

Applicant's Name (print legibly): _____

KIHA Use Only: Date & time signed application received by KIHA: Date: _____ Time: _____

MUTUAL HELP HOMEOWNERSHIP APPLICATION PACKET

INSTRUCTIONS: COMPLETE & RETURN