BSRHA Bering Straits Regional Housing Authority
PO Box 995, Nome, Alaska 99762 (907) 443-5256-Office (907) 443-8652-Fax

BSRHA HOUSING APPLICATION

Please be sure to fill out this application in its entirety to avoid any delays in processing it. Do not leave any lines blank if it does not pertain to your household, please write "N/A". Applications that are incomplete will not be processed. Please return all 8 pages of the application when you are submitting it.

REQUIRED DOCUMENTATION:

- Copy of Certificate of Indian Blood (CIB) OR Tribal Enrollment Card
- A copy of a valid driver's license or State I.D. card for all adult members in the household.
- Copy of social security cards for all household members over the age of 6
- Complete income and anticipated income for all household members
- If you are self-employed or seasonal, please provide the last 3 years of tax returns and 1099.
- For those with full-time employment, please provide a copy of the latest income tax return.
- Copy of sources of income received (Wages, Unemployment Insurance, copy of award letter for: SSI, APA, ect)
- Copy of most recent bank statements for checking and savings accounts for all adults in the household
- If involuntarily displaced/homeless (fill out BSRHA Involuntarily displaced verification form)

Send the completed application with all required documentation attached to:

- Sally Contreras 907-443-8622 / Email: scontreras@bsrha.com
- Human Resources / Email: hr@bsrha.org

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It is your responsibility to update your application when changes occur.

Name:_____Community applying for:_____
Current Mailing Address:_____ City:_____State:_____ Zip:_____
Tribal Affiliation: _____ANSCA Village:_____ Regional Corporation_____
Community you currently live in: _____ Length of Residency: _____
Phone/Cell Number:_____ Email:_____
Program applying for: Senior Housing, Low-Income, Market rent, ect:_____

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

Full Name	Relation to Head	DOB	Place of Birth	Sex	SSN	Occupation
1)	Self					
2)						
3)						
4)						
5)						
6)						

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

Family Member Name	Employer Name/ Income Source	Address Employer/ Income Source	Rate		Full-Time	Hours Per Week
			$ /hr	$ /mo	Y N	hrs
			$ /hr	$ /mo	Y N	hrs
			$ /hr	$ /mo	Y N	hrs
			$ /hr	$ /mo	Y N	hrs
			$ /hr	$ /mo	Y N	hrs

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 $_____
☐

Provide documentation of checking, savings, bonds, stocks, land, property, houses, boats etc.

Family Member	Estimated Value
1)	$
2)	$
3)	$

Have you sold or disposed of any assets in the past two years? No
If yes, describe:_____

Are you or any family members related to the BSRHA Board of Commissioners or employees? ☐ Yes ☐ No
If yes, explain:_____

In the past five (5) years, have you or any family/household members been charged with misdemeanors or felonies? ☐ Yes ☐ No
If yes, explain:_____

Have you or any family members ever been evicted from a Federally Subsidized program or a private landlord?
☐ Yes ☐ No If yes, explain:_____

Do you own OR are you purchasing another home? ☐ Yes ☐ No
If yes, explain:_____

Do you have a utility account in your name? ☐ Yes ☐ No

Are you currently renting? ☐ Yes ☐ No
Current Landlord Name: _____
Current Address: _____
Current Landlord Phone Number: _____
Dates of Residency: _____
Current Monthly Rental Amount: _____
Reason for moving_____

Child Care Expense? ☐ Yes ☐ No Amount $_____per (hr/day/wk/mo/yr)
Child Care Provider Name: _____
Address: _____ Phone number: _____

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FEDERAL PREFERENCE: *This rule amends regulations to provide selection criteria and definitions to be used by the Bering Straits Regional Housing Authority to grant a preference in the provision of housing assistance to families who are: 1. involuntarily displaced, 2. living in substandard conditions, or 3.Paying more than 50% of family income towards rent.*

