

**Nome Eskimo Community
Housing Department**

Box 1090

Nome, Alaska 99762

Phone (907)443-9120

Fax (907)443-9144

Email: theresa.kenick@necalaska.org



HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

APPLICANT CHECKLIST

Name _____ Date: _____

2020 HUD Income Limits:

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low Income								
Under 80%	\$55,000	\$62,850	\$70,700	\$78,550	\$84,850	\$91,150	\$97,450	\$103,700
Median								
Income	\$65,940	\$75,360	\$84,780	\$94,200	\$101,736	\$109,272	\$116,808	\$124,344

Please bring copies of the following items to your 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 (1) month.
3. A copy of your most recent signed income tax form 1040 and/or W-2s. If self-employed, the last (2) two 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. NEC Tribal Enrollment Verification.
7. Driver's License or State issued I.D. Card. (Over the age of 18 years).
8. Proof of age for children under 18 years, i.e., birth certificates, etc.
9. Regional and Village Corporation Verification.

NOTICE TO ALL APPLICANTS

In order for the Nome Eskimo Community Housing (NEC Housing) to determine your eligibility for a Housing Services Loan, all documentation and information required must be completed and returned to NEC Housing. The Housing Services Loans are 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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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

APPLICANT CERTIFICATION FORM

Giving True and Complete Information

I/we certify that all information provided on household composition, income, and family assets, is accurate and complete to the best of my/our knowledge. I/we have reviewed the application form 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 NEC Housing Services. 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 NEC Housing Program.

Cooperation

I/we know that I/we am/are required to cooperate in supplying all information needed to determine my/our eligibility. I/we understand failure or refusal to do so may result in delays in processing the application or termination from the program.

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

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 denying Housing Services.

Applicant sign and Date

Co-Applicant Sign and Date



HOUSING LOW-INCOME ENERGY 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 Name Used

Address: _____
Mailing _____
City State Zip

Employer _____ From: _____
(Applicant) _____ To: _____
Address _____
City State Zip

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

Other Income: _____

Do you own your home? Yes ___ No ___

Is this home your primary residence? 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: _____



HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

APPLICANT'S HOUSEHOLD COMPOSITION

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

Name	Social Security #	Adult/Child (Please Circle)	Date of Birth	Marital Status
	- -	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 Dividends	\$	\$	\$	\$
AK PFD	\$	\$	\$	\$
All Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

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 Programs.

Applicant Print Name

Co-Applicant Print Name

Applicant sign and Date

Co-Applicant Sign and Date

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Revised 07/22/2016

HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

HOUSING SERVICES LOAN SUMMARY

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 Services 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 Housing Services Loans available in this grant.

The Program is designed to improve physical conditions of existing housing for low income members of the Nome Eskimo Community within the Nome City Limits where power, water and sewer utilities are available.

Applicants must meet all of the following requirements to be eligible for the Housing Services 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 annual income limits established and published by HUD.
- Applicant preference is given to members 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: _____

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Page 6 of 22



Revised 07/22/2016

HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

Income includes but is not limited to:

- The Full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, 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 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 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 person not residing in the dwelling.

Eligibility for the Housing Services Loan

Your application for the Housing Services 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 the 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 Housing Services Loan.

Applicant Priority List

The Housing Services 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 preference list. NEC Housing has established preferences based on four basic factors of need: 1) 60 years of age or older, 2) families with children 6 years of age or younger, 3) families with a member who has a physical disability, and 4) families living in overcrowded conditions. Only completed applications with all necessary documentation will be considered. NEC Housing will notify applicants of incomplete status.

The Housing Services Loan

The Housing Services Loan is a forgivable loan provided to eligible applicants who qualify for housing assistance, contingent on the availability of funds.

Initial: Applicant: _____

Co-Applicant: _____

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Owner Occupancy

To be eligible for the Housing Services 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 Period of Affordability, NEC Housing will forgive 100% of the Housing Services Loan. The Period of Affordability is the term of the loan, determined by the project cost. If the project cost is \$100,000 will have a lifetime term.

