

SELDOVIA VILLAGE TRIBE HOUSING OFFICE



HOMEOWNERSHIP ASSISTANCE PROGRAM APPLICATION PACKET

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SELDOVIA VILLAGE TRIBE HOUSING PROGRAM

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Homeownership Program

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SVT HOMEOWNERSHIP PROGRAM

HOMEOWNERSHIP ASSISTANCE PROGRAM GUIDELINES

The Purpose of the Housing Assistance Programs are to provide assistance to qualified applicants in the Seldovia Village Tribe area for the purchase and future maintenance of safe, healthy and affordable housing.

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.

The Seldovia Village Tribe will provide funds, within approved budget amounts, that shall be considered a grant to the recipient(s). Funds disbursed for the Home Ownership Assistance Program are intended as assistance for qualified applicants to be used to provide a portion of the down payment/closing costs towards purchasing/building a home, which may or may not include land purchase, in the Seldovia Tribal area.

The recipient of this assistance must provide proof of their ability to provide the balance of the down payment/closing costs as well as a written mortgagor statement indicating they have been pre-approved for their home loan.

AMOUNT AND FREQUENCY OF ASSISTANCE PROVIDED

Eligible low-income families may receive down-payment/closing cost assistance in an amount up to **\$2,500.00**. Families receiving funds for this assistance will not be eligible for the Home Ownership Assistance Program again for a period of five (5) years. Accumulated total on **all** Housing programs is limited to **\$5,000** every five (5) years.

ELIGIBILITY REQUIREMENTS

Eligible recipients must fall into all of the following categories except as noted in Subpart B-Affordable Housing Activities 1000.110 exceptions:

- Verifiable income showing at or below the current 80% Federal median income level for the Kenai Peninsula.
- Alaskan Native or American Indian, as evidenced by a CIB of Tribal Enrollment Identification.
- Current resident of the Seldovia Village Tribe jurisdiction
- Limits on the amounts and frequency of assistance apply to the entire household, not just the individual making an application.
- SVT Housing Program staff shall maintain all eligibility documents in participant files.

REQUIREMENT TO VERIFY INCIDENT

SVT HOMEOWNERSHIP PROGRAM

If requested by Seldovia Village Tribe, recipients must agree to a binding commitment being signed and recorded with the appropriate lands records office placing Useful Life and/or Use Restrictions on the assisted property. These restrictions may include, but not limited to, how property is to be used (i.e. remain owner occupied) or how long recipient must reside in the home to avoid repayment of the grant to SVT (prorated over the length of the agreement).

All disbursements of funds will be made directly to third (3rd) parties at the time of Closing of Escrow using the recipient's Title Company. Direct payments to prior homeowner for down-payment is prohibited.

INFORMING ELIGIBILITY

SVT staff shall inform each applicant by mail of his/her eligibility within ten (10) days of receiving completed application packet. SVT staff will notify applicant if additional information is needed. Incomplete applications cannot be funded.

VERIFICATION

Copies of eligibility criteria, as documented above, must be kept in the applicant's file. SVT staff must obtain and copy documentation of applicant's income, picture identification, Certification of Indian Blood, proof of home purchasing agreement documents, lender/prequalification agreements, property Title Search, and Estimated Closing Cost documents.

Applicants re-applying for this program must submit new income documentation.

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* _____

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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 3 years 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 have to file for each of the last 3 years.
- Proof of income for entire household for last 12 months.
- Divorce Decree (if it applies to you).
- CIB- Certification of Indian Blood (issued by the Bureau of Indian Affairs).
- Picture ID, Driver's License or Passport.
- Original Social Security Cards for Applicant & Co-Applicant. Social Security cards for all children and all household members age 6 and above.
- Birth certificates for each child.
- If Disabled- Proof of Disability from Doctor or other legal source stating disability.
- Proof of income for entire household 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.
- Any Native Dividends received monthly, semiannual, or yearly.
- Any other payments received monthly, semiannual, or yearly.
- Deed of Trust for home that will be worked on.
- Tax Appraisal for home that will be worked on.

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

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Seldovia Village Tribe Housing Modernization/Rehabilitation/Weatherization 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*

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SVT PROGRAM APPLICATION

APPLICANT INFORMATION

SVT PROGRAM APPLYING FOR: _____ AMOUNT REQUESTED: _____

DATE: _____ AGE: _____

FULL NAME: _____
Last *First*

ADDRESS: _____
Street Address *Apartment/Unit #*

_____ *Mailing Address*

_____ *City* *State* *ZIP Code*

TELEPHONE NO.: _____ EMAIL: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LIC. NO.: _____

EMPLOYER: _____ MONTHLY GROSS \$: _____

TRIBE/ROLL NO.: _____

CO-APPLICANT INFORMATION

FULL NAME: _____
Last *First*

SOCIAL SECURITY NO.: _____ DRIVER'S LIC. NO.: _____

EMPLOYER: _____ MONTHLY GROSS \$: _____

TRIBE/ROLL NO.: _____

TELEPHONE NO.: _____ EMAIL: _____

LIST OTHER HOUSEHOLD MEMBERS

_____ AGE: _____
_____ AGE: _____
_____ AGE: _____
_____ AGE: _____

**Without benefit of marriage, can each adult resident provide
proof of Tribe Enrollment or Certificate of Indian Blood?**

YES _____ NO _____

SVT HOMEOWNERSHIP 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		
TOTALS:		

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	
TOTALS:			

HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM SELDOVIA VILLAGE TRIBE? YES _____ NO _____

IF YES, WHAT TYPE OF ASSISTANCE AND WHEN?

