# 2021 Curyung Modernization Services Application

- > Completed NAHASDA Application
- > Income Tax Copies Please provide all pages of the last year tax copy for all adult household members. If no taxes were filed, provide a notarized statement saying such.
- > Authorization for the Release of Information execute a release for each adult living in the home.
- > Photographic ID
- > Tribal Enrollment Card Provide a copy of tribal enrollment card.
- > If no Tribal Enrollment Provide an essential role letter from tribe/city.
- Award Letters for Social Security, Disability, retirement, Public Assistance or Pension income. Award letters should reflect the amount you are currently receiving either by check or direct deposit in addition to any deductions. (Only if no tax copies are available)
- Most current pay stubs from income sources.
- > W9 from rental agency, if applying for rental assistance.
- > W9 from utility company, if applying for utility assistance.
- > Your tribe may request additional documents upon approval.

## Curyung Tribal Council

P.O. Box 216 – 715 Seward Street Dillingham, Alaska 99576

Phone: (907) 842-2384 - Fax: (907) 842-4510

## NAHASDA MODERNIZATION POLICY

Ratified & Updated October 8, 2019

## <u>Curyung Housing Modernization Policy</u>

- Applicants must be year-round residents and owners of the home being served.
- Applicants are eligible to receive Modernization services once every five years
- Curyung does not provide Modernization services on mobile homes.
- Curyung Modernization services are limited to a budget maximum of \$35,000 with a ten-percent (10%) contingency, to be applied as determined necessary by the Housing Manager.
- Structural foundation work (defined as "below floor joists") will not be provided through Curyung's Modernization program due to insurance requirements, liability and cost. Foundation related services provided are limited to the replacement of sub-floor and joists.
- All homes receiving Modernization will be tested for methamphetamine exposure and no work will be completed if the home tests above the Alaska DEC fit-for-use standards.



# Curyung Tribal Council

Date & Time Application Received:



PO Box 50 Dillingham, AK 99576 (907) 842-5956 Toll free: 1-800-478-1996 fax: 907-842-2784

## NAHASDA APPLICATION

Take the time to completely fill in each section and provide all requested information and signatures, this will avoid delay in determining your eligibility. It is your responsibility to update your application when changes occur.

APPLICANT			
NAME:			
MAILING ADDRESS:	ZIP:	PHONE #:	
PHYSICAL ADDRESS:	EMAIL:		
I am an enrolled tribal member of the villa	ge/Tribe of:		
If not tribally enrolled, attached is a letter to Alaska Native families, and I personally cer	_ ,	*	_
NAHASDA assistance:	••••	yesno	
Please check the type of service/assistance	requested:		
△ Homeownership Unit △ Down-Pa	yment 🛆 Acquisition 🛆 Utili	ty/Fuel △ Rental	
△ Home Repairs			

1. HOUSEHOLD COMPOSITION: list all persons who will reside in household in the next twelve (12) months.

	NAME	Relationship	Marital	Birth Date	Social Security	Student	Tribe
	(Last, First Middle Initial)	to HOH	Status		Number	Status	
Head		SELF					
Co-Head							
3							
4							
5							
6							
7							
8							
9							
10							

business partner of a E If yes, name of employee/co			yes	
		pplication is processed, not your eligibi	ility.	
III. Do you currently own	a home?		yes	n
Property Information				
Lot:Blo	ck:S	ubdivision:		
Recording District:				
	If yes, does your home			
		Heat		
		Electricity		
		Water		
		Sewer	yes	r
		Is your home overcrowde		
•		and W9 for landlord		
Are you currently homeless?	?		yes	r
	• • •	lease provide current W9 for utility cor		
		ompany:		
	Fuel cor	npany:		
IV. What repairs do you n		me? Skip this question if not applying		
IV. What repairs do you n				
IV. What repairs do you n				
	eed to your existing ho	me? Skip this question if not applying	for Home Repa	irs.
V.INCOME: Please list the details of public assistance, social sec support, alimony, annuities property, including rent and Reserves, and any gifts. Pro	f the income received for each of the income received for each curity, SSI, disability, unemples, dividends, APFD, Native codes ales proceeds/installment ovide proof of the income so	ch person in your household. Include all w loyment, retirement payments/pensions, in prporation dividends or payments, trust pay ss, grants, student loans & grants, military pources received. (copies of wage statement	rages, self-emplo nterest, babysitti rments, income f pay/benefits, Arn	ymeing, c
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Do all members of the household receive a PFD?  If no, please explain whom and why:	yesn
VI. ASSET INFORMATION: Provide documentation of checking, savings, bonds, s 4-wheelers, snow machines, etc.	stocks, land, property, houses, boats,
amily Member	Estimated Value
L)	\$
2)	\$
3)	\$
Have you sold or disposed of any assets in the past two years?  f yes describe:	yesn
VII. PROCESS INFORMATION: Have you or any household member, ever been evicted from any housing?  If yes, please explain: Have you or any household member ever been convicted of a drug-related	yesno
If yes, please explain:	ne, i.e. assault?yesno
If yes, please explain:  Have you or any household member ever been convicted of a felony?  If yes, please explain:	yesnc
Have you or any household member used any names or social security nur If yes, please explain whom & why:	
VIII. Voluntary Self-Identification  These questions in this section are voluntary. Please check all that apply to you or household.	r to any member of the applicant
Does anyone in the household meet the definition of disabled?	yesn
Does anyone in the household require the features of an accessible unit?	yesn
If yes, please list:	

