

Nome Eskimo Community  
 Housing Department  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-9120  
 Fax (907)443-9144  
 theresa.kenick@necalaska.org



## STANDARD RENTAL ASSISTANCE APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### 2021 HUD Income Limits:

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low Income								
Under 80%	\$32,700	\$37,350	\$42,000	\$46,650	\$50,400	\$54,150	\$57,850	\$61,600
Median								
Income	\$52,300	\$59,750	\$67,200	\$74,650	\$80,650	\$86,600	\$92,600	\$98,550

**Please bring copies of the following items to your first appointment with the Nome Eskimo Community Housing Program. Failure to provide the necessary copies will delay the processing of your application.**

- 1. Application form completely filled out and signed.
- 2. At least 6 months of recent housing bills, such as NJUS bills, fuel oil bills, cost of firewood, propane or other sources of heating energy.
- 3. Latest tax returns for each income earner in household.
- 4. All W-2s, 1099s and other income verification for all income earners in household.
- 5. Latest 3 months bank statements for all bank accounts of household members.
- 6. Photo ID for all members of household.
- 7. Social Security cards for all members of household.
- 8. Birth certificates (or other proof of age) for all members of household without Photo IDs or Social Security cards.
- 9. Pay stubs from last 4 week period for all income earners in household.
- 10. Applicant's NEC Tribal membership card.
- 11. Check stubs (or other verification) of Native Corporation Dividends received in the past 12 months.
- 12. Verification of Alaska Permanent Fund Dividend status. (Check myinfo.pfd.dor.alaska.gov)
- 13. Verification of any State Assistance received by any member of household in last 12 months. (Public Assistance, Senior Benefits).
- 14. Verification of child support paid or received in last 12 months.
- 15. Verification of Veteran's Benefits for any member of household.
- 16. Verification of Pension Benefits received in last 12 months.
- 17. Verification of Social Security benefits received in last 12 months.

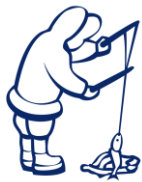
### NOTICE TO ALL APPLICANTS

In order for the Nome Eskimo Community Housing (NEC Housing) to determine your eligibility for the Rental Assistance Program, all documentation and information required must be completed and returned to NEC Housing. The NEC Housing Rental Assistance Program is 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 \_\_\_\_\_ Date: \_\_\_\_\_

CO-Applicant Sign \_\_\_\_\_ Date: \_\_\_\_\_



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**HOUSING PROGRAM  
 LETTER OF INTEREST**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Msg Phone: \_\_\_\_\_

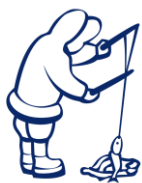
Attention: Nome Eskimo Community Housing Staff

I/We am/are interested in the Nome Eskimo Community Housing Rental Assistance Program and are hereby submitting my/our application. I/We understand that my/our appointment will be scheduled according to the date and time my/our letter of interest is received by NEC Housing.

The Rental Assistance Program is funded by a grant; therefore, there are limited funds. Funds will be expended on a "first come, first served basis", so any schedule changes may affect my/our eligibility. If I/we change my/our appointment, I/we understand funds may not be available.

**Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## RENTAL ASSISTANCE APPLICANT CERTIFICATION FORM

### Giving True and Complete Information

I/we certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my/our knowledge. I/we have reviewed the application form and the HUD Form ‘Things You Should Know’ 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 when and 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 rental will be my/our principal residence and that I/we will not obtain duplicate Federal housing assistance while I/we am/are in the Rental Assistance Program. I/we will not live anywhere else without notifying NEC Housing immediately in writing, and I/we will not sublease my/our rental

### Cooperation

I/we know that I/we am/are required to cooperate in supplying all information needed to determine my eligibility. I/we understand failure or refusal to do so may result in delays or termination of this case for eligibility determination.

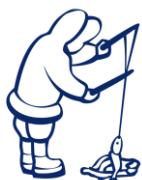
**REMINDER:** Determination of your eligibility cannot be made until all written verifications are returned to the NEC Housing Program.

### 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 termination from the Rental Assistance Program.

**Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## RENTAL ASSISTANCE PROGRAM 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 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name and Address (Applicant):

\_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_  
 \_\_\_\_\_ To: \_\_\_\_\_

Co-Applicant or other Adult Income:

\_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_  
 \_\_\_\_\_ To: \_\_\_\_\_

Are you related to any NEC employee or Tribal Council member?

