NEC Housing) to determine your eligibility for the Renovation Assistance Loan, all documentation and information required must be completed and returned to NEC Housing. The Renovation 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, NEC Housing staff will not be able to process your application.

I have read and understand the above statement.

\_\_\_\_\_  
Applicant Sign and Date

\_\_\_\_\_  
Co-Applicant Sign and 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 Renovation 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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**Nome Eskimo Community Renovation Assistance Loan  
APPLICANT CERTIFICATION FORM**

**Giving True and Complete Information**

I/we 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/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 Renovation Assistance Loan. I/we will not live anywhere else without notifying NEC Housing 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 from the Renovation Assistance Loan.

---

Applicant Sign and Date

---

Co-Applicant Sign and Date

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**RENOVATION 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  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
                  Other Names Used

Co-Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
                  First                  Middle                  Last  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
                  Other Names Used

Address: \_\_\_\_\_  
                  Mailing  
\_\_\_\_\_ City                  State                  Zip

Employer (Applicant) \_\_\_\_\_ From: \_\_\_\_\_  
\_\_\_\_\_ To: \_\_\_\_\_  
                  Address  
\_\_\_\_\_ City                  State                  Zip

Employer (Co-Applicant) \_\_\_\_\_ From: \_\_\_\_\_  
\_\_\_\_\_ To: \_\_\_\_\_  
                  Address  
\_\_\_\_\_ City                  State                  Zip

Other Income: \_\_\_\_\_  
\_\_\_\_\_

Do you own your home? Yes \_\_\_ No \_\_\_

Was your house built or repaired with Housing and Urban Development (HUD) funds? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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.

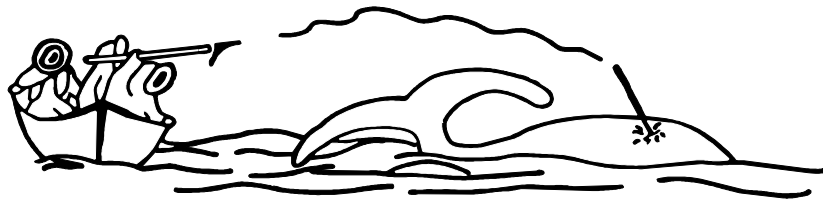
Name	Social Security #	Adult/Child (Please Circle)	Marital Status
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	
	— —	Adult/Child	

**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	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$

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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.

<b>Applicant Income</b> (from tax returns)	
YEAR	AMOUNT
	\$
	\$
	\$

<b>Co-Applicant Income or Other Household Member</b>	
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

**Nome Eskimo Community**

P.O. Box 1090

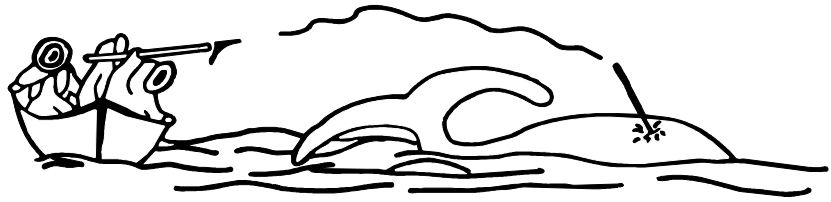
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To Whom It May Concern:

I hereby authorize Nome Eskimo Community Housing Program to verify my past and present employment earnings.

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

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

\_\_\_\_\_  
**Applicant**                      **Print**

\_\_\_\_\_  
**Co-Applicant**                      **Print**

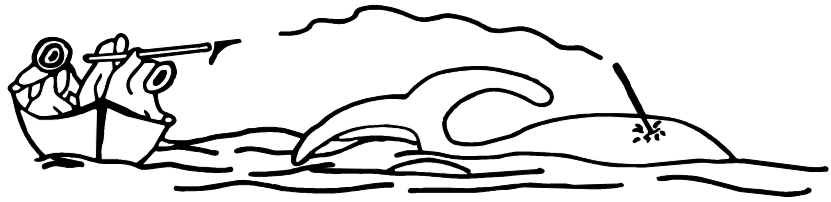
\_\_\_\_\_  
**Applicant**                      **Signature**

\_\_\_\_\_  
**Co-Applicant**                      **Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

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## **SUMMARY OF THE RENOVATION ASSISTANCE LOAN**

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

The Nome Eskimo Community Housing Renovation 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 Renovations available in this grant.

The Program is designed to improve physical conditions of existing housing for low-income Alaska Native and American Indians in the Nome Service Area.

### **Applicants must meet all of the following requirements to be eligible for the Renovation Assistance Loan:**

- ⇒ Applicants must own the home that will receive funding and;
- ⇒ Applicants must live in the home that will receive funding and;
- ⇒ Applicants must have an annual income at or below the income limits established and published by HUD.
- ⇒ Applicant 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 denial of participation in the Housing Program.

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

Annual income is the anticipated total income from all income sources received by the individual or household members (even if temporarily absent); including all net income derived from assets, for the 12 months 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 periodic payments;
- ⇒ Payment in lieu of earning, such as unemployment and disability compensation, worker’s compensation and severance pay;
- ⇒ The net income from operation of 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 in the dwelling.

