SELDOVIA VILLAGE TRIBE HOUSING OFFICE



STUDENT HOUSING ASSISTANCE PROGRAM APPLICATION PACKET

FY2025

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SELDOVIA VILLAGE TRIBE HOUSING PROGRAM

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Student Housing Assistance Program

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STUDENT HOUSING ASSISTANCE 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 Assistance 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

SCHOOL APPLICATION DEADLINE:	
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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 Honeybee Nordenson at Seldovia Village Tribe Housing Office (907) 435-3260 OR hnordenson@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: Honeybee Nordenson

SVT STUDENT HOUSING ASSISTANCE PROGRAM

	STUDE	NT INFORM	<u>MATION</u>	
STUDENT NAME:				
STUDENT NAME:	Last	First	Middle	
ADDRESS AT SCHO	OOL:			Zip Code
	Street or PO Box	City	State	Zip Code
	DECC.			
PERMANENT ADDI	Sttreet or PO Box	Cii	ty State	Zip Code
TELEDHONE NO		EMAII.		
TELEPHONE NO.:	Contact Phone	DMAIL.		
FATHER'S NAME:				
FATHER'S NAME:_	Last	First	Middle	
MOTHER'S NAME:_				
	Last	First	Middle	
DATE OF BIRTH:	SC	CIAL SECURI	TY NO.:	
	_			_
NAME OF SCHOOL:	:			
SCHOOL ADDRESS	Street or PO Box.	City	State	Zip Code
LANDLORD'S NAM	E:		PHONE NO.:_	
LANDLORD'S ADDI	RESS:	City	State	Zip Code
	Student Signature		Date	-
	Parent/Guardian Signature		Date	_

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-	Supplies	
Corporation Grant	Room	
Gov't Aid (Assistance)	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 information will disqualify me and can result in legal action.		
Student Signature	 Date	
S		

Parent/Guardian Signature

Date

STUDENT AGREEMENT & CERTIFICATION 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	
Application received by: Housing Coordinator	Date	_ Application approved by: President/CEO	Date

SVT PROGRAM APPLICATION

APPLI	CANT INFORMATION	
SVT PROGRAM APPLYING FOR:	AMOUNT	REQUESTED:
DATE:	BIRTHDATE: _	
FULL NAME:		
	First	Other Names Used
ADDRESS: Street Address		Apartment/Unit #
Mailing Address		
City	Sta	te ZIP Code
TELEPHONE NO.:	EMAIL:	
SOCIAL SECURITY NO.:	DRIVER'S LIC. State	& Number:
	EMPLOYMENT	
EMPLOYER:	MONTHLY GROSS S	S:
TELEPHONE NO.:	FMAII.	
	EWIAIL.	
<u></u>	EWAIL.	
	EWAIL.	
	R HOUSEHOLD MEMBER	
LIST OTHER		RS
LIST OTHER	R HOUSEHOLD MEMBER	RS date:
LIST OTHER	R HOUSEHOLD MEMBER	RS date:
LIST OTHER	R HOUSEHOLD MEMBER Birth Birth	date:date:
LIST OTHER	R HOUSEHOLD MEMBER Birth Birth Birth	date:date: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		Other	
TOTALS:			

	YOU PREVIOU YES	SLY RECEIVED _NO	ASSISTANCE	FROM SELD	OVIA VILLAGE
IF YES,	WHAT TYPE	OF ASSISTANCI	E AND WHEN?		

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FY2025 NAHASDA INCOME LIMITS FOR ALASKA

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

Effective 05/02/2025

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
		1

SVT Housing Programs

- * Housing Down Payment Assistance
- * Housing Weatherization/Modernization/Rehabilitation Assistance
 - * Tenant Rental Assistance
 - * Housing Assistance for College / Vocational Training
 - * Housing Emergency Assistance