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_



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**APPLICANT'S HOUSEHOLD COMPOSTION: Please list all persons who will be living in your home.**

Name	SSN	Date of Birth	Martial Status

**ASSETS: CURRENT MONTHLY EXPENSES:**

<b>Cash in Savings:</b>	\$	<b>Rent</b>	\$
<b>Stock &amp; Bonds</b>	\$	<b>Utilities</b>	\$
<b>Life Insurance</b>	\$	<b>Fuel Oil</b>	\$
<b>Cash Value:</b>	\$		
<b>Mobile Home:</b>	\$	<b>Home/Rental Insurance:</b>	\$
<b>Other Assets:</b>	\$		
<b>Other Assets:</b>	\$	<b>Child Care:</b>	\$
<b>Other Assets:</b>	\$		
		<b>Other:</b>	\$
<b>TOTAL:</b>	\$	<b>TOTAL:</b>	\$

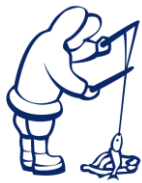
Have you sold any real estate within the last five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Please read the following statements and sign below.

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that the Rental Assistance Program is **FEDERALLY** funded through the Nome Eskimo Community Housing Program.

**Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **SUMMARY OF RENTAL ASSISTANCE PROGRAM**

Please initial and sign the Summary of Program once you have read it. 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 Rental Assistance Program is funded by a grant from the U.S. Department of Housing and Urban Development (HUD) and administered by Nome Eskimo Community Housing. There is limited funding for Rental Assistance available in this grant.

The Rental Assistance service is designed to help low income renters cope with the scarcity of local rentals and the high cost of renting safe, affordable housing in Nome. Rental assistance will alleviate the financial burden on Tribal members renting decent and affordable homes in the private sector. It will enable tribal members to rent homes that are adequate for the family's size and composition.

### **Applicants must meet all of the following requirements to be eligible for the Rental Assistance Program:**

- ⇒ Applicants must live in the rental that NEC Housing subsidizes, and:
- ⇒ Applicants must have an annual income at or below the income limits established and published by HUD.
- ⇒ Applicant must be a member 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 from the Rental Assistance 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: \_\_\_\_\_

**Income includes but is not limited to:**

- ⇒ The Full amount, before any payroll deductions, of wages and salaries, overtime pay, commission fees, tips and bonuses, and other compensation for personal services including all regular pay, special pay and allowances of a member of the Armed Forces;
- ⇒ Permanent Fund Dividends and 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 receipts, including a lump-sum payment for the delayed start 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 persons not residing in the dwelling.

**Eligibility for the Rental Assistance Program**

Your application for the Rental Assistance Program will be approved for processing based upon information you have provided NEC Housing of current income and household expenses. Final eligibility determination for the program must be completed before signing any lease agreement with a landlord. Final eligibility determination will be based upon accuracy and completeness of information you have provided to us, changes in household income from the date of application, changes in the household composition and compliance with all other terms and conditions of the Rental Assistance Program.

**Ranking Applicants, Wait List and Preferences**

The Rental Assistance Program is offered on a first-come-first-served basis. However, preferences may be applied for families in greater need. Applications of prospective clients will be accepted, screened to determine eligibility, and evaluated against a preference list. Preferences for inclusion in the rental assistance are: applicants 60 years of age and over; families with children under the age of 6; families that include a person with a disability; applicants that are currently homeless, or living in substandard housing; families whose children may be placed in foster care because of inadequate housing, or families with children already in foster care whose children can return to the household only when adequate housing is found; and applicants whose total household income is less than 30% of HUD’s median income limit. Applicants with any of these preferences may advance up the wait list ahead of applicants without these preferences.

Applicant list placement will be determined by the points received from the ranking system and then by the date of approval. Only completed applications with all necessary documentation will be accepted. NEC Housing will notify applicants of incomplete status.