**Eligibility for the Renovation Program**

Your application for the Renovation Assistance Loan will be approved for processing based upon information you have provided NEC Housing of current income and home ownership status. Final eligibility determination for the assistance must be completed before construction begins on your home. 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 Renovation Assistance Loan.

**Applicant Priority List**

The Renovation Assistance Loan is operated on a pre-determined list of eligible income qualified clients. Applications of perspective clients will be accepted, screened to determine eligibility, and evaluated against a priority list. NEC Housing will establish a priority list of applicants with a ranking system based on four basic factors of need: age, family size, physical disability, and overcrowded conditions. Only completed applications with all necessary documentation will be considered. NEC Housing will notify applicants of incomplete status.

**The Renovation Assistance**

The Renovation Assistance Loan is a forgivable loan provided to eligible applicants who qualify for the renovation contingent on the availability of funds.

Initial: Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

## **Owner Occupancy**

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

## **Resale Restrictions**

If the homeowner remains in the home for the full five-year term, NEC Housing will forgive 100% of the Renovation Assistance Loan.

## **Things you should know/Applicant(s) Certification Form**

Things You Should Know/Applicant(s) Certification Form contains:

- ⇒ 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 applications 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.

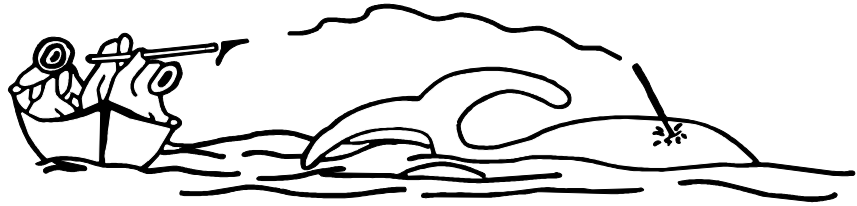
**I have read and understood this Summary.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## TO ALL APPLICANTS

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

Applicant: \_\_\_\_\_

American Indian/Alaska Native Tribe \_\_\_\_\_

Regional Corporation \_\_\_\_\_

Village Corporation \_\_\_\_\_

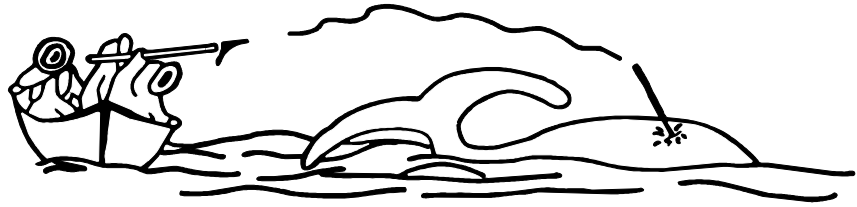
Co-applicant: \_\_\_\_\_

American Indian/Alaska Native Tribe \_\_\_\_\_

Regional Corporation \_\_\_\_\_

Village Corporation \_\_\_\_\_

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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 Renovation 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 provided in determining eligibility for the Renovation Assistance Loan. Therefore, this consent form only authorizes release directly from financial institutions of information regarding your finances and period(s) within the 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 conduct computer-matching programs to verify the information supplied for my/our applications. 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 Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration; 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 Signature**

\_\_\_\_\_  
**Print Name**

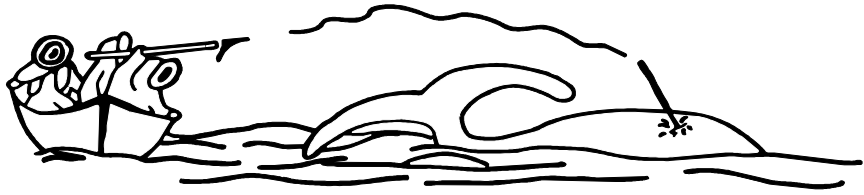
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

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**BERING STRAITS 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 BERING STRAITS NATIVE CORPORATION)**

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

Bering Straits 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:** \_\_\_\_\_



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**BANK ACCOUNT VERIFICATION**

(Make one copy of this form for each bank account in your household)

**Name(s) on account:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Nome Eskimo Community (NEC) Housing is required to verify the total assets 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, please call the NEC Housing Staff at (907) 443-2246.

**I hereby consent to release to NEC Housing, the information needed regarding my banking information from the pass (3) three months.**

Sincerely,

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 NEC Housing Representative

**(Bottom portion to be completed by the BANK)**

Savings Account
Balance:
Interest Earned (YTD):
Average Balance

Other Accounts Type
Balance:
Interest Earned (YTD):
Average Balance

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 PLEASE PRINT

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please include (3) three months of Bank Statements with completed Bank Verification Form.**

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**EMPLOYER'S INCOME VERIFICATION**  
**(Make one copy of this form for each employed adult in your household)**

Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_  
Employer: Company Name, Address

\_\_\_\_\_  
Telephone & Fax

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

\_\_\_\_\_  
Applicant's Signature                      Date                      NEC Housing Representative

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**(Bottom portion to be completed by EMPLOYER)**

Date Employed: \_\_\_\_\_ Present Position: \_\_\_\_\_

Employment:  Permanent  Temporary  Seasonal  Current Gross Pay \$ \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Pay Periods:  Monthly  Weekly  Biweekly  Other \_\_\_\_\_

Average Hrs./Week: Regular \_\_\_\_\_ Overtime \_\_\_\_\_ Overtime Wage: \$ \_\_\_\_\_/Hr.

