



Bering Straits Regional Housing Authority

PO Box 995, Nome, Alaska 99762 (907) 443-5256-Office (907) 443-8652-Fax

Emergency Utility Assistance Program

A. Guidelines: As prescribed by the Indian Housing Plan (IHP), Bering Straits Regional Housing Authority (BSRHA) may offer Emergency Utility Assistance (EUA) up to and no more than \$500 per household within a 2-year period, anything over that amount will be the responsibility of the applicant. Applicants must not have been approved and received EUA assistance within a 2-year period of the date of the current application. Priority will be given on a first-come, first-serve basis, depending upon verification of eligibility and funding.

The assistance is for the Tribal members utility services, heat, electricity, water & sewer that is disconnected, or about to be disconnected. BSRHA pays approved third-party vendors, no direct payments are made to the applicant. BSRHA does not pay for cell phones, internet or cable/tv services. Staff may take five (5) days to process an application once it is received in the office.

B. Eligibility Requirements: Applicant must have BSRHA as their TDHE in the IHP. Be both a Tribal member and resident of the Bering Strait Region with a family income at or above 35% of the currently annually published by HUD Alaska ONAP for the Bering Strait region. Their utility services must be disconnected or soon to be disconnected, please provide a warning or utility shut-off notice or a statement that the heating fuel vendor will not advance credit to the applicant.

C. Recipient's Responsibilities: Applicant may be required to participate in counseling: financial, employment, substance abuse, legal, etc., or do an employment barrier assessment, job search activities, or other activities.

Required Application Documents Checklist

- ___ Complete & sign application, must be the most recent application
- ___ Copy of your Tribal enrollment card.
- ___ Current utility bill with a disconnection or warning shut off notices.
- ___ Statement from fuel vendor stating no advance of credit for fuel will be given.
- ___ Include a written physician statement of disability or other legal source stating disability, if it applies.
- ___ Copy of income for the last 30 days for entire household over the age of 18 years.
- ___ Copy of most recent bank statement.
- ___ Please submit all three (3) pages of the EUA application

A BSRHA Homebuyer with a re-certification on file within the past three years submits only a current utility bill, disconnection or warning notices, and a complete signed application.

Contact the Housing Management Department if you have questions:
Savanna Teesateskie: 907-443-8602 / Email: steesateskie@bsrha.org
Sally Contreras: 907-443-8622 / Email: scontreras@bsrha.org



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Emergency Utility Assistance Program Application

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Tribal Affiliation: _____ Amount Assistance Requested: _____

Are you or any family members related to any BSRHA Board of Commissioners or employees?

☐ Yes ☐ No

If yes, explain: _____

FAMILY COMPOSITION: *List on a blank sheet if you need additional space.*

Full Name	Relation to HOH	SSN	Date of Birth	Ak Native/American Indian Other-List
1)	Self			
2)				
3)				
4)				
5)				

TOTAL INCOME: *Provide a copy of all income received by all family members.*

Family Member Name	Employer Name/Income Source	Last 30-Day Income	Last 12-Month Income
1)			
2)			
3)			
4)			
5)			

Periodic or Sporadic Income: *Provide documentation for all boxes checked.*

☐ # family members who received the Alaska Permanent Fund Dividend
☐ # family members who received Corporation Dividends Amount \$ _____ # _____
☐ Bonus, amount \$ _____ # _____
☐ Fishing, amount \$ _____ # _____
☐ Other, amount \$ _____ # _____



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Monthly Expense:

Shelter Expense	Amount	Miscellaneous Expense	Amount
House Payment		Car/Transportation Payment	
Electricity		Groceries	
Heat		Childcare	
Water & Sewer		Insurance	
Phone		Other	

Describe what happened to cause this emergency: _____

What plan do you have to improve your situation? _____

Applicant Certification:

I hereby certify that all information provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspended from BSRHA Energy Assistance Program Participation and services. I further understand that eligibility and service delivery decisions are subject to the sole discretion of the BSRHA President/CEO, without right of appeal.

Applicant Signature

Date

Spouse/Co-Applicant Signature

Date

For BSRHA Use Only	
Employee:	Date & Time Received:
Payment to:	Date of Approval or Denial:
Utility Amount Assisted:	Total Remaining for Tribe: