

# SELDOVIA VILLAGE TRIBE HOUSING OFFICE



## EMERGENCY ASSISTANCE PROGRAM APPLICATION PACKET

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# SELDOVIA VILLAGE TRIBE HOUSING PROGRAM

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## Emergency Assistance Program

### Table of Contents

<b>EMERGENCY ASSISTANCE PROGRAM GUIDELINES.....</b>	<b>3</b>
<b>APPLICANT NARRATIVE.....</b>	<b>4</b>
<b>SVT PROGRAM APPLICATION.....</b>	<b>5</b>
<b>APPLICATION CHECKLIST.....</b>	<b>6</b>
<b>INCOME SOURCES.....</b>	<b>7</b>
<b>RELEASE OF INFORMATION.....</b>	<b>8</b>
<b>APPLICANT CERTIFICATION.....</b>	<b>9</b>
<b>VERIFICATION FORM.....</b>	<b>10</b>
<b>THINGS YOU SHOULD KNOW.....</b>	<b>11</b>
<b>CLIENT RIGHTS – RESPONSIBILITIES &amp; GRIEVANCE PROCEDURES.....</b>	<b>13</b>

SVT EMERGENCY ASSISTANCE PROGRAM

**EMERGENCY ASSISTANCE PROGRAM GUIDELINES**

The purpose of the Emergency Assistance Program is to provide assistance to qualified applicants in the Seldovia Village Tribe area for prevention of homelessness. This program is targeted at, but not limited to, the following:

- Welfare to work families
- Illness and family crisis
- Domestic violence
- Financial hardships due to lack of work, lack of income and job layoffs
- Disaster situations, including economic disasters or Acts of God, e.g. fires, earthquakes, tidal waves, bad fishing seasons
- Substance abuse treatment clients

**Basic guidelines** are that applicants be enrolled Tribal members and/or currently enrolled Alaska Native/American Indian who are either elderly, disabled, low-income and can establish a need.

**ELIGIBILITY REQUIREMENTS**

*Eligible recipients must fall into ALL of the following categories:*

- Verifiable income showing at or below the current 80% Federal median income level for the Kenai Peninsula
- Alaskan Native/American Indian as evidenced by a CIB or Tribal Enrollment
- In imminent danger of homelessness or evidence of other verifiable housing emergency (e.g. loss of utilities, contaminated well, septic/sewer problem)
- Lives within the Seldovia Village Tribe’s tribal area
- Only one (1) individual in a household may participate in the program

**AMOUNT AND FREQUENCY OF ASSISTANCE PROVIDED**

- Assistance shall be a **maximum total of three (3)** assists (separately paid vendors i.e. landlord, utility, mortgage holder) per individual or household per year.
- **AND** an accumulated total of **\$5,000** limit per individual or household every **five (5) years** for all SVT Housing Assistance Programs.
- **ALL** payments will be made directly to third parties. Payments to related 3<sup>rd</sup> parties are prohibited.

**I have read and agree** to the above statement and understand all terms made by the Seldovia Village Tribe Housing Program.

\_\_\_\_\_  
*Applicant’s Signature* *Date* \_\_\_\_\_

\_\_\_\_\_  
*Co-Applicant’s Signature* *Date* \_\_\_\_\_

SVT EMERGENCY ASSISTANCE PROGRAM

**APPLICANT NARRATIVE**

The Seldovia Village Tribe Housing Emergency Assistance Program is designed to meet emergency housing/home related needs: fuel (oil, electric, coal, wood, etc.); shelter (rent or house payment). Maximum of three (3) assists per person/household per year and/or up to a combined total of \$\_\_\_\_\_ maximum limit every two (2) years. After reaching the \$\_\_\_\_\_ limit applicants may not apply for assistance again until two (2) years after the last assist. Applicants must reside within the Seldovia Village Tribal Boundary Area.

**THIS NARRATIVE MUST BE COMPLETED BY THE APPLICANT**

**FULL NAME:** \_\_\_\_\_  
*(PLEASE PRINT)* *DATE*

**AMOUNT OF ASSISTANCE REQUESTING:** \$ \_\_\_\_\_

Please Check All Types of Assistance That You Are Requesting

<input type="checkbox"/> Rent for the Month of: _____ <input type="checkbox"/> Temporary Housing (Motel) <input type="checkbox"/> First Months Rent <input type="checkbox"/> Security Deposit <input type="checkbox"/> Lights	<input type="checkbox"/> Water/ Sewer <input type="checkbox"/> Fuel Oil/ Stove Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Foreclosure
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Other. Please Specify: \_\_\_\_\_

Please describe the circumstance that has created the crisis which has placed you in imminent danger of becoming homeless, losing your home due to foreclosure and/or becoming unable to pay delinquent utility bills (state if you have received shut-off notices).