Estimate Gross Income Including Bonuses for the next 12 Months: \$ \_\_\_\_\_

Total Earnings Last Year: \$ \_\_\_\_\_ Total Earnings Year to Date: \$ \_\_\_\_\_

Anticipate Increase:  Yes Date Effective: \_\_\_\_\_ Hourly Wage with Increase: \$ \_\_\_\_\_/Hr.

FOR MILITARY PERSONNEL ONLY: Pay Grade: \_\_\_\_\_ Monthly Base Pay: \$ \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
PLEASE PRINT

**Title:** \_\_\_\_\_ **Address/Phone:** \_\_\_\_\_

Note: This form should be completed and signed by a bona fide representative of the employer such as the timekeeper, bookkeeper, and/or accountant. In no event should the employee complete it. Federal Statues provides severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

**Request to Release Confidential Records and Information**

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. 5<sup>th</sup> 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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Phone: (907) 443-2246  
Fax: (907) 443-5053  
Email: [nomeeskimo@gci.net](mailto:nomeeskimo@gci.net)

**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

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**(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

**CHILD SUPPORT SERVICES VERIFICATION FORM**

To: **CSSD**  
Phone: **(907) 269-6900 option 3**  
FAX: **(907) 787-3310**

From: **Nome Eskimo Community Housing Program**  
Phone: **(907) 443-2246**  
FAX: **(907) 443-5053**

I, \_\_\_\_\_, \_\_\_\_\_  
Type or Print Applicant's Name Social Security Number  
grant you permission to disclose the amount of my benefits to the Nome Eskimo Community Housing Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Declaration of Payment Received through Child Support Services Division if ordered by a divorce decree, administrative order, or judgement.** The Child Support Services Division (CSSD) shall fill out this section if disbursements are being paid directly to the applicant through CSSD or payments are being made through CSSD.

Child support case number \_\_\_\_\_  
Monthly Child Support charged \_\_\_\_\_  
Monthly Spousal support charged \_\_\_\_\_  
Other \_\_\_\_\_

Child support case number \_\_\_\_\_  
Monthly Child Support charged \_\_\_\_\_  
Monthly Spousal support charged \_\_\_\_\_  
Other \_\_\_\_\_

- Please attach last 12 months payment record received by custodial parent.**
- Please attach last 12 months payment record received by non-custodial parent.**

Comments: For non-custodial parents we need arrears balance for credit history credit purposes. *(demonstrated ability and history of meeting financial obligations).*

\_\_\_\_\_  
Name of person completing form Title Phone number Date

(Rev 7/27/2011)

**Nome Eskimo Community**  
P.O. Box 1090  
Nome, AK 99762



**Housing Department**  
Phone: (907) 443-2246  
Fax: (907) 443-5053  
Email: [nomeeskimo@gci.net](mailto:nomeeskimo@gci.net)

**VERIFICATION OF VETERAN'S ADMINISTRATION BENEFITS**

To: The Veteran's Administration  
2925 Debarr Road  
Anchorage, AK 99508

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_  
SSN: \_\_\_\_\_  
(Address) \_\_\_\_\_  
Claim #: \_\_\_\_\_  
Served: \_\_\_\_\_ Paid To: \_\_\_\_\_

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 the NEC Housing, the information needed regarding my VA Benefits information.  
Sincerely,

\_\_\_\_\_  
Applicant's Signature Date NEC Housing Representative

**(Bottom portion to be completed by the Veteran's Administration)**

Current Benefit Amount \$ \_\_\_\_\_ per month. Original Start Date: \_\_\_\_\_  
This amount will increase/decrease to \$ \_\_\_\_\_ Effective: \_\_\_\_\_  
Medical expenses reimbursed in the last year amount to \$ \_\_\_\_\_  
Has there been a break in benefits? When? From: \_\_\_\_\_ To: \_\_\_\_\_  
Benefits are for  G.I. Bill Training  Non-Service Pension Death  Insurance  
 Service Connected Compensation Death  Service Connected Compensation Disability % \_\_\_\_\_  
 Non-Service Pension Disability % \_\_\_\_\_  Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Title

**Nome Eskimo Community**  
P.O. Box 1090  
Nome, AK 99762



**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: \_\_\_\_\_

**Nome Eskimo Community**  
P.O. Box 1090  
Nome, AK 99762



**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

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**(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

**Nome Eskimo Community**  
P.O. Box 1090  
Nome, AK 99762

