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| **WEATHERIZATION/MODERNIZATION/REHABILITATION** |
| **FY2024**  **Honeybee Nordenson - Housing Program Coordinator Phone: (907) 435-3260**  **E-mail:** [**hnordenson@svt.org**](mailto:hnordenson@svt.org) **Fax: (907) 234-7865** |

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| **SELDOVIA VILLAGE TRIBE HOUSING PROGRAM**  **206 Main St., P.O. Drawer L, Seldovia, AK 99663 PH: 907 234-7898 ext.245 / FX: 907 234-7865**  **E-mail:** [hnordenson@svt.org](mailto:hnordenson@svt.org)  121119SVTlogovectorvOnlyLOGO_Transparent  **Weatherization/Modernization/Rehabilitation Program**  [**Table of Contents**](#_bookmark4)  [**WEATHERIZATION/MODERNIZATION/REHABILITATION PROGRAM GUIDELINES ...3**](#_bookmark3)[**APPLICATION CHECKLIST** **4**](#_bookmark5)  **SVT PROGRAM APPLICATION.** **5**  **APPLICANT NARRATIVE** **6**  **APPLICANT CERTIFICATION** **6**  **INCOME SOURCES** **7**  **ACCESS, WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT** **8**  **PROMISSORY CONTRACT** **9**  **HOUSING ASSISTANCE AGREEMENT.** **10**  **LEAD BASED PAINT DISCLOSURE AGREEMENT** **11**  **THINGS YOU SHOULD KNOW** **12**  **2024 NAHASDA INCOME LIMITS FOR ALASKA.** **14**  **RELEASE OF INFORMATION** **15** |

# WEATHERIZATION/MODERNIZATION/REHABILITATION PROGRAM GUIDELINES

The Seldovia Village Tribe (SVT) has established a Weatherization / Modernization / Rehabilitation Program targeted for repairs and upgrades on homes for our enrolled Tribal members, as well as other Alaska Natives or American Indians who are elderly, disabled, and/or low-income. Policies and procedures have been established in order to allow SVT to provide the following services: To provide for, but not limit to: *foundation repairs*, *replacement of heating system elements*, *septic repair*, *plumbing*, *structural alterations to accommodate handicapped individuals, replacement of carpet, flooring, and damaged cabinets.*

Definitions:

* **Weatherization** (making home energy efficient)
* **Modernization** (Updating property by installing up-to-date improvements to the home, also may include making property handicap accessible)
* **Rehabilitation** (Repairing and/or replacing, painting, flooring, windows, etc.)
* **Limit is $5000.00 each for Weatherization, Modernization, or Rehabilitation per home/household a year.**
* **Accumulated total of all housing assistance is limited to $8,000 every five (5) years.**

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

* **Applicants must** be at or below **80%** of the current Federal Median Income guidelines for Alaska. Also, **they must reside within the Seldovia Village Tribe’s tribal boundaries**.
* If the applicant chooses to hire somebody to do the work, the Housing Program will pay the cost, but, it means less money for the materials needed. Applicant will have to sign a promissory work contract and must allow SVT staff the right to come and verify that all work and all materials have been used as they were intended. For any materials not accounted for, the applicant may be made liable to pay for materials and can be prosecuted for defrauding a federally assisted program.
* **Homes built before 1978** possibly contain lead based paint, and since you are to do the work on your own home, SVT dictates that you must sign the Lead-Based Paint Disclosure Agreement after reading the EPA “Protect Your Family from Lead in Your Home” pamphlet.

# 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 year’s 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 income tax.
  + CIB- Certification of Indian Blood (issued by the Bureau of Indian Affairs).
  + Picture ID, Driver’s License or Passport.
  + Original Social Security Card for Applicant.
  + If Disabled- Proof of Disability from Doctor or other legal source stating disability.
  + Proof of income for entire household for last 12 months. Pay stubs, Pensions, Social Security, Disability Payments, VA payments, ATAP-AFDC-FS-AAP printout, Unemployment Benefits payment stubs, Child Support, Alimony, etc.
  + Any Native Dividends received monthly, semiannual, or yearly.
  + Any other payments received monthly, semiannual, or yearly.
  + Deed of Trust for the home that will be worked on.
  + Tax Assessment for the home that will be worked on.
  + If renting, lease/rental agreement.

