



# Homeowner Assistance Fund

Assisting Homeowners Impacted by COVID-19

## Application Instructions and Checklist

This program assists homeowners living in the Aleutian and Pribilof Islands region with mortgage relief, eligible homeownership costs (home insurance, property taxes, utilities, etc.), and/or eligible home repairs. **Applications will be accepted between October 10<sup>th</sup> – November 30<sup>th</sup>, 2022.** The application period and household eligibility requirements may be expanded, depending on available funds.

### What can HAF Program assistance funds be used for?

- Mortgage loan payment assistance (principal and interest, reduction) and escrow shortages
- Land contract monthly payments
- Manufactured/mobile home monthly payments
- Utilities
- HOA or condominium association fees
- Hazard, flood, and/or mortgage insurance
- Delinquent real estate property taxes
- Home repairs (only when necessary to maintain the habitability of the home)

### Eligibility Determinations

To be eligible for assistance under AHA's HAF Program, Homeowners must meet the following criteria:

- At least one household member must be enrolled in one of the regional Tribes
- Must live in the Aleutian and Pribilof Islands region
- Applicant must own and occupy the property as their primary residence
- Must have experienced a Qualified Financial Hardship after January 21, 2020. (A reduction in income or an increase in living expenses due to COVID-19 pandemic.)
- Must income qualify. Homeowners who make [150% or less of Area Median Income](#) may qualify.

Eligibility will be determined upon submission of a completed program application that must include the following information and supporting documents:

- **Applicant and household information** – Full name, date of birth, and social security numbers for all household members; Applicant address and contact information.
- **Release of Information** – Signed and dated by each household member 18 years or age.
- **Proof of Identification** – Photo ID (Government or State issued) for all household members 18 years of age and older.
- **Homeownership Documentation** – Includes, but is not limited to, deed or deed of trust, mortgage statement or escrow, property tax receipt/bill, tribal certification
- **Household Income Documentation** - Includes, but is not limited to, the last 30 days of pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), bank statements, 2020 or 2021 Tax Returns, and/or documentation of any other household income received by all household members 18 years of age or older.



- **Utility and/or Internet Documentation** - Current utility/internet bills and/or statements, late payment notices and/or disconnect notices.
- **Home Repair / Replacement Documentation** – Includes, but not limited to, written description of request, photographs, estimates for replacements, etc.
- **Financial Hardship** – Homeowners must attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction of income, or increased costs due to the COVID-19 pandemic).

Your household income **must be at or below 150 percent of the area median based on your household size.** Household income includes wages, tips, etc. for all members of your household. Income levels vary and are based on your household size and the community you live in. Income limits are as follows:

FY 2022 HAF Income Limits Summary for Aleutians East Borough, AK								
<i>Includes communities: Akutan, Cold Bay, False Pass, King Cove, Nelson Lagoon &amp; Sand Point</i>								
	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Greater of 100% AMI or 100% U.S. Median Income	\$90,000	\$90,000	\$90,000	\$91,900	\$99,300	\$106,650	\$114,000	\$121,350
Greater of 150% AMI or 100% of U.S. Median Income	\$96,500	\$110,300	\$124,100	\$137,850	\$148,900	\$159,950	\$170,950	\$182,000

FY 2022 HAF Income Limits Summary for Aleutians West Census Area, AK								
<i>Includes communities: Adak, Atka, Nikolski, St. George, St. Paul &amp; Unalaska / Dutch Harbor</i>								
	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Greater of 100% AMI or 100% U.S. Median Income	\$90,000	\$90,000	\$95,600	\$106,200	\$114,700	\$123,200	\$131,700	\$140,200
Greater of 150% AMI or 100% of U.S. Median Income	\$111,550	\$127,450	\$143,400	\$159,300	\$172,050	\$184,800	\$197,550	\$210,300

**How do I submit my application?**

Completed applications, including all required documentation, can be submitted by one of the following methods:

- Email:** [haf@ahaak.org](mailto:haf@ahaak.org)
- Fax:** 1-833-899-8155  
1-907-563-3105
- Mail:** Aleutian Housing Authority  
HAF Program  
520 E 32<sup>nd</sup> Avenue  
Anchorage, AK 99503

**Questions? Concerns? Need an application?  
Need assistance completing the application?**

**Help is a phone call away!** Please reach out to one of the following team members and they will be happy to assist you:

- Melissa Robbins, Housing Director**  
907-644-6603
- Isabel Velez, Housing Assistant**  
907-644-6622
- Erin Wilson Potter, Deputy Director**  
907-644-6614

# Homeowner Assistance Fund

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## Application for Assistance

Internal Use Only
Date Received: _____

### Section 1: Homeowner Applicant Information

Date of Application: _____
----------------------------

Last Name: _____	MI: _____	First Name: _____
Mailing Address: _____	City: _____	State: _____ Zip Code: _____
Physical Address: _____	City: _____	State: _____ Zip Code: _____
Phone #: _____	Email: _____	
<i>Please select all that apply:</i>		
Race: <input type="checkbox"/> Alaska Native / American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino		
Regional Corporation: _____	Shareholder <input type="checkbox"/>	Descendent <input type="checkbox"/>
Village Corporation: _____	Shareholder <input type="checkbox"/>	Descendent <input type="checkbox"/>
Tribal Affiliation: _____		

