



Bureau of Indian Affairs (BIA), American Rescue Plan Act (ARPA), Housing Improvement Program (HIP) Application

The NEC BIA ARPA HIP Program was created with a one-time nonrecurring assistance to eligible low income and non-low-income applicants, with an existing homeownership who is located in Nome Area, Fort Davis, South of Anvil Mountain, Beam Road, Osborn, Dexter for sub-standard construction who have been impacted by COVID-19 to maintain services to avoid displacement due to financial hardship directly or indirectly to COVID-19 pandemic. NEC staff will conduct a homeowner's assessment to determine eligible applicants' scope of repair. All repairs will be determined on subcontractors' availability and schedule. This program is available September 6, 2022, until funding is expended.

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

ELIGIBILITY

An "eligible applicant" must meet the following criteria:

- The applicant must be at least Adults 18 years old and must be tribally enrolled with NEC.
- Only one application per household will be accepted.
- Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19.
- Demonstrates a risk of experiencing housing instability.
- Existing homeownership is located in Nome Area, Fort Davis, South of Anvil Mountain, Beam Road, Osborn, Dexter.
- An applicant household's income will be given preference will be given to applicants whose are elders, disabled, near elders, household income is less than 150% or below the median income, households with one or more individuals that have been unemployed for at least 90 days preceding the date of application.

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: IRS tax return for 2021. If you are not able to provide the 2021 IRS tax return. Please provide the 2022 income with the following: most recent two paystubs; bank statements; unemployment insurance benefits; Alaska PFD and Native Corporation (not including COVID relief payments); senior, veteran, pension, social security, public assistance, completed Self-Employment Declaration Form.
- Proof of unemployment benefits:** or proof of significant increased costs or reduction in household income.
- If self-employed:** the applicant must complete a Self-Employment Declaration form, copy of a business bank statement, copy of a business 1044 form and a copy of a recent IRS tax return.
- Release of Information:** Signed and dated by adults 18 years and older within the household.
- Copy of proof of Property Ownership** (deed of trust, quit claim deed, bill of sale, etc.).

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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:

- Emergency Boiler
 Emergency Fuel Tank/Fuel Line
 Emergency Toyo
 Emergency Hot Water
 Emergency Plumbing
 Emergency Windows/Doors

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 using your IRS tax return. 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
Total Household Income:		

If you are not able to provide the 2021 IRS tax return. Please provide the 2022 income with the following: most recent two paystubs; bank statements; unemployment insurance benefits; Alaska PFD and Native Corporation (not including COVID relief payments); senior, veteran, pension, social security, public assistance, completed Self-Employment Declaration Form.

The BIA ARPA HIP 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 BIA ARPA HIP Income Limits for Nome Census Area, AK: Select any FY2021 HUD Metropolitan FMR Area's Income Limits:

FY 2021 BIA ARPA HIP 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: _____

Emergency Home Rehabilitation Improvements Information

Emergency Boiler repair or installation	<p>Payments will be made directly to the subcontractor.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you need assistance with your boiler repair or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff conduct a homeowner's assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff determine emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff approve emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has NEC staff contact a subcontractor for a quote and availability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are you scheduled with a subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Subcontractor Name: _____ Contact Number: _____</p>
Emergency Fuel tank/Fuel line repair or installation	<p>Payments will be made directly to the subcontractor.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you need assistance with your fuel tank/fuel line repair or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff conduct a homeowner's assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff determine emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff approve emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has NEC staff contact a subcontractor for a quote and availability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are you scheduled with a subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Subcontractor Name: _____ Contact Number: _____</p>
Emergency Toyo Stove repair or installation	<p>Payments will be made directly to the subcontractor.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you need assistance with your Toyo Stove repair or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff conduct a homeowner's assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff determine emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did NEC staff approve emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has NEC staff contact a subcontractor for a quote and availability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are you scheduled with a subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Subcontractor Name: _____ Contact Number: _____</p>

CONTINUE Emergency Home Rehabilitation Improvements Information

Emergency Hot Water repair or installation	<p>Payments will be made directly to the subcontractor.</p> <p><input type="checkbox"/> Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Do you need assistance with your Hot Water repair or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff conduct a homeowner's assessment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff determine emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff approve emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Has NEC staff contact a subcontractor for a quote and availability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Are you scheduled with a subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Subcontractor Name: _____ Contact Number: _____</p>
Emergency Plumbing repair or installation	<p>Payments will be made directly to the subcontractor.</p> <p><input type="checkbox"/> Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Do you need assistance with your plumbing repair or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff conduct a homeowner's assessment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff determine emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff approve emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Has NEC staff contact a subcontractor for a quote and availability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Are you scheduled with a subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Subcontractor Name: _____ Contact Number: _____</p>
Emergency Windows and Doors repair or installation	<p>Payments will be made directly to the subcontractor.</p> <p><input type="checkbox"/> Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Do you need assistance with your windows and door repair or installation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff conduct a homeowner's assessment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff determine emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did NEC staff approve emergency repair or installation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Has NEC staff contact a subcontractor for a quote and availability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Are you scheduled with a subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Subcontractor Name: _____ Contact Number: _____</p>



**Nome Eskimo Community
Housing Program**
Box 1090 / Nome, Alaska 99762
Phone (907)443-2246
Fax (907)443-9144
cran@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 BIA ARPA HIP Program.

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 NEC BIA ARPA HIP Program and will only apply to time periods relevant to the determination of 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 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 Assistance? 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 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 NEC BIA ARPA HIP 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: 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>
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