What are your plans for the next month to improve this situation?  
\_\_\_\_\_

Can you provide proof of delinquent monthly rent/house payment(s), copy of your Foreclosure Notice, Utility Shut off Notice and/or Eviction Notice? \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature* *Date*

\_\_\_\_\_  
*Co-Applicant Signature* *Date*



SVT EMERGENCY ASSISTANCE PROGRAM

**APPLICATION CHECKLIST**

**Please Provide All Information Below**  
*Remember applications will NOT be started until ALL Information is provided.*

- Application form - completely filled out and signed.
- Past 1 year signed income tax forms w/ 1099's & W-2's that were submitted to IRS. Or letter from the IRS, stating that you didn't make enough to have to file for each of the last 1 years.
- CIB- Certification of Indian Blood (issued by the Bureau of Indian Affairs).
- Picture ID, Driver's License or Passport.
- Original Social Security Cards of each Applicant & Co-Applicant.
- Birth Certificates of each child.
- If Disabled- Proof of Disability from Doctor or other legal source stating disability.
- Proof of income for entire household over the age of 18, for the last 12 months.
- Proof of income for entire household over the age of 18, for last 30 days. Pay stubs, Pensions, Social Security, Disability Payments, VA payments, ATAP-AFDC-FS-AAP printout, Unemployment Benefits payment stubs, Child Support, Alimony. Bank Statement for automatic deposits acceptable.
- Native Dividends check stubs. Any payments received monthly, semiannually, or annually.
- Copy of Rental Agreement or Mortgage Statement showing Monthly payments on home.
- Eviction Notice, Foreclosure Notice, or Property Tax Foreclosure Notice.
- Shut off notices for utilities (*does not include long distance charges or cable television.*).
- If applying for heating fuel oil or propane provide latest billing
- For septic tanks getting pumped – a written estimate and old bill stating the size of the septic tank (if available)

Please remember, if information is not brought with you it will only delay the approval process.

If you have questions or if you need to make an appointment, please call Caleb at (907) 435-3260

**I have read and supplied the above information and understand that providing false information will disqualify me and can result in legal action.**

\_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*Applicant's Signature* Date

SVT EMERGENCY ASSISTANCE PROGRAM

**INCOME SOURCES**

- Total amount received by each household member for each type of income.
- Verification must be provided before your application is approved.

TYPE of Income Received	30 Day Amount	12 Month Amount
Employment Income		
Unemployment Benefits		
Retirement/Disability Benefits		
Social Security Income		
TAN / ATAP		
General Assistance		
Child Support		
Food Stamps Received		
Alaska Permanent Fund		
Native Corporation Dividends		
VA Payments		
Other		
<b>TOTALS:</b>		

**MONTHLY EXPENSES**

- Please fill in average monthly amounts

Household Expense	Amount	Miscellaneous Expenses	Amount
House Payment/Rent		Car Payment	
Electricity		Car Insurance	
Heating		Groceries	
Phone (Base Charge)		Child Care	
Home Insurance		Other	
Other		Other	
<b>TOTALS:</b>			

**HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM SELDOVIA VILLAGE TRIBE? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, WHAT TYPE OF ASSISTANCE AND WHEN?**





SVT EMERGENCY ASSISTANCE PROGRAM

Seldovia Village Tribe Housing Emergency Assistance Program

**APPLICANT CERTIFICATION**

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I may receive a \$10,000 fine, imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any SVT program participation and services.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
*Applicant's Signature* *Date*

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
*Spouse/Co-Habitants Signature* *Date*

SVT EMERGENCY ASSISTANCE PROGRAM

**VERIFICATION FORM**

**\* TO BE FILLED OUT BY SVT STAFF OFFICIAL \***

*PLEASE REVIEW TO MAKE SURE ALL INFORMATION IS CORRECT*

**VERIFICATION OF IDENTITY**

<b>HEAD</b>	<input type="checkbox"/>	Driver's License / State ID #:	Exp. Date:
	<input type="checkbox"/>	Birth Certificate – State of Issue:	
	<input type="checkbox"/>	Other – Describe:	
<b>SPOUSE</b>	<input type="checkbox"/>	Driver's License / State ID #:	Exp. Date:
	<input type="checkbox"/>	Birth Certificate – State of Issue:	
	<input type="checkbox"/>	Other – Describe:	
<b>OTHER</b>	<input type="checkbox"/>	Driver's License / State ID #:	Exp. Date:
	<input type="checkbox"/>	Birth Certificate – State of Issue:	
	<input type="checkbox"/>	Other – Describe:	