### Section 2: Financial Assistance Requested

Which type(s) of eligible assistance are you applying for? <i>(Please check all that apply)</i>		
Mortgage <input type="checkbox"/>	Utilities <input type="checkbox"/>	<input type="checkbox"/> Other housing related expenses (Utility/Internet/Broadband Expenses or other fees associated with homeownership.) (Describe)
Mortgage Arrears <input type="checkbox"/>	Utility Arrears <input type="checkbox"/>	
Property Taxes <input type="checkbox"/>	Homeowner fees <input type="checkbox"/>	Home repair assistance <input type="checkbox"/>
Homowner insurances <input type="checkbox"/>	Condo association fees <input type="checkbox"/>	

### Section 3: Household Information: Please list all persons who are residing in your household. If necessary, please list additional members on a separate page

FULL Name of Household Member(s)	Relation to Head of Household	Date of Birth	Gender	Social Security Number
1	Self			
2				



**Section 3: Household Information:** Please list all persons who are residing in your household. If necessary, please list additional members on a separate page

FULL Name of Household Member(s)	Relation to Head of Household	Date of Birth	Gender	Social Security Number
3				
4				
5				
6				

**Required Household Documentation:** Please attach copy of photo identification for all household members ages 18 and older, Social Security cards for all family members over the age of 6, and CIB and/or Tribal Enrollment.

**Section 4: Household Sources of Income:** Please list income for ALL household members ages 18 and older.

Household Member Name	Source of Income (employment, unemployment, social security, public assistance, retirement, pension, etc.)	Monthly Gross Income
Do all household members receive the Alaska Permanent Fund Dividend (PFD)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If answer is no, please explain why:

**Required Income Documentation (at least one) includes**, but is not limited to, the last 30 days of pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), bank statements, 2020/2021 Tax Returns, and/or documentation of any other household income received by all household members 18 years of age or older. Applicants/Homeowners receiving public assistance, please provide the most recent approval or award letter or Proof of recent deposits (bank or debit card statement)

**Section 5: Household COVID-19 Impact:** In your own words, please describe how COVID-19 has impacted your household. Please refer to the section that accurately describes your situation from page 1 and use the space provided below to explain your answers. If necessary, please list additional information on a separate page. For example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).

**Supporting Documentation:** Please attach a notice or email from your employer documenting a job loss, furlough, closure, reduction in hours, or other documentation that supports the impact your household has experienced due to COVID-19.

**Section 6: Conflict of Interest**

*This program is funded by the Department of Treasury and administered by the Aleutian Housing Authority. The program is subject to conflict-of-interest rules intended to ensure all applicants are treated fairly and no one, by virtue of their position, unduly influences the selection or assistance approval process. Applicants must declare whether they, or any member of their household, has a potential conflict **by checking one of the statements below:***

- I am not an employee or member of the Board of Commissioners or the Aleutian Housing Authority, nor am I an immediate family member or nor have any business ties with any such person.
  
- I have a potential conflict of interest as described in the space below. *(Please note, having a potential conflict does not automatically disqualify you from the program. The application will require additional review to determine that no conflicts exist, that a conflict exists and that an exception may be made, or that the applicant is conflicted and may not be assisted.)*

Please describe potential conflict of interest (if applicable):

**Section 7: Mortgage Information**

Lienholder/Mortgage Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

If no, what is the amount in arrears? \_\_\_\_\_

**Supporting Mortgage Documentation:** Please attach one of the following documents: deed, Mortgage Statement, Certificate of Title, Co-op Lease, Land Contract (contract for deed), Property Tax Bill, Homeowner's Insurance for Home, Homeowners Association (HOA) or Co-Op Statement

**Section 8: Utility Provider Information** Please Note: Cable television, and phone service are not eligible under this program. If necessary, please list additional providers on a separate page.

Electricity Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

Heating Fuel Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

**Required Utility Documentation:** Please attach a copy of your current utility bills and/or statements, late payments and/or disconnect notices.

**Section 9: Other Household Expenses:** Includes reasonable accrued late fees, (limited) internet service, insurance, etc.

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  Yes  No

**Required Utility Documentation:** Please attach any supporting documentation for the above listed expenses.

**Section 10: Duplication of Benefits:** A DOB occurs when a household or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Have you or any member of your household received or anticipate receiving mortgage or utility assistance from any other source(s)? Yes  No

If yes, please indicate below the amount allocated from any and all funding sources.

**Source of Funds**

Assistance Provider Name	
Purpose / Specific Use	
Amount	

## Section 11 HAF Repair Assistance

(if not applying for home repair assistance, please continue to Section 12.)

