



Box 1090 / 200 West 5th Ave. Nome, Alaska 99762
 Direct: 907-443-2246 / Fax: 907-443-9144
covid.relief@necalaska.org

COVID-19 Income Based Emergency Housing Assistance Application

In order to meet the immediate and critical needs of tribal members who reside in Nome, AK, NEC has instated a COVID-19 Income Based Emergency Housing Assistance Program that is available through an application process. This program provides housing and utility assistance based on income eligibility and verification to individuals and families affected by the COVID-19 pandemic.

APPLICANT INFORMATION

First Name				Last Name	
Primary Phone				Enrollment #	
Email					
Mailing Address					
City		State		Zip Code	
Physical Address					
City		State		Zip Code	

Please attached proof of identity. A copy of a valid Tribal ID, State ID, or Driver’s License is required.

Please attach proof of income.

This may include, but is not limited to, the following: 2 current pay stubs and other income earned for the month, Public Assistance, Native Corporation Dividends, Senior benefits, Child Support, Veteran Benefits, Pension Benefits, and Social Security. Applicants who are unemployed must provide proof of applying for unemployment or a certification from their past employer.

How have you been affected by the COVID-10 pandemic? Please check all of the boxes that apply.

- Loss of job
- Furloughed
- Reduced work hours
- Incurred additional/unexpected costs
- Other _____

HOUSEHOLD MEMBERS: List ALL PEOPLE living in your House/Apartment.

Name	Date at Birth	Relation to Head	Age	Sex	Social Security #	Enrollment (NEC Tribe)	Monthly Income
		Self					
Total Household Size			Total Household Income				

TYPE OF ASSISTANCE

Please check the item/s that you and your household need assistance with:

- Rental Assistance
 Utility Assistance
 Fuel Assistance

Applying for what months during 2020

Please check the three (3) month/s that you and your household are applying for:

- June
 July
 August
 September
 October
 November
 December

VENDOR INFORMATION (if applicable)

Landlord Provider		Phone	
Address			
City	State	Zip Code	

Utility Provider		Phone	
Address			
City	State	Zip Code	

Fuel Provider		Phone	
Address			
City	State	Zip Code	

Has anyone in your household applied for COVID-19 Housing or Utility Assistance through any other Federal, State, or Tribal program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain. State what program you are receiving assistance through.	
If yes, how much did you receive?	\$ _____ months

Please provide documentation of the type, amount, and program that you are receive assistance through. This can be a confirmation letter from the Federal, State, or Tribal program or the receipt of funding.

By signing, I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I do hereby certify that I have experienced hardship and/or been economically affected by the COVID-19 pandemic and have incurred expenses related to housing, utilities, and other public health and safety needs and services. I am applying for COVID-19 Income Based Emergency Welfare Assistance to meet my/my family's basic needs.

Signature: _____ Date: _____

Print Name: _____

CERTIFICATION

On the basis of the determination set forth above, the applicant named herein is found to be:

Eligible Ineligible

Signed Release Form Signed NEC Housing Agreement I.C. Worksheet

If eligible: Low Income Non-Low Income

Verified by _____ NEC Administration _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, _____ authorize Nome Eskimo Community (NEC) Housing to receive/release information from/to agencies and financial institutions to verify my/our application for participation in the NEC Housing Rental Assistance Program. 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 NEC Housing Rental Assistance Program. Therefore, this consent form only authorizes release directly from financial institutions of information regarding your finances for a period of 1 year.

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 or recertification. 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 disprove 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 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 5 years 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 Signature

Date