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 Honeybee at (907) 435-3260

# SVT PROGRAM APPLICATION

**APPLICANT INFORMATION**

**TODAY'S DATE:**

**AMOUNT REQUESTED:** $

**Please put a check mark next to the**

**SVT PROGRAM APPLYING FOR:**

* + - **Weatherization** *(Making home energy efficient.)*
    - **Modernization** *(Updating property by installing up-to-date improvements to the home, also, may include making property handicap accessible)*
    - **Rehabilitation**

*(Repairing and/or replacing, repairs, painting, flooring, windows, etc.)*

|  |  |  |
| --- | --- | --- |
| **FULL NAME:** | **Birthdate:** |  |
| *Last* | *First* |  |
| **ADDRESS:** | | |
| *Street Address* |  | *Apartment/Unit #* |
| *Mailing Address* |  |  |
| *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| **TELEPHONE #:** |  |  | **EMAIL:** |
| **SOCIAL SECURITY #:** | **STATE & DRIVER’S LICENSE #** |
| **EMPLOYER:** | **MONTHLY WAGES : $** |
| **TRIBE's Name & ROLL #:** |  |

|  |
| --- |
| **LIST OTHER HOUSEHOLD MEMBERS** |
| **Birthdate:** |
| **Birthdate:** |
| **Birthdate:** |
| **Birthdate:** |
| **Birthdate:** |
| **Birthdate:** |

# APPLICANT NARRATIVE

Please describe what you want done for your Weatherization / Modernization / Rehabilitation project. Please keep in mind that the limit is **$5,000.00**. Therefore, you must prioritize what you need done. Also, you must attach estimate proposal of material and labor cost.

**APPLICANT CERTIFICATION**

**I have read and supplied the information made on or in connecction with this application and understand that providing false information will disqualify me and can result in legal action.**

|  |
| --- |
| 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 five 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. |

*Applicant’s Signature Date*

# 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 |  |  |
| SSA Social Security Income |  |  |
| SSI Supplemental Security Income |  |  |
| TAN / ATAP |  |  |
| General Assistance / APA |  |  |
| 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 |  |
| Other |  |  |  |
| **TOTALS:** | | | | |

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

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

**Access, Waiver of Liability & Hold Harmless Agreement**

1. In consideration for participating in and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE **Seldovia Village Tribe,** the officers, agents and employees (herinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me while participation in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH,

that may be sustained by me, or any loss of damage to property owned by me as a result of being engaged in such an activity.

1. I agree to HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney's fees, that may incur due to my participation in said activity.
2. I UNDERSTAND THAT THE RELEASEES WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COST ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read

the foregoing Access, Waiver of Liability and Hold Harmless Agreement, understand it

and sign it voluntarily as my own free will act and deed; no oral representations, statements

or inducements, apart from the foregoing written agreement, have been made; I am at least

eighteen (18) years of age and fully competent; and I execute this Release for full, adequate

and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand on this Date of: / /

Participant Signature

Witness Signature



PROMISSORY CONTRACT

I, , hereby state that I will use the materials obtained for me and my household from the Seldovia Village Tribe Housing Weatherization / Modernization / Rehabilitation Program, and that they will be used for the purposes that I have stated in the Narrative in my Housing Application.

I understand that a representative of the Seldovia Village Tribe Housing Program Department will come into my home before conduction the job to see where the materials will be used. And then, after I have completed the job to verify that all materials obtained for me from the Seldovia Village Tribe Housing Program have been used as I stated that they would be.

I understand that I am responsible for any and all breakage that may occur during the installation of materials. And in no way will the Seldovia Village Tribe Housing Programs or the Seldovia Tribal Council be held responsible for the replacement of said materials. I must keep materials even if broken for the Seldovia Village Tribe Housing representative to verify as being broken, but that it will be up to me to repair or replace.

I also understand that I have to have the installation of all materials completed and ready for inspection by the Seldovia Village Tribe Housing Representative by said date of . If I need to reschedule an appointment due to not being able to complete the said job on time, I will make arrangements with Seldovia Village Tribe Housing Programs Representative at least 3 days prior to the set inspection date.