1. Involuntarily Displaced
Are you without housing or are you about to be without housing ☐ Yes ☐ No

2. Substandard Conditions
Number of people living in home: _____ Number of bedrooms:_____

Living in overcrowded conditions?	☐ Yes ☐ No
Two or more families living under one home.	☐ Yes ☐ No
Do you have potable water?	☐ Yes ☐ No
Is there safe electricity?	☐ Yes ☐ No
Do you have adequate heat?	☐ Yes ☐ No
Is there an indoor bathroom?	☐ Yes ☐ No
Has the building been declared unsafe or condemned?	☐ Yes ☐ No

3. Paying more than 50% of family income towards rent
Do you pay more than 50% of your total family income to rent and utilities? ☐ Yes ☐ No
Gross Monthly Income: $_____ Total Rent: $_____ Total Utilities: $_____

If you feel you qualify for Federal Preference, have your Tribal Government and/or other agency complete a *Verification of Involuntary Displacement or Verification of Substandard Housing form.*

APPLICANT(S) CERTIFICATION FORM:

I hereby swear and attest that all 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 this program is FEDERALLY funded through Bering Straits Regional Housing Authority.

Give True and Complete Information
I 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 knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my application form is true and correct.

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Reporting on Prior Housing Assistance
I certify that I have disclosed where I received any Federal housing assistance and whether any money is owed. I certify that I 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 certify that the house will be my principal residence. I will not live anywhere else without notifying BSRHA immediately in writing. I will not sublease the property unless it has been approved by BSRHA.

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

Criminal and Administrative Actions for False Information
I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Documentation
BSRHA will determine eligibility when my application is complete. All documentation and information required must be completed and returned to BSRHA within thirty (30) days of receipt of my application form. I understand that funds will be expended on a *first come, first served* basis, and BSRHA will not process my application unless all documentation is received.

All Household Adults *Sign and Date*

Applicant Signature	Date
Signature	Date
Signature	Date
Signature	Date

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RELEASE OF CREDIT INFORMATION

Applicant:
Name:_____Date of Birth:_____SSN #: _____
Address: _____City:_____ State:_____ Zip Code: _____
Phone Number: _____ Email Address:_____

Applicant Spouse/Other Adult:
Name:_____Date of Birth:_____SSN. #_____

Bank Reference:	Branch:	Account Number
_____	_____	_____
_____	_____	_____

Landlord's – Past Two Years:	Address/Contact Information
_____	_____
_____	_____
_____	_____

Utility Name/Type	Address/Contact Information
_____	_____
_____	_____

I authorize the release of my credit information to Bering Straits Regional Housing Authority, PO Box 995, Nome, Alaska 99762. This authorization expires fifteen
(15) months from the date signed.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Applicant Spouse/Other Adult Date

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VERIFICATION OF INCOME

Name:_____ Date of Birth_____ SSN:_____
Current Mailing Address:_____ City:_____ Zip Code:_____
Phone Number:_____ Email:_____
Present Employer:_____
Address:_____ Phone Number:_____

Select and/or Provide All Sources of Income Received:

- ☐ Adult Public Assistance
- ☐ Alaska Permanent Fund Dividend
- ☐ Alaska Temporary Assistance Program (ATAP) Veterans Benefit
- ☐ Senior Assistance Program Social Security Unemployment
- ☐ Alaska National Guard
- ☐ Child Support From: _____
- ☐ General Assistance From: _____
- ☐ Pension/Annuity From: _____
- ☐ Retirement From: _____
- ☐ Other Income From: _____
- ☐ Other Income From: _____
- ☐ Other Income From: _____

Consent: I consent to allow Bering Straits Regional Authority or HUD to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing program. I understand that the Housing Authority receiving income information under this consent form cannot use it to deny, reduce, or terminate assistance without first independently verifying what the amount is, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest these findings. **This consent form expires fifteen (15) months from the date signed.**

_____ _____
Signature of Applicant/Participant Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
	ATTN: Housing Occupancy Specialist/Housing Dept Bering Straits Regional Housing Authority P.O. Box 966 Nome, AK 99762-1008 DATE:_____

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.