

SELDOVIA VILLAGE TRIBE HOUSING PROGRAM

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Student Housing Voucher Program

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SVT STUDENT HOUSING VOUCHER PROGRAM

STUDENT HOUSING VOUCHER PROGRAM GUIDELINES

The Seldovia Village Tribe has a limited amount of funding available for low-income college students who may need assistance with housing costs. The Student Housing Voucher Program may be used to pay for a portion of rent while attending college.

TERMS

- Up to \$_____ per semester. Maximum total amount of assistance under this program shall not exceed \$_____ per recipient, per year.
- Assistance may be provided for a period of no more than 4 consecutive years.
- No repayment is required for recipients who reside in Alaska within 6 months after graduation.
- Recipients who reside outside of Alaska within 6 months after graduation may be required to repay 50% of their total assistance amount
- Funds will be disbursed directly to the university or landlord
- Applicant must provide a copy of the **signed** rental/lease agreement

ELIGIBILITY REQUIREMENTS

- Student's total household income (parents/guardian/self) may not exceed 80% of the current Federal Median Income guidelines for the Kenai Peninsula.
- Student or parents must be a tribal member of Seldovia Village Tribe or an enrolled Alaska Native/American Indian
- Student and parent's primary residence must be in Seldovia, Alaska
- Student must attend an accredited university or vocational institution
- Must be a full-time student- minimum of *twelve (12)* credits - OR –
- Part-time students- minimum of *nine (9)* credits – may be eligible for 50% of the maximum assistance
- Minimum GPA for eligibility is 2.0
- Additional assistance available for full-time summer semester

APPLICATION DEADLINE: _____

SVT STUDENT HOUSING VOUCHER PROGRAM

REQUIRED DOCUMENTS CHECKLIST

Please Provide All Information Below
APPLICATIONS WILL NOT BE STARTED UNTIL ALL INFORMATION IS PROVIDED

- Completed Student Information Form
- Completed Student Budget Form
- Signed Student Agreement Form
- NAHASDA Housing Assistance Application (*short form*)
- Student (and parent's) most recent Income Tax Return and/ or current pay stubs
(must include parent's tax return if they claim you as a dependent)
- Letter stating need for rental assistance
- Copy of Tribal Enrollment Card/Certificate of Degree of Indian Blood
- Certificate of enrollment or letter of acceptance
- Copy of transcripts indicating GPA of 2.0 or greater
- Verification of full-time or part-time enrollment
- Copy of rental agreement (*please have name of landlord, phone number & address legible*)

Seldovia Village Tribe will not process your request until the application (*All documents listed above*) is 100% complete. Incomplete or unsigned applications will delay the process. Application information must be verified correct by parent or legal guardian. If you have any questions, please contact Caleb Billmeier at Seldovia Village Tribe Housing Office (907) 435-3260 OR cbillmeier@svt.org

Mail completed Applications to:

Seldovia Village Tribe Housing Office
P.O. Drawer L
Seldovia AK 99663

Fax completed Applications to:

(907) 234-7865 Attn: Caleb

SVT STUDENT HOUSING VOUCHER PROGRAM

STUDENT INFORMATION

STUDENT NAME: _____
Last First

ADDRESS AT SCHOOL: _____
Street or PO Box City State Zip Code

PERMANENT ADDRESS: _____
Street or PO Box City State Zip Code

TELEPHONE NO.: _____ **EMAIL:** _____
Home Cell

FATHER'S NAME: _____
Last First Middle

MOTHER'S NAME: _____
Last First Middle

DATE OF BIRTH: _____ **SOCIAL SECURITY NO.:** _____

NAME OF SCHOOL _____

SCHOOL ADDRESS _____
Street or PO Box City State Zip Code

LANDLORD'S NAME _____ **PHONE #** _____

LANDLORD'S ADDRESS _____
Street or PO Box City State Zip Code

Student Signature Date

Parent/Guardian Signature Date

SVT STUDENT HOUSING VOUCHER PROGRAM

FINANCIAL RESOURCES & BUDGET WORKSHEET

Please fill in the worksheet below, listing all items that apply. The amount should be for the entire school year

RESOURCES		BUDGET	
Perkins Loan		Tuition	
State Loan		Fees	
Other Loan		Books	
Corporation Grant-Sealaska		Supplies	
Corporation Grant		Room	
Gov't Aid (Assist./Soc.Sec.)		Board	
SEOG		Transportation: Car/Bus	
Pell Grant		Transportation: Airfare	
College Scholarship		Child Care:	
State Grant		Personal Expenses	
ANB/ANS Grant		Other	
Veteran's Benefit		Other	
Parent Contribution			
Student Contribution			
Spouse Contribution			
College Work Study			
Tuition Exemption		TOTAL COLLEGE BUDGET	\$
Other-CCTHITA			
Other-Housing Scholarship		(-) TOTAL RESOURCES	\$
Other			
TOTAL RESOURCES	\$	TOTAL REMAINING NEED	\$

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

Student Signature

Date

Parent/Guardian Signature

Date

SVT STUDENT HOUSING VOUCHER PROGRAM

STUDENT AGREEMENT FORM

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW

I hereby declare that the preceding Financial Resources & Budget Worksheet information is accurate and complete to the best of my knowledge, and is submitted for the purpose of obtaining student housing rental assistance from the Seldovia Village Tribe Housing Program. It is understood that upon presentation, this application becomes the property of the Seldovia Village Tribe Housing Office.

The applicant agrees that should any of the above information change the applicant will notify this office of these changes before final agreements are signed between the applicant and this office.

At the completion of each term you must provide the following to the Seldovia Village Tribe Housing Office:

1. An official set of transcripts indicating the number of credits and cumulative GPA, and
2. Confirmation of spring enrollment

A minimum cumulative GPA of 2.0 must be maintained to receive the following semester funding. Spring semester funding will not be issued until these documents are received by the Seldovia Village Tribe Housing Office.

I understand that all funds received for housing assistance must be reimbursed to the Seldovia Village Tribe Housing Office on behalf of the Tribe if I do not complete the semester. I also understand that if I reside outside of Alaska for more than 6 months after graduation that I will be required to repay 50% of the total amount of assistance I received under this program.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS; U.S.C., TITLE 18, SECTION 1001 provides that:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than (5) five years, or both.”

Student Signature

Date

Accepted by SVT Housing Office

Date

SVT STUDENT HOUSING VOUCHER PROGRAM

SVT PROGRAM APPLICATION

APPLICANT INFORMATION

SVT PROGRAM APPLYING FOR: _____ AMOUNT REQUESTED: _____

DATE: _____ AGE: _____

FULL NAME: _____
Last First Other Names Used

ADDRESS: _____
Street Address Apartment/Unit #

_____ *Mailing Address*

_____ *City State ZIP Code*

TELEPHONE NO.: _____ EMAIL: _____

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

EMPLOYER: _____ MONTHLY GROSS \$: _____

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 STUDENT HOUSING VOUCHER 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?

SVT STUDENT HOUSING VOUCHER 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 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

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: _____