

SELDOVIA VILLAGE TRIBE HOUSING OFFICE



HOMEOWNERSHIP ASSISTANCE PROGRAM APPLICATION PACKET

FY2025

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SELDOVIA VILLAGE TRIBE HOUSING PROGRAM

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Homeownership Program

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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 **\$_____**. Families receiving funds for this assistance will not be eligible for the Home Ownership Assistance Program again for a period of 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.

SVT HOMEOWNERSHIP PROGRAM

REQUIREMENT TO VERIFY INCIDENT

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

SVT HOMEOWNERSHIP 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.
- Last 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 for last 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 Honeybee at (907) 435-3260

SVT HOMEOWNERSHIP PROGRAM

SVT PROGRAM APPLICATION

APPLICANT INFORMATION

DATE: _____

AMOUNT REQUESTED: _____

SVT PROGRAM APPLYING FOR: _____

FULL NAME _____ BIRTHDATE: _____
Last First

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY STATE ZIPCODE

TELEPHONE NO.: _____ EMAIL: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE STATE: _____ # _____

EMPLOYER: _____ MONTHLY GROSS \$: _____

TRIBE'S NAME and ROLL NO.: _____

LIST OTHER HOUSEHOLD MEMBERS

HOUSEHOLD MEMBER	BIRTHDATE	AK NATIVE/AMERICAN INDIAN
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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 Seldovia Village Tribe program participation and services.

Participant Signature

Date

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		
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			Child Care	
Phone (Base Charge)			Other (ie: internet)	
Home Insurance			Other (ie; gas for vehicle)	
Groceries			Other	
Other				

MONTHLY household+misc TOTAL: _____

HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM SELDOVIA VILLAGE TRIBE? YES_____NO_____

IF YES, WHAT TYPE OF ASSISTANCE AND WHEN?

SVT HOMEOWNERSHIP PROGRAM

HOUSING ASSISTANCE 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 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 closing cost and/or down payment agreed upon.

Scope of Assistance 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 _____
Participant Signature Date

Signed _____
Seldovia Village Tribe Housing Program Coordinator Date application rec'd

Signed _____
Seldovia Village Tribe CEO / President Date application approved

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

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.

FY2025 NAHASDA INCOME LIMITS FOR ALASKA

Alaska Median Family Income \$114,300 [four people]

Effective 05/05/2025

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

	AK Median	80%
➤ 1-Person Household:	\$80,010	\$64,008
➤ 2-Person Household:	\$91,440	\$73,152
➤ 3-Person Household:	\$102,870	\$82,296
➤ 4-Person Household:	\$114,300	\$91,440
➤ 5-Person Household:	\$123,444	\$98,755
➤ 6-Person Household:	\$132,588	\$106,070
➤ 7-Person Household:	\$141,732	\$113,386
➤ 8-Person Household:	\$150,876	\$120,701

SVT Housing Programs

❄ Housing Down Payment Assistance

❄ Housing Weatherization/Modernization/Rehabilitation Assistance

❄ Tenant Rental Assistance

❄ Housing Assistance for College / Vocational Training

❄ Housing Emergency Assistance



SELDOVIA VILLAGE TRIBE

Tradition Integrated with Technology

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

