



## Emergency Housing Assistance (EHA) Application

The NEC (IHBG-ARP FY2021) Emergency Housing Assistance (EHA) Program is created to provide assistance to qualified low income and non-low-income applicants, with existing homeownership, who is located within the services area of Nome with temporary emergency housing assistance to avoid displacement due to financial hardship directly or indirectly to the COVID-19 pandemic. This program is available for the period beginning September 6, 2022. Please email applications to [erap@necalaska.org](mailto:erap@necalaska.org); fax to (907) 443-9144; mail to Nome Eskimo Community, PO Box 1090, Nome, AK 99762; or at the NEC building at 200 West 5<sup>th</sup> Ave, Nome, AK. Any Questions? Contact Theresa Kenick, Housing Director: 907-443-2246.

### ELIGIBILITY

An “qualified applicant” must meet the following criteria:

- The applicant must be at least 18 years old and must be tribally enrolled with NEC.
- Only one application per household will be accepted.
- The applicant must be the person whose name is on the rental lease agreement and their primary residence.
- Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19. Preference will be given to households that have one or more individuals who are unemployed at the time of application and have been at least 90 days prior to the application for assistance.
- Demonstrates a risk of experiencing housing instability.
- Existing homeownership is located in our service area.
- Applicant must have income equal to or less than 80%-100% of the area median income for which the household is located. NEC will use the U.S. Department of Housing and Urban Development’s definition of “annual income” as outlined in 24 CFR 5.609 or the adjusted gross income on IRS Form 1040 for 2021.

### APPLICANT CHECKLIST

Please use this checklist to ensure your application package is complete. Copies of all the following documentation are required to determine eligibility:

- Proof of identification:** State, federal or tribal I.D.
- Proof of Household Income:** Adults 18 years and older within the household must provide income documentation that includes but is not limited to: Pay stubs showing income in 2021 and/or most recent two paystubs; bank statements; IRS tax return for 2021 or most recent return; unemployment insurance benefits; Alaska PFD and Native Corporation (not including COVID relief payments); senior, veteran, pension, social security, public assistance, self-employed; completed Self-Employment Declaration Form.
- Release of Information:** Signed and dated by each household member aged 18 or older.
- Rental Documentation:** Provide a current rental lease agreement. The applicant must have the name on the lease. The W-9 form must also be completed.
- Utility Documentation:** Provide a current utility statement and any late payment or disconnection notices.
- Heating Fuel Documentation:** Provide a current heating fuel statement and any late payment or disconnection notices.
- Gas and or Propane Documentation:** Provide a current gas and or propane statement and any late payment or disconnection notices.

## APPLICANT INFORMATION

First Name				Last Name	
DOB				Maiden Name	
Sex: M or F				NEC Enroll. #	
Email					
Mailing Address					
City		State		Zip Code	
Physical Address (if different)					
City		State		Zip Code	

For reporting purpose, how would you best describe yourself?

- Hispanic or Latino
  Black or African American
  Asian  
 American Indian or Alaska Native
  Middle Eastern or North African  
 Native Hawaiian or Other Pacific Islander
  Other ethnicity or origin

Are you related to any NEC staff or Tribal Council Members?  Yes  No

If yes, who is the name of the person? \_\_\_\_\_

**REQUESTED ASSISTANCE: What kind of assistance are you in need of:**

- Rental Assistance
  Utility Assistance
  Fuel Assistance
  Energy Efficiency Assistance:

## HOUSEHOLD INFORMATION

Please list all members of your household including yourself. *Leave enrollment number blank if unknown.*

Name	DOB or	Last 4 SSN	Relation to Applicant	NEC Enrollment #

## Household Income

Tell us about your household's total income and any deductions for all household members who are 18 years or older for the 2021 calendar year or confirmation of the household's monthly income at the time of application. Monthly income can be used to determine eligibility over a 12-month period. Applicants must provide this information to the best of their ability and should only complete fields that are applicable (not all fields are required). NEC staff can help with adjustments as needed.

Household Member Full Name	Total Source of Income	Total Gross Income
<b>Total Household Income:</b>		

Sources of Income include: employment, unemployment insurance benefits, documentation of dividend payments such as the Alaska PFD or from a Native corporation (not including COVID relief payments), documentation of senior, veteran, or pension benefits, documentation of Social Security benefits or public assistance. Please complete a Self-Employment Declaration Form if you are self-employed.

The Emergency Housing Assistance Program (EHA) will provide financial assistance for qualified expenses to applicants with incomes equal to or less than 80 % of the area median income for their household size or 100 % of the median income for the United States, whichever is greater. Most of the funds are reserved for applicant with incomes less than or equal to 100 % of the area median income for their household size or the median income for the United States, whichever is greater. The Secretary of Housing and Urban Development determines each of these income calculations. The following example for the FY 2021 EHA Income Limits for Nome Census Area, AK: Select any FY2021 HUD Metropolitan FMR Area's Income Limits:

FY 2021 EHA Income Limits Summary for Nome Census Area, AK								
	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Greater of 80 % U.S. Median Income	52,300	\$59,750	\$67,200	\$74,650	\$80,650	\$86,600	\$92,600	\$98,550
Greater of 100% of U.S. Median Income	\$98,000	\$112,000	\$126,000	\$139,950	\$151,150	\$162,350	\$173,550	\$184,750

## Self-Employment Declaration Form

Tell us about your self-employment income. Adults 18 years and older within the household must provide income documentation for the 2020 calendar year.