**VERIFICATION OF INDIAN BLOOD**

<b>BIA Card</b>	<input type="checkbox"/>	Tribe:	Roll #:
<b>Tribe Card</b>	<input type="checkbox"/>	Tribe:	Roll #:
<b>Other</b>	<input type="checkbox"/>	Describe:	Roll #:

**VERIFICATION OF OTHER ASSETS**

Type of Asset:	Current Balance: \$	Interest Rate:
Type of Asset:	Current Balance: \$	Interest Rate:
Type of Asset:	Current Balance: \$	Interest Rate:
Type of Asset:	Current Balance: \$	Interest Rate:

**VERIFICATION OF RESIDENCY**

<b>Residency Verified By:</b>	AK PFD	Fishing Lic.	ADL	Other	Other Being
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**VERIFICATION OF INCOME**

SOURCE	AMOUNT	PER	VERIFIED BY

STAFF VERIFICATION BY: \_\_\_\_\_

DATE COMPLETE: \_\_\_\_\_

## **THINGS YOU SHOULD KNOW**

**The Seldovia Village Tribe Housing Program is funded through the U.S. Department of Housing and Urban Development (HUD).**

### **PURPOSE**

This document intends 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 and/or give false information.

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

### **PENALTIES FOR COMMITTING FRAUD**

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:

- Evicted from your apartment or house
- Required to repay all assistance you received
- Fined up to \$10,000.00
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

### **ASKING QUESTIONS**

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

### **COMPLETING THE APPLICATION**

When you give your answers to application questions, you must include the following information:

#### **INCOME**

- All sources of money you and any "adult" member of the family receive (wages, welfare payments, alimony, social security, pensions, etc.).
- Any money you receive on behalf of your children (child support, social security for children, etc.).
- Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, AK Perm Dividend, etc.).
- Earnings from a second job or part time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive).

#### **FAMILY/HOUSEHOLD MEMBERS**

- 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.

## SVT EMERGENCY ASSISTANCE PROGRAM

### 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 the 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. 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.

### ASKING QUESTIONS

When you sit down with the person who fills out your application, you should know what is expected of you. **If you do not understand something, say so.** That person can answer your question or find out what the answer is.

### RECERTIFICATIONS

Some programs require that you report any changes in income or family/household composition immediately. The Housing Coordinator will advise you if this applies to you. You must report changes on forms that will be provided to you. These changes may include:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.

### BEWARE OF FRAUD

You should be aware of the following fraud schemes:

- **Do not pay any money to file an application.**
- **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 the money you pay.**
- **Get a written explanation if you are required to pay any money other than rent (such as maintenance charges, etc.).**

### 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 them to the manager of your project. If you cannot report to the manager, call the local HUD office or the HUD hotline at **(202) 472-4200**. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, D.C. 20410.

**I have read and understand this bulletin:**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Habitant Signature*

\_\_\_\_\_  
*Date*

## **CLIENT RIGHTS – RESPONSIBILITIES & GRIEVANCE PROCEDURES**

### **THE CLIENT HAS A RIGHT TO...**

- Be treated with respect.
- Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference or age.
- Be treated without regard to disability unless assistance being provided to individual will be hazardous to the individual.
- Have all personal information treated in a confidential manner.
- Review his/her file with appropriate staff present.
- Be fully informed regarding any and all fees associated with his/her services received from SVT.

### **THE CLIENT HAS THE RESPONSIBILITY TO...**

- Treat SVT staff with respect.
- Be as accurate and complete as possible when providing information to SVT.
- To carry out SVT program rules and regulations related to the program he/she is applying for.
- Actively participate in the decision making process and perform those activities made during that process regarding any services received from SVT.
- Inform SVT staff of any changes in address, income, household size, etc.

### **CLIENT GRIEVANCE PROCEDURE**

A procedure has been established and maintained by the Seldovia Village Tribe Housing Office to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights.

No specific form is necessary to file a grievance, however a grievance must be in writing. You must clearly state the problem(s) by detailing the action taken or not taken by SVT staff and outline possible solutions and / or resolutions.

An earnest effort will be made by SVT staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Seldovia Village Tribe Housing Program:

- 1.** Submit a complaint in writing to the SVT Housing Coordinator. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Housing Coordinator shall, within 10 days after the receipt of the complaint, issue a written decision and inform the opportunity to further appeal the matter outlined in Step 2 below.
- 2.** If unsatisfied with the written decision by the Housing Coordinator, submit an appeal, in writing to the Seldovia Tribal Council, P.O. Drawer L, Seldovia, AK 99663. A hearing will be scheduled within 30 days of receipt of the appeal. The Chief Executive Officer will issue a written response within 10 days of the hearing with the Seldovia Tribal Council.

SVT EMERGENCY ASSISTANCE PROGRAM