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Seldovia Village Tribe Housing Program

RELEASE OF INFORMATION

I, _____, hereby authorize the release of any information concerning me, to the Seldovia Village Tribe Housing Office, located at 206 Main Street, P.O. Drawer L, Seldovia, Alaska 99663. The requested information shall be used solely in the administration of SVT programs, and a reproduction of this release is as valid as the original.

CONTACTS MAY INCLUDE, BUT NOT BE LIMITED TO:

- Public Assistance
- Department of Labor
- Social Security Administration
- Veterans Administration
- Division of Vocational Rehabilitation (DVR)
- Employers
- Native Corporations
- Child Support Enforcement Agency
- Bureau of Indian Affairs
- Private Individuals
- Alaska Perm. Dividend Fund
- Alaska Longevity Fund
- SVT Tribal Services

Other (Please Name): _____

THIS AUTHORITY SHALL CONTINUE UNTIL REVOKED IN WRITING BY THE UNDERSIGNED.

Applicant Signature

Date

Social Security Number

Spouse/Co-Habitant Signature

Date

Social Security Number

SVT HOMEOWNERSHIP PROGRAM

VERIFICATION FORM

* TO BE FILLED OUT BY SVT STAFF OFFICIAL *

PLEASE REVIEW TO MAKE SURE ALL INFORMATION IS CORRECT

VERIFICATION OF IDENTITY

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

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

VERIFICATION OF HOMEOWNERSHIP

Warranty Deed:	Quit Claim:	MHOA:
Tax Valuation or Appraised Value: \$	Balance Owing? (Circle)	YES NO
Statement from Lender Showing Current Balance Owing: \$		
Name of Lending Institution:	Phone:	

VERIFICATION OF RESIDENCY

Residency Verified By:	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: _____

FY2018 NAHASDA INCOME LIMITS FOR ALASKA

Kenai Peninsula Borough Median Family Income \$82,900.00

Effective 05/18/2017 –

You must be at or Under the 80% Median Income to Qualify for This Program

- 1-Person Household: \$46,450
- 2-Person Household: \$53,050
- 3-Person Household: \$59,700
- 4-Person Household: \$66,300
- 5-Person Household: \$71,650
- 6-Person Household: \$76,950

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HOUSING ASSISTANCE AGREEMENT

I(we) _____ of _____, Seldovia, Alaska hereinafter referred to as 'Participant', in consideration for being awarded housing assistance in the amount estimated not to exceed \$ _____ from the Seldovia Village Tribe Housing Programs (SVTHP), a recipient of an Indian Housing Block Grant from the U.S. Department of Housing and Urban Development (HUD), hereby agree to the following conditions on which the housing assistance is made and received.

Participant understands that the assistance is made subject to all regulations now or in the future contained in 24 CFR Part 1000, Native American Housing Activities. Participant further understands that the actual amount of housing assistance received will be determined by the actual cost of building materials and freight provided by SVTHP. The housing assistance, which will be provided, will only be for the amount necessary to complete the following scope of work:

Scope of Work Description:

Participant agrees to maintain the property, building and improvements receiving this housing assistance as his/her principal residence for the useful life of the housing assistance which is deemed to be two (2) years from the date of this Agreement. In the event of the death of the Participant, prior to the end of the term of this Agreement, the conditions of the Agreement shall be binding on any or all persons who succeed the Participant's interest in the property, buildings or improvements for which this Agreement is made. In case of Sale or Rental of said property, the applicant will notify the SVTHP in writing of such intent. The applicant is now made aware by signing this agreement that the Seldovia Tribal Council has the right to wave any and all amounts owed to them in the case of default as long as the SVTHP was notified by the applicant of his/her intentions in written form.

Legal Description of Property: _____

Attached is a copy of the Deed of Ownership and supporting documents for this property

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I / We agree to comply with the requirements of this Housing Assistance Agreement.

Participant:

Signed _____ Date _____

Signed _____ Date _____

Seldovia Village Tribe Housing Program Coordinator

Signed _____ Date _____

STATE OF ALASKA

_____ **JUDICIAL DISTRICT**

I, the undersigned, _____ Notary Public for the State of Alaska do hereby certify that I have witnessed the signature(s) of

_____ for the Housing Assistance Agreement.

Notary Public in Alaska, 3rd District

Notary: _____

My Commission Expires: _____

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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.

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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 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.

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