Applicants, please attach the following:

- Provide a copy of most current/recent Federal Income Tax Return
- Copy of current and active business licenses.
- Copy of Business account bank statements.

First Name		Last Name	
Contact Number			
Email			
Physical Address			
Mailing Address			
City		State	Zip Code

Name of Business		Business Start Date	
Contact Number			
Email			
Physical Address			
Mailing Address			
City		State	Zip Code
Estimate earned income	(Weekly, Monthly, Annually)		

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for reporting and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Rent, Utility, Heating Fuel & Propane Information

### Rent

The following information and documentation are required for rent to be provided through this program. **Payments will be made directly to your landlord.**

- Do you rent your home or apartment?  Yes  No
- Is this your primary place of residence?  Yes  No
- Do you live in public housing receiving rental vouchers?  Yes  No
- Are you past due on your rent?  Yes  No
  - If yes, attach a copy of your past due unpaid notices from your landlord.
- Do you need assistance with past due, current, or future rent?  Yes  No
- Copy of your rent agreement/lease agreement.
- If you do not have a rent agreement/lease agreement, please fill out the landlord agreement that is provided.
- W-9 (for tax purposes, to be completed by Landlord)

Landlord Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Utilities

The following information and documentation are required for utilities to be provided through this program. **Payments will be made directly to your utility provider.**

- Do you pay for utilities separate from your rent?  Yes  No
- Are you past due on your utility bill?  Yes  No
  - If yes, attach a copy of your past due unpaid bills from your utility provider. *This can be obtained from your utility company.*
- Do you need assistance with past due, current, or future utilities?  Yes  No

Utility Provider: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Heating Fuel & Propane

The following information and documentation are required for heating fuel and/or propane to be provided through this program. **Payments will be made directly to your heating fuel and/or propane provider.**

- Do you pay for heating fuel and/or propane separate from rent?  Yes  No
- Are you past due on your heating fuel or propane bill?  Yes  No
  - If yes, attach a copy of your past due unpaid bills from your heating fuel or propane provider. *This can be obtained from your utility company.*
- Do you need assistance with past due, current, or future heating fuel/propane?  Yes  No

Fuel Provider: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification:	
	<input type="checkbox"/> Individual/sole proprietor	<input type="checkbox"/> C Corporation
	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	<input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



**Nome Eskimo Community  
Housing Program**  
 Box 1090 / Nome, Alaska 99762  
 Phone (907)443-2246  
 Fax (907)443-9144  
 erap@necalaska.org



## AUTHORIZATION FOR RELEASE OF INFORMATION

Signed and dated by each household member aged 18 or older.

I/We, \_\_\_\_\_ authorize Nome Eskimo Community (NEC) to receive/release information from/to agencies and financial institutions to verify my/our application for participation in the NEC Emergency Housing Assistance (EHA).

Information may also be obtained directly from financial institutions concerning information about income. I/we understand that income information obtained from these sources will be used solely to verify information that I/we provided in determining eligibility for the EHA and will only apply to time periods relevant to the determination of EHA assistance.

Verification and or reports include but are not limited to records of: Bank Statements, State Public Assistance, Native Corporation Dividends, Permits Fund Dividend, Unemployment Compensation, Workers Compensation, Internal Revenue Service, Social Security, SSI.

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

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 and will stay in effect for one (1) year 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.

<b>First Name:</b>			
<b>Last Name:</b>		<b>Maiden Name:</b>	
<b>DOB:</b>		<b>Last 4 SSN:</b>	
<b>Phone Number:</b>			
<b>Mailing Address:</b>			
<b>City, ST:</b>		<b>Zip:</b>	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER RENTAL RELIEF:** Has your household received, or do you anticipate receiving another source of public or private subsidy or assistance that is similar to this program such as BSRHA, AHFC Programs, or other NEC Emergency Housing or Rental Assistance?  Yes  No

If yes, what is the name of the program and how many months of assistance?

\_\_\_\_\_

**ATTESTATION:** To be eligible, you or a member of your household must demonstrate risk of homelessness or housing instability and suffered a financial hardship after January 21, 2021 due to COVID-19 pandemic.

You, or a member of your household (please check all that apply):

Qualified for unemployment benefits between March 13, 2020 – Present (do not need to be receiving benefits currently to qualify).

\_\_\_\_\_

Reduced income due to the COVID-19 pandemic. Please describe:

\_\_\_\_\_

Significant increased costs related to the COVID-19 pandemic. Please describe:

\_\_\_\_\_

Other financial hardship due to the COVID-19 pandemic. Please describe:

\_\_\_\_\_

By signing below, I do hereby attest those one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic. I agree to notify the Nome Eskimo Community of any significant changes to my household income or financial status that would impact my eligibility for the ERAP.

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Internal Use Only:</b> Date Received _____ <input type="checkbox"/> Enrollment verified _____</p> <p><input type="checkbox"/> Income verified _____ <input type="checkbox"/> Date Approved _____ <input type="checkbox"/> Approved by _____</p>
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