The home repair portion is designed to assist with repairs that are essential to maintaining the habitability of the home and must fit one or more of the following categories:

- a. **Essential Improvements:** This may include smoke and carbon monoxide detectors; replacement of faulty heating, electrical, plumbing, or other mechanical systems; repair or replacement of deficient water and septic systems; roof repairs or replacements; drainage improvements; grab bars or handrails; etc.
- b. **Energy Efficiency:** Activities designed to improve livability and reduce energy costs.
- c. **Emergency Repairs:** Activities that address safety issues and the integrity of the house. Emergency repairs may include furnace replacement or major repair, water heater replacement, broken window replacement, septic tank repairs or replacement and sewer line repairs, electrical system repair (if hazardous), handicapped accessibility ramps.
  - Replacement of furnaces, water heaters, or other major components of the house may only be done if the unit has failed and cannot safely be used.
  - Repairs that threaten the health or safety of the family or property must be performed under this program before energy efficiency or other repairs.

### Project Management

AHA and the homeowner will develop a Project Management Plan (PMP) that includes a scope of work, budget, and associated timeline. AHA may allow the homeowner to perform all or portions of the work on a case-by-case basis. (Homeowners will not be paid for labor done on their home). Any changes to the approved PMP must be written in the form of a change order and approved by AHA and the Homeowner prior to the work being performed. Homeowners who fail to complete the agreed upon work, may be required to repay the funds to AHA.

### Home Repair Prioritization

AHA will develop and maintain a HAF Rehabilitation Plan. The plan will be based on the following criteria:

- Completed assessments
- Condition of existing housing stock
- Availability of local construction crews and other resources
- Logistical considerations
- Other relevant factors determined by the Executive Director or their designee.

**DISCLAIMER:** AHA reserves the right to prioritize or update construction schedules based on completed assessments, crews, materials, or weather.

AHA reserves the right to remove/re-prioritize clients who fail to complete required paperwork prior to the actual scheduling of work to be completed on the homeowner's unit. Depending on the circumstances applicant may be skipped over temporarily or may be placed at the bottom of the prioritization list.

AHA will work diligently to provide assistance in a timely manner. However, homeowners should expect to be on the waitlist for an extended amount of time for the duration of the HAF program.

**Property Information**

Property legal Address

Lot \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Physical location of property: \_\_\_\_\_

Recording District: \_\_\_\_\_

1. How many months of the year do you live in your home? \_\_\_\_\_
2. What year was your home built? \_\_\_\_\_ (required)
3. How many years have you owned your home? \_\_\_\_\_
4. Do you have insurance?  Yes  No Name of Insurance Provider \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**Give a brief description of the work needed on your home:**

**Section 12: Applicant Intent to Participate and Agreement** *Must be signed by all household members ages 18 and older.*

I/We hereby certify that the information provided in this application to the Aleutian Housing Authority is true and correct. I/We understand that this is not a contract and does not bind either party. Additionally:

- I/We certified that we have experienced financial hardship after January 21, 2020 as described in Section 5 of this application.
- I/We certify that the assistance I am applying for under this program, if awarded, will be used for my/our primary residence. If my/our living situation changes, I/we will notify AHA immediately.
- **I/We certify that any assistance received through this program will not be duplicative of any other assistance provided for the same costs.**
- I/We understand that it is my/our responsibility to supply all information and required documentation to determine my/our eligibility and failure or refusal to do so may result in processing delays and / or termination of eligibility determination.



- I/We understand that knowingly supplying false or inaccurate information is punishable under Federal and / or State criminal law and is grounds for termination from the program. If any information is found to be false or misleading, I/we understand that I/we will be disqualified from the program or other actions may be taken against me/us.
- I/We understand that AHA will only determine eligibility once my/our application is complete. I/we understand that funds are limited, and if the required information is not supplied in a timely manner, I/we may not receive assistance.
- I/We agree that if determined to be eligible to receive assistance under this program, by signing this document I/we am/are agreeing to:
  - notify AHA immediately whenever changes in household composition or income occur; and
  - provide AHA with the necessary information for continued program participation; and
  - abide by all program guidelines necessary for participation.
- **I/We certify that I/we have read and understand the provisions in this document and that I/we wish to process with the application for the Homeowner Assistance Fund Program.**

Applicant		
Signature	Printed Name	Date
Other Adult Household Members (ages 18 and older)		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

**END OF APPLICATION**



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## Release of Information

Applicant's Name: \_\_\_\_\_

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

In signing this consent form, I am authorizing the Aleutian Housing Authority (AHA) to request and obtain income information for the purpose of verifying my eligibility for the Homeowner Assistance Fund Program administered by the Department of Treasury. I am also authorizing AHA to:

- Contact(list names of vendors): \_\_\_\_\_  
\_\_\_\_\_

to request information including, but not limited to, mortgage, insurance, fees, taxes, and payment information and I hereby authorize for the release of requested information by AHA. I also authorize AHA to release my information which is deemed necessary to complete my application.

- contact my utility/internet providers to request information including, but not limited to, billing and payment information and I hereby authorize my utility providers to release such information. I also authorize AHA to release my information to my utility providers which is deemed necessary to complete my application.

I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

I further authorize the Aleutian Housing Authority to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws.

\_\_\_\_\_  
Printed Name and Signature of Applicant / Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number of Head of Household

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature - Other Household Member over age 18

\_\_\_\_\_  
Date