I, , will be responsible for verifying all materials are delivered and accounted for before signing off as received and delivered. I also understand that signing for the materials, and not having all the materials, will make me accountable for having to replace and install the materials out of my own finances to satisfy my agreement with Seldovia Village Tribe Housing Program. If all materials are not present at time of delivery, it will be noted to the delivery driver and the necessary corrections made by the delivery driver to the materials list. I will then call Seldovia Village Tribe Housing Representative and inform them of the materials that were not delivered. I understand that the delivery driver will take the signed delivery invoice and they will not be leaving any invoices with me.

I understand that by signing this contract, that I, , will be responsible for the accountability of all materials and for using them as I said I would. By not doing so in a timely manner, and not being able to show proof of use of all materials to Seldovia Village Tribe Housing Representative, I further understand that I could be prosecuted and made liable to pay for all materials not accounted for. The Seldovia Tribal Council Board will make the determination of eligibility to participate in future programs should I default in this agreement.

“I shall conduct all work in accordance with the best safety practices and local, state, and federal laws. Further, I shall indemnify, defend and hold the Seldovia Tribal Council and its employees harmless from any and all cost (including attorney fees), claims and connection to the Seldovia Village Tribe Housing Weatherization/ Modernization/ Rehabilitation Program.”

Participant Signature Date

Application received by:

Housing Program Coordinator Date



# HOUSING ASSISTANCE and USEFULL LIFE AGREEMENT

I, 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 Program (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

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

Signed Date

*Participant*

Signed Date Signed Date

*SVT Housing Program Coordinator* SVT President/CEO

# LEAD BASED PAINT DISCLOSURE AGREEMENT

**I did receive and read the pamphlet “Protect Your Family from Lead in Your Home” that is part of the requirements for the Seldovia Village Tribe Housing Weatherization / Modernization / Rehabilitation Program.**

**I have read and fully understand the information that was given me by the Seldovia Village Tribe’s Housing Program concerning Lead-Based Paint and the dangers associated with it.**

**I understand that by signing below I am attesting to being fully aware of the Lead Based Paint dangers that I impose on myself and on my family and that the Seldovia Tribal Council or the Seldovia Village Tribe Housing Programs cannot be held liable in any form or manner.**

**I also understand that by signing below that I fully assume any and all liabilities and risks for myself, my family and those that may be exposed with the manner and way I choose to conduct the work on my home with the Grant I am receiving through the Seldovia Village Tribe Housing Weatherization / Modernization / Rehabilitation** **Program.**

|  |  |
| --- | --- |
| *Applicant Signature* | *Date* |

# THINGS YOU SHOULD KNOW

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

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.

**INPORTANT! Don’t risk your chances for Federally assisted housing by providing false, incomplete, or**

**inaccurate information on your application and recertification forms.**

|  |
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| **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.   **PAGE 1/2 Things You Should Know** |

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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.

**ASK 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. |

|  |
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| **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* |

**PAGE 2/2 Things You Should Know**

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Seldovia Village Tribe \*\*\*\*\* Housing Program Coordinator, Honeybee Nordenson \*\*\*\*\* 907-435-3260

**FY2024 NAHASDA INCOME LIMITS FOR ALASKA**

Alaska Median Family Income $111,800 [four people]

**Effective 04/26/2024**

**You must be at or UNDER the 80% Median Income to qualify for this Program**

**80%**

**AK Median**

|  |  |  |  |
| --- | --- | --- | --- |
| **1-Person Household:** | **$78,260** | **$62,608** |  |
| **2-Person Household:** | **$89,440** | **$71,552** |  |
| **3-Person Household:** | **$100,620** | **$80,496** |  |
| **4-Person Household:** | **$111,800** | **$89,440** |  |
| **5-Person Household:** | **$120,744** | **$96,595** |  |
| **6-Person Household:** | **$129,688** | **$103,750** |  |
| **7-Person Household:** | **$138,632** | **$110,906** |  |
| **8-Person Household:** | **$147,576** | **$118,061** |  |



**SVT Housing Programs**

Housing Down Payment Assistance

Housing Weatherization/Modernization/Rehabilitation Assistance Tenant Rental Assistance

Housing Assistance for College / Vocational Training Housing Emergency Assistance

/Users/hnordenson/incomeguidelines/FY2025AKIncomeLimits80 26April2024



## 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, PO Drawer L, Seldovia, AK 99663. The requested information shall be used solely in the administration of SVT programs, and a reproduction of the 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 Permanent 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