For this application, a person with a disability is any person who:

- 1. Has a physical or mental impairment that substantially limits one or more major life activities;
- 2. Has a record of such an impairment; or
- 3. Is regarded as having such an impairment



Please fill in if it applies:				
Regional Corporation:				
Shareholder Descendent				<b>—</b> :
Village Corporation:		Shareholder Des	cendent	<del>-</del> -
IX. PERSONAL CERTIFICATION IN PERSONAL CERTIFICATION IN PROPERTION IN PROPERTY IN PROPERTY PROPERTY IN	y all of the informatinformation containe f. I understand that	d in this document is true and I will not be admitted to a pro	complete to the best gram, and can be disc	of my
Applicant's Signature	Date	Other Signature	Date	
 Co-Applicant's Signature	Date	Other Signature	Date	

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

Your signature on this form authorizes Bristol Bay Housing Authority (BBHA) to obtain information on household income, finances and personal history to determine eligibility for BBHA assistance in compliance with NAHASDA. This authorization and the information obtained in this application way be given to any Federal, State, or local program that is enforcing relevant housing rules and regulations. Persons and/or organizations that may be contacted by BBHA for verification and information include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, and school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Your consent authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

# Applicant's Acknowledgement

By signing below I acknowledge receipt and understanding of the information stated in this document. And consent to BBHA's use of the information I have provided. I understand that should I be determined eligible for NAHASDA assistance the relevant tribe(s) will be notified. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for BBHA assistance.

I agree that a copy of this Authorization may be used for all purposes, and that the original authorization will be on file at BBHA and stay in effect for one (1) year and (1) month from the date signed. I understand that I have a right to review my file and ask to correct or supplement information on file.

Applicant (Please print)	Signature	Date
Other Adult Print	Signature	Date
Other Adult Print	Signature	Date
Other Adult Print	Signature	Date

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## 2021 Income Limits Mutual Help/Low Rent State of Alaska - ALL Census Areas

Effective Date: 04/01/2021

Family	Togiak New Stuyahok	Dillingham	NAHASDA Bristol Bay	Lake & Pen
Size	202	Census	Borough	Borough
1	\$28,800	\$46,050	\$55,950	\$46,050
2	\$32,900	\$52,600	\$63,950	\$52,600
3	\$37,000	\$59,200	\$71,950	\$59,200
4	\$41,100	\$65,750	\$79,900	\$65,750
5	\$44,400	\$71,050	\$86,300	\$71,050
6	\$47,700	\$76,300	\$92,700	\$76,300
7	\$51,000	\$81,550	\$99,100	\$81,550
8	\$54,300	\$86,800	\$105,500	\$86,800

## Low Income Housing Tax Credit & Rural Development 515

Forest View - Dillingham Togiak View - Togiak Manokotak View - Manokotak Taiga View East - King Salmon Taiga View West - South Naknek Muklung Manor - Dillingham Southwest Elders Home - Naknek Marrulut Eniit Assisted Living - Dillingham

### Dillingham Census Area - Alaska

Income Limit	1	2	3	4	5	6	7	8
Category	Person							
50%	\$30,300	\$34,600	\$38,950	\$43,250	\$46,750	\$50,200	\$53,650	\$57,100
60%	\$36,360	\$41,520	\$46,740	\$51,900	\$56,100	\$60,240	\$64,380	\$68,520

## Bristol Bay Borough - Alaska

Income Limit	1	2	3	4	5	6	7	8
Category	Person							
50%	\$37,950	\$43,400	\$48,800	\$54,200	\$58,550	\$62,900	\$67,250	\$71,550
60%	\$45,540	\$52,080	\$58,560	\$65,040	\$70,260	\$75,480	\$80,700	\$85,860

## Lake & Peninsula Borough - Alaska

Income Limit	1	2	3	4	5	6	7	8
Category	Person							
50%	\$30,300	\$34,600	\$38,950	\$43,250	\$46,750	\$50,200	\$53,650	\$57,100
60%	\$36,360	\$41,520	\$46,740	\$51,900	\$56,100	\$60,240	\$64,380	\$68,520