THINGS YOU SHOULD KNOW

The 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 understand 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 understand this Summary.

Applicant sign and Date

Co-Applicant Sign and 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, _____ authori

ze 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 Services 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 Housing Services Loan. Therefore, this consent form only authorizes release directly from financial institutions of information regarding your finances for a period 2 years, or less, prior to the date of this application.

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 processes 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 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 sign and Date

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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

**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,

Applicants Signature _____ Date _____

NEC Housing Representative _____ Date _____

(Bottom portion to be completed by the NATIVE CORPORATION)

Please verify the amounts of the dividends from the Native Corporation paid to the individual identified above for the most recent year.

Name of Corporation: _____ Shares _____
(Amount)

Dividends paid in the last three (3) years: (taxable) _____ Other payments from Corporation: _____
(i.e. Director Compensation (nontaxable))

Name	Year	Amount

Name	Year	Amount

Does your Corporation anticipate providing a dividend to this applicant next year? Yes No

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

Title: _____ **Signature:** _____

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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

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.

Applicant's Signature Date

NEC Housing Representative

(Bottom portion to be completed by the NATIVE CORPORATION)

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

Name of Corporation: _____

Shares _____
(Amount)

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

Dividends paid in the last three (3) year

Name	Year	Amount

Name	Year	Amount

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

Completed by: _____ Date: _____
Please Print

Title: _____ Signature: _____



HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

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) 443-9131.

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

Applicant's Signature

Date

NEC Housing Representative

(Bottom portion to be completed by the BANK)

Savings Account

Balance: _____

Interest Earned (YTD): _____

Average Balance: _____

Other Account Types

Balance: _____

Interest Earned (YTD): _____

Average Balance: _____

Completed by: _____ **Date:** _____

PLEASE PRINT

Title: _____

Signature: _____

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



HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

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 _____ Date _____

Employment: Permanent Temporary Seasonal Current Gross Pay \$ _____
Hourly Wage: \$ _____ Pay Periods: Monthly Weekly Biweekly Other _____

Average Hrs. /Week: Regular _____ Overtime _____ Over time 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: _____

Timekeeper, bookkeeper, and/or accountant: In no event should the employee complete this form. Federal Statues provides severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

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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) 443-9131 Fax: (907) 443-3539

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 Department
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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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

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) 443-9131.

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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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

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) 443-9131**
FAX: **(907) 443-3539**

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 _____

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

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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

VERIFICATION OF VETERAN'S ADMINISTRATION BENEFITS

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

Name: _____

DOB: _____

(Address)

SSN: _____

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) 443-9120.

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
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Title



HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

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) 443-9120.

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 _____ Date _____

(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) 443-9120.

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 _____
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_____ Title of Representative



HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

VERIFICATION OF SOCIAL SECURITY BENEFITS

To: Social Security Administration Fax#1) 907-271-6808
 Room A11 Fax#2) 907-271-4878
 222 W 8th Avenue Phone 1-866-772-3081
 Anchorage, AK 99513

For: _____
 Name Social Security Number

 Address Date of Birth

In compliance with Federal law, Nome Eskimo Community (NEC) Housing required to verify income of applicants applying for our Federally funded housing program. Below is a signed release for this information. If you have any questions, please contact NEC Housing Staff at (907) 443-9131.

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 Social Security Administration)

Gross Amount received per month: \$ _____

Amount of Deduction (if any): \$ _____

Remarks: _____

Prepared by (Signature)

Date

Printed Name

Title of Representative

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HOUSING LOW-INCOME ENERGY ASSISTANCE LOAN

SCOPE OF WORK: The Housing Services requires that the applicant provide a detailed Scope of Work to be accomplished with the assistance. If you already have a cost estimate, please attach copies of the estimates with the application.

Please describe the work needed on your home:

