



Homeowners Assistance Fund (HAF) Program Application

The NEC HAF Program was created to assist qualified applicants, who are enrolled NEC tribal members, with temporary homeowners' assistance to prevent mortgage delinquencies defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020. This program is available on September 6, 2022.

Please email completed applications to erap@necalaska.org; fax to (907) 443-9144; mail to Nome Eskimo Community, PO Box 1090, Nome, AK 99762; or to the NEC building at 200 West 5th Ave, Nome, AK. Any Questions? Please Contact Theresa Kenick, Housing Director: 907-443-2246.

A "qualified household" is defined as a household in which at least one or more individuals meet the following criteria:

- Applicant must be at least 18 years old. The applicant must be the property owner of record and the home must be the homeowner's primary residence.
- Applicant must attest they have experienced a financial hardship after January 21, 2020, such as job loss, reduction in household income, or increased costs due to healthcare or the need to care for a family member related to the COVID-19 Pandemic.
- Applicant must have income equal to or less than 150% 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.
- Mortgage Lender Documentation:** Provide a current mortgage statement and any late payment notices. The W-9 form must also be completed.
- Utility Documentation:** Provide a current utility statement and any late payment or disconnection notices. The W-9 form must also be completed.
- Heating Fuel Documentation:** Provide a current heating fuel statement and any late payment or disconnection notices. The W-9 form must also be completed.
- Gas Documentation:** Provide a current gas statement and any late payment or disconnection notices. The W-9 form must also be completed.

APPLICANT INFORMATION

First Name				Last Name	
DOB				Maiden Name	
Phone/Mobile Number				Gender	
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

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

- Mortgage Assistance
 Utility Assistance
 Heating Fuel Assistance
 Gas 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 #
<i>Self</i>				

Household Income

Tell us about your household’s total income. Adults 18 years and older within the household must provide income documentation for the 2021 calendar year. 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.

Sources of Income include employment, unemployment insurance benefits; dividend payments such as the Alaska Permanent Fund Dividend or a Native Corporation Dividends (not including COVID relief payments), senior, veteran, or pension benefits, Social Security benefits or public assistance.

If self-employed, please complete a Self-Employment Declaration Form.

Household Member Full Name	Total Source of Income	Total Income with Adjustments
Total Household Income:		

The Homeowner Assistance Fund (HAF) will provide financial assistance for qualified expenses to homeowners with incomes equal to or less than 150 % of the area median income for their household size or 100 % of 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 HAF Income Limits for Nome Census Area, AK: Select any FY2021 HUD Metropolitan FMR Area's Income Limits:

FY 2021 HAF 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 150% AMI or 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 2021 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: _____

Mortgage Lender, Homeowners Insurance, Utility, Heating Fuel, Gas, Propane, Association Fee, Property Tax Information

<p>Mortgage Lender</p>	<p>The following information and documentation are required for mortgage to be provided through this program. Payments will be made directly to your mortgage lender.</p> <p>The W-9 form must also be completed.</p> <ul style="list-style-type: none"> ➤ Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Are you past due on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Do you need assistance with past due, current, or future assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Copy of your mortgage billing statement. <p><i>*If yes, attach a copy of your past due unpaid bills from your provider.</i></p> <p>Mortgage Lender: _____ Contact Number: _____</p>
<p>Utility</p>	<p>The following information and documentation are required for Utilities to be provided through this program. Payments will be made directly to your utility provider. The W-9 form must also be completed.</p> <ul style="list-style-type: none"> ➤ Are you past due on your utility bill? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Do you need assistance with past due, current, or future assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Copy of your utility billing statement. <p><i>*If yes, attach a copy of your past due unpaid bills from your provider.</i></p> <p>Utility Provider: _____ Contact Number: _____</p>
<p>Heating Fuel</p>	<p>The following information and documentation are required for Heating Fuel to be provided through this program. Payments will be made directly to your heating fuel provider. The W-9 form must also be completed.</p> <ul style="list-style-type: none"> ➤ Are you past due on your heating fuel bill? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Do you need assistance with past due, current, or future assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Copy of your heating fuel billing statement. <p><i>*If yes, attach a copy of your past due unpaid bills from your provider.</i></p> <p>Heating Fuel Provider: _____ Contact Number: _____</p>
<p>Gas</p>	<p>The following information and documentation are required for Gas to be provided through this program. Payments will be made directly to your gas provider. The W-9 form must also be completed.</p> <ul style="list-style-type: none"> ➤ Are you past due on your gas bill? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Do you need assistance with past due, current, or future assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Copy of your gas billing statement. <p><i>*If yes, attach a copy of your past due unpaid bills from your provider.</i></p> <p>Gas Provider: _____ Contact Number: _____</p>

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"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	<input type="checkbox"/> Exempt payee
	<input type="checkbox"/> Other (see instructions) ▶	
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)																																					
<p>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 <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> </table>	Social security number																		Employer identification number																	
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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).	
<p>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.</p>	
Sign Here	Signature of U.S. person ▶
	Date ▶

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 Homeowner Assistance Fund (HAF).

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 HAF and will only apply to time periods relevant to the determination of HAF 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.

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

Applicant Signature: _____ Date: _____

OTHER MORTGAGE 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 Homeowners Assistance Fund? Yes No

If yes, what is the name of the program? _____

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, 2020 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 HAF Program.

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>Internal Use Only: 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>
