



## Documentation Needed for Rehabilitation Program:

1. Completed and Signed Home Rehabilitation Application (7 pages)
2. 2 Current Tax Returns (must sign 2<sup>nd</sup> page), for everyone over 18 in household with W-2's, if applicable
3. Signed form 4506 – T, Request for Transcript of Tax Return
4. 60 Days Bank Statements, all pages, where applicable
5. 60 Days Pay Stubs, with year to date information, where applicable
6. Copy of Proof of Indian Blood, from applicant
7. Home Repair Scope of Work, with material estimate from vendor

The funds are granted on a first come, first served and are reserved with a complete and documented application.

Chrystalle Mercier  
Housing Services Director  
1-800-478-5614  
E-Mail: [Chrystalle.mercier@ahaak.org](mailto:Chrystalle.mercier@ahaak.org)



520 East 32<sup>nd</sup> Avenue  
 Anchorage, Alaska 99503  
 Phone: 1-800-478-5614

**Home Rehabilitation Application**

**Applicant Name:** \_\_\_\_\_

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

**City, State and Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Alaska Native/American Indian:** Yes    No      **Tribe:** \_\_\_\_\_

**AHA Employee or Board Member:** Yes    No      **Tribal Board Member:** Yes    No

**If answered "Yes", please explain:** \_\_\_\_\_

**Are any of your immediate family members a Tribal Council or AHA employee or board member:** Yes    No

**If answered "Yes", please explain:** \_\_\_\_\_

**Do you want to be considered as a family with a disability:**                      Yes    No

**Family Composition** (Use additional paper if needed):

Name of Family Member:	Relationship to Applicant:	Birth Date:	Age:	Gender:	Social Security Number:
Self	Self				

**Earned Income Source** (Include ALL adults, 18 and older. Use additional paper, if needed):

Family Member:	Occupation:	Company Name, Address, Phone and Fax:
Self		

**Age of Home:** \_\_\_\_\_

**Housing Payment Amount:** \$ \_\_\_\_\_ **To Whom:** \_\_\_\_\_

**Have any household members been evicted from federally subsidized housing?**      Yes                      No

**If answered, "Yes", please explain:** \_\_\_\_\_

<b>Annual Income:</b>		
<b>Family Member Name</b> (List ALL adults, 18 and older. Use additional paper, if needed):	<b>Self</b>	
<b>1. Income from wages, salaries, tips, etc. from all adults in the household</b> The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.		
<b>2. Self Employment Income</b> Net income from the operation of a business or profession.		
<b>3. Interest &amp; Dividend Income</b> Interest, dividends, and other net income of any kind from real or personal property.		
<b>4. Retirement &amp; Insurance Income</b> 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,		
<b>5. Unemployment &amp; Disability Income</b> Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay.		
<b>6. Welfare Assistance, ATAP-AK temp assistance program, APA-adult public assist</b> All welfare and/or public assistance received by all members of the family.		
<b>7. Alimony, Child Support, &amp; Gift Income</b> Periodic alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.		
<b>8. Armed Forces Income</b> All regular pay, special day and allowances of a member of the Armed Forces (except Hostile Fire" Pay).		
<b>9. Native Dividends</b> for all persons living in the unit.		
<b>10. Other Income</b> , please identify.		
<b>Totals:</b>		
<b>Total Annual Income for all adults:</b>		
<b>Alaska Permanent Fund Dividends</b> for all persons, including children living in the unit.		
<b>Total Annual Income of Household:</b>		

I certify that the information given to the Aleutian Housing Authority on household composition and income is accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



BORROWER'S SIGNATURE AUTHORIZATION FORM

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective applicant under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, chapter 37 (if VA); by 12 USC, Section 1701 et. Seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC 1471 et. Seq. or 7 USC, 1921 et. Seq. (if USDA/FmHA).

**Equal Credit Opportunity Act Notice:** The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this agency is the Comptroller of the Currency, 1301 McKinney Avenue, Suite 3710, Houston, Texas 77010.

I hereby authorize Aleutian Housing Authority to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize Aleutian Housing Authority to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. I also authorize the Social Security Administration or any other state or government agency to release verification of my income, date of birth, the type of benefit, the effective date, and the length of time the benefit will be received to Aleutian Housing Authority. It is understood that a photocopy of this form will service as authorization.

The information Aleutian Housing Authority obtains is only to be use in the processing of my application for the Home Rehabilitation Program.

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to Borrowers:** This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government agency or Department without your consent except as required or permitted by law.

# APPLICANT(S) CERTIFICATION FORM

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. However, 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 Aleutian Housing Authority (AHA).

## 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. 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.

## Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any prior Federal housing assistance and whether or not 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 agreement.

## Owner-Occupancy Property

I certify that the house will be my principal residence.

## 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 my eligibility determination.

## Documentation

I understand that AHA will determine eligibility only when my application is complete. I understand that funds will be expended on a "first come, first served" basis, and I agree to provide AHA all requested documentation and information within thirty (30) days of being requested to do so or AHA may not be able to process my application.

## Signature and Date for All Household Adults

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

November 2004

## *Things You Should Know*

**Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.**

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<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▪ Evicted from your apartment or house</li><li>▪ Required to repay all overpaid rental assistance you received</li><li>▪ Fined up to \$10,000</li><li>▪ Imprisoned for up to 5 years</li><li>▪ Prohibited from receiving future assistance</li><li>▪ Subject to State and local government penalties</li></ul>
<b>Asking Questions</b>	If you don't understand something on the application or recertification forms, always ask questions. It is better to be safe than sorry.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>• All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.).<ul style="list-style-type: none"><li>• Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>• Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);</li><li>• Earnings from second job or part time job;</li><li>• Any anticipated income (such as a bonus or pay raise you expect to receive).</li></ul></li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.</li><li>• Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.</li><li>• The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.</li></ul>

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and / or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its' full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to have someone fill out an application for you.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance or utility charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report that information to the HUD Office of Inspector General (OIG) Hotline. You can call the hotline Monday - Friday, from 10:00am to 4:30pm, EST, at 1-800-347-3735. You can fax the information to 1-202-708-4829, or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write to the hotline at: HUD-OIG HOTLINE, GFI, 451 Seventh Street, S.W., Washington, DC 20410.

I HAVE READ AND UNDERSTAND THIS BULLETIN:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_