Initial: Applicant:\_\_\_\_\_

Co-Applicant:\_\_\_\_\_

## Housing Quality Inspection

Each rental to be subsidized by the Rental Assistance Program will be required to pass a Housing Quality Standards inspection to be conducted by NEC Housing personnel. The inspection will ensure that the rental unit is safe and sanitary. Criteria for the inspection includes:

- Sanitary Facilities
- Food Preparation and Refuse Disposal
- Space and Security
- Thermal Environment
- Illumination and Electricity
- Structure and Materials
- Interior Air Quality
- Water Supply
- Lead-based Paint
- Access
- Site and Neighborhood
- Sanitary Condition
- Smoke Detectors

Initial: Applicant:\_\_\_\_\_

Co-Applicant:\_\_\_\_\_





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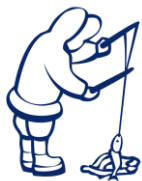
**Things You Should Know**

- ⇒ There are penalties for committing fraud
- ⇒ It is your responsibility, as an applicant, to ask questions, complete the application accurately and fully and report all income, assets and household members.
- ⇒ Your signature represents you understood 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 understood this bulletin.**

**Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**SIGNATURE AUTHORIZATION FORM**

To Whom It May Concern:

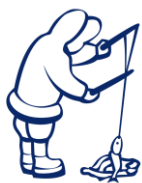
I hereby authorize Nome Eskimo Community Housing Program to verify my past and present employment earnings.

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 for determining eligibility for the Housing Program.

**Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

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 5 years.

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 Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-Applicant Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: This general consent may not be used to request a copy of a Tax Return as needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.**



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## TO ALL APPLICANTS

**The Nome Eskimo Community Housing Program requests information concerning your Tribal Affiliation. Please list your Regional and Village Corporation below. This information is helpful to the Nome Eskimo Community Housing Program when applying for Rental Assistance funds.**

**Name** \_\_\_\_\_

**Regional Corporation** \_\_\_\_\_

**Village Corporation** \_\_\_\_\_

**American Indian/Alaska Native Tribe** \_\_\_\_\_

**Name** \_\_\_\_\_

**Regional Corporation** \_\_\_\_\_

**Village Corporation** \_\_\_\_\_

**American Indian/Alaska Native Tribe** \_\_\_\_\_

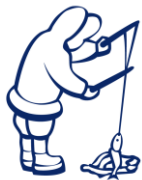
**Name** \_\_\_\_\_

**Regional Corporation** \_\_\_\_\_

**Village Corporation** \_\_\_\_\_

**American Indian/Alaska Native Tribe** \_\_\_\_\_

Use additional paper to complete for all household members.



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**NATIVE CORPORATION VERIFICATION OF PAYMENTS**

**Name:** \_\_\_\_\_  
**Corporation:** \_\_\_\_\_  
**Corporation** \_\_\_\_\_  
**Corporation:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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, please call the NEC Housing Staff at (907) 443-9120

I authorize NEC Housing to obtain information regarding the payments from my Native Corporation as requested below.

Sincerely,

Authorized Release By:

\_\_\_\_\_  
 NEC Housing Representative

\_\_\_\_\_  
 Applicant's Signature

**(Bottom portion to be completed by the NATIVE CORPORATION)**

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

Native Corporation: \_\_\_\_\_ Shares \_\_\_\_\_  
 (Regional or Village) (Amount)

Dividends paid in the last three (3) years:

Year	Amount

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

Year	Amount

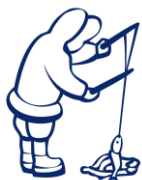
Does your Corporation anticipate providing a dividend?  No  Yes Amount \$ \_\_\_\_\_

**Completed by:** \_\_\_\_\_  
 PLEASE PRINT

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_



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**BANK ACCOUNT VERIFICATION**

**Name(s) on account:** \_\_\_\_\_

**Name of Bank and 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) 443-9120.

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

Sincerely,

Authorized Release By:

\_\_\_\_\_  
 NEC Housing Representative

\_\_\_\_\_  
 Applicant's Signature

**(Bottom portion to be completed by the BANK)**

<b>Savings Account</b>
Balance:
Interest Earned (YTD):
Average Balance

<b>Other Accounts Type _____</b>
Balance:
Interest Earned (YTD):
Average Balance

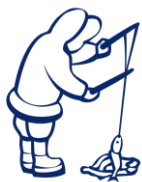
**Please provide the last (3) three months of bank statements.**

**Completed by:** \_\_\_\_\_  
PLEASE PRINT NAME

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_



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**EMPLOYER'S INCOME VERIFICATION**

Applicant: \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 City State Zip

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, please call the NEC Housing Staff at (907) 443-9120.

I hereby consent to release to the NEC Housing, the information needed regarding my income.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**(Bottom portion to be completed by EMPLOYER)**

Date Employed: \_\_\_\_\_ Present Position: \_\_\_\_\_

Employment:  Permanent  Temporary  Seasonal  Current Gross Pay \$ \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Pay Periods:  Monthly  Weekly  Biweekly  Other \_\_\_\_\_

Regular Hrs./Week: \_\_\_\_\_ Overtime: Hrs./Week: \_\_\_\_\_ @ \$ \_\_\_\_\_/Hr.

\*Estimate Gross Income Including Bonuses (Next 12 Months) \$ \_\_\_\_\_

Earnings: Total Last Year: \$ \_\_\_\_\_ Year to Date: \$ \_\_\_\_\_

Anticipate Increase:  Yes Effective: \_\_\_\_\_ \$ \_\_\_\_\_/Hr. Last Pay Increase: \_\_\_\_\_ \$ \_\_\_\_\_/Hr

FOR MILITARY PERSONNEL ONLY: Pay Grade: \_\_\_\_\_ Monthly Base Pay: \$ \_\_\_\_\_

Completed by: \_\_\_\_\_  
PLEASE PRINT

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Note: This form should be completed and signed by a bona fide representative of the employer such as the timekeeper, bookkeeper, and/or accountant. In no event should the employee complete it. Federal Statues provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.**

## Request to Release Confidential Records/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 specially described hereon, from the confidential records maintained by the Employment Security Division, to:

Recipient: Nome Eskimo Community Housing Program  
(print recipient's name – (please us extra sheet of paper if needed))

Whose address, telephone number, and fax number are:

Street Address: 200 W. 5<sup>th</sup> Avenue

Mailing Address: P.O. Box 1090

City: Nome State: AK Zip Code: 99762-1090

Telephone: ( 907 ) 443-9120 Fax: ( 907 ) 443-9144

Records/Information to Release: (Please specifically describe the records and/or information you are requesting to be released to the recipient):

All net income derived from assets, for the twelve (12) month period following  
the effective date of initial determination or re-certification of income .

Purpose: If approved by the Employment Security Division, the specific purpose(s) for which the requested records or information about me are to be released is/are (describe or explain what you intend the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

HUD establishes the income limits on an annual basis. NEC Housing Program income limits are determined, per area and family size, at the most current "80% of Median Income", as published by HUD.

Authorization: (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above).

\_\_\_\_\_  
(your signature) (date)

My Authorization for release of Records/Information expires on \_\_\_\_\_  
(date)

Please return the original signed copy of this Request to Release Confidential Records / information form to:

Alaska Department of Labor and  
Workforce Development  
Employment Security Division  
P.O. Box 115509  
Juneau, AK 99811-5509  
Attn: UI Support Unit/Custodian of Records

You may Fax a copy of this signed request form to the UI Support Unit  
Fax: (907) 465-2741  
(PLEASE SEE Special Note on REVERSE SIDE OF THIS FORM)





Nome Eskimo Community  
 Housing Department  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-9120  
 Fax (907)443-9144  
 theresa.kenick@necalaska.org



**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 99762-2110  
 Phone: (907) 443-2237 Fax: (907) 443-2307**

FOR: \_\_\_\_\_  
 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 any questions, please contact NEC Housing Department at (907) 443-9120.

\_\_\_\_\_  
 NEC Housing Representative Date

**I hereby consent to release to NEC Housing, the information needed regarding my income.**

\_\_\_\_\_  
 Applicant's Signature Date

**(Bottom portion to be completed by Department of Health & Social Services)**

Type of Assistance: \_\_\_\_\_(Alaska Temporary Assistance Program (ATAP), Supplemental Nutrition Assistance Program (SNAP), Adult Public Assistance (APA), Supplemental Security Income (SSI), Medicaid/Medicare)

Gross Amount of Grant: \$ \_\_\_\_\_; Effective: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_(Alaska Temporary Assistance Program (ATAP), Supplemental Nutrition Assistance Program (SNAP), Adult Public Assistance (APA), Supplemental Security Income (SSI), Medicaid/Medicare)

Gross Amount of Grant: \$ \_\_\_\_\_; Effective: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_(Alaska Temporary Assistance Program (ATAP), Supplemental Nutrition Assistance Program (SNAP), Adult Public Assistance (APA), Supplemental Security Income (SSI), Medicaid/Medicare)

Gross Amount of Grant: \$ \_\_\_\_\_; Effective: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_(Alaska Temporary Assistance Program (ATAP), Supplemental Nutrition Assistance Program (SNAP), Adult Public Assistance (APA), Supplemental Security Income (SSI), Medicaid/Medicare)

Gross Amount of Grant: \$ \_\_\_\_\_; Effective: \_\_\_\_\_

\_\_\_\_\_  
 Prepared By (Signature) Title Date

# CHILD SUPPORT SERVICES VERIFICATION FORM

**TO:** CSSD **FROM:** Nome Eskimo Community Housing Program  
**Phone:** (907) 269-6900 option 3 **Phone:** (907-443-9102)  
**FAX:** (907) 787-3310 **FAX:** (907) 443-9144

I, \_\_\_\_\_ grant you permission  
Type or Print Name of person social security number  
to disclose the amount of my benefits to Nome Eskimo Community Housing Program  
Type or print the name of your agency

\_\_\_\_\_  
Signature of person

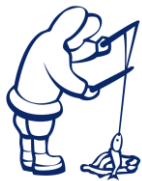
1. **Declaration of Payment Received through Child Support Services Division if ordered by a divorce decree, administrative order, or judgment.** The Child Support Services Division (CSSD) shall fill out this section if disbursements are being paid directly to the applicant through CSSD or payments are being made through CSSD.

Child support case number _____	Child support case number _____
Monthly Child Support charged _____	Monthly Child Support charged _____
Monthly Spousal support charged _____	Monthly Spousal support charged _____
Other _____	Other _____

*Please attach last 12 months payment record received by custodial parent.*  
 *Please attach last 12 months payment record received by non-custodial parent.*  
Comments: For non-custodial parents NEC need arrears balance for credit history purposes. (demonstrated ability and history of meeting financial obligations)

\_\_\_\_\_  
Name of person completing form Title Phone number Date

04-0950 (Rev 6/27/07)



Nome Eskimo Community  
 Housing Department  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-9120  
 Fax (907)443-914  
 theresa.kenick@necalaska.org



**VERIFICATION OF VETERAN'S ADMINISTRATION BENEFITS**

**TO:** The Veteran's Administration  
 2925 Debar Road  
 Anchorage, AK 99508

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ SSN: \_\_\_\_\_  
 (Address) \_\_\_\_\_  
 \_\_\_\_\_ 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,

Authorized Release By:

\_\_\_\_\_  
 NEC Housing Representative

\_\_\_\_\_  
 Applicant's Signature

**(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 since \_\_\_\_\_? When? From: \_\_\_\_\_ To: \_\_\_\_\_

Benefits are for  G.I. Bill Training  Non-Service Pension Death  Insurance

Service Connected Compensation Death  Service Connected Compensation Disability % \_\_\_\_\_

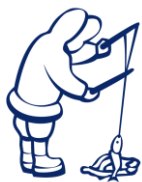
Non-Service Pension Disability % \_\_\_\_\_  Other: \_\_\_\_\_

**Completed by:** \_\_\_\_\_  
 PLEASE PRINT

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_



Nome Eskimo Community  
 Housing Department  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-9120  
 Fax (907)443-9144  
 theresa.kenick@necalaska.org



**PENSION/RETIREMENT INCOME VERIFICATION**

To: \_\_\_\_\_  
 (Name of Company)  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_  
 (Person Receiving Pension/Retirement)  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_

DATE: \_\_\_\_\_

ID#: \_\_\_\_\_

If you are a 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 the NEC Housing, the information needed regarding my pension/retirement information.

Sincerely,

Authorized Release By:

\_\_\_\_\_  
 NEC Housing Representative

\_\_\_\_\_  
 Applicant's Signature

**(Bottom portion to be completed by the PAYOR)**

Date of Initial Award: \_\_\_\_\_ Current Gross Monthly Amount: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_  
 PLEASE PRINT

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_