

SELDOVIA VILLAGE TRIBE HOUSING OFFICE



RENTAL ASSISTANCE PROGRAM APPLICATION PACKET

FY 2025

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SELDOVIA VILLAGE TRIBE HOUSING PROGRAM

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Rental Assistance Program

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RENTAL ASSISTANCE PROGRAM GUIDELINES

The Seldovia Village Tribe Housing Program has established a program targeted for rental assistance, including first month's rent and/or security deposits, for our enrolled Tribal members and for other Alaska Native and American Indians who are currently enrolled and are elderly, disabled and/or low-income. Policies and Procedures have been made to allow SVT to provide the following services:

- To provide assistance to individuals or families in the form of first and/or last month's rent, housing security deposits and utility deposits.
- Assistance shall be a Maximum Total of one (1) assist per individual or household per year and shall be provided as a grant.
- Total Rental Assistance can be no more than **\$2,500** per individual/household every five (5) years.
- **AND** a limit of **\$8,000**, accumulated total of all SVT Housing Programs every five (5) years.
- Only one (1) individual in the applicant household may participate in the program.
- Disbursement of funds will be made directly to the landlord, payments to related 3rd parties are prohibited.

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 who can establish a need.

APPLICANTS MUST:

- Be a Seldovia Village Tribal Member and/or enrolled Alaska Native or American Indian
- Provide proof that household income is at, or below, 80% of the current Federal Median Income guidelines set for Kenai Peninsula Alaska
- Be elderly, disabled, and/or low income, and can provide proof of need
- Reside within the Seldovia Tribe's tribal boundaries
- Provide SVT with a copy of the Rental Agreement
- Provide verifiable, sustainable income for future rent payments

SVT RENTAL 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 year signed income tax form that was submitted to IRS. Or letter from the IRS, stating that you didn't have to file for the last year.
- Proof of income for entire household for last 6 months. Pay stubs, Pensions, Social Security, Disability Payments, VA payments, ATAP-AFDC-FS-AAP printout, Unemployment Benefits payment stubs, Child Support, Alimony.
- 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. 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.
- Any Native Dividends received monthly, semiannually, or yearly.
- Any other payments received monthly, semiannually, or yearly.
- Signed letter from landlord stating amount of rent and security deposit required.

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: _____ REQUESTED AMOUNT: \$ _____

SVT PROGRAM APPLYING FOR: _____

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 #: _____

SVT RENTAL ASSISTANCE PROGRAM

Household members: Head of Household _____

Name: _____ Birthdate _____

Name: _____ Birthdate _____

Name _____ Birthdate _____

DESCRIPTION OF WHY YOU NEED RENTAL ASSISTANCE:

ITEMIZATION OF RENTAL ASSISTANCE REQUIRED:

Security DEPOSIT: _____

1st month's RENT: _____

Electric DEPOSIT: _____

Phone DEPOSIT: _____

TOTAL ASSISTANCE REQUESTED: _____

APPLICANT CERTIFICATION

I have read and supplied the information in 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 Signature

Date

SVT Housing Program Coordinator's Signature *DATE Rec'd*

SVT President/CEO's Signature

DATE approved

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?

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.

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.

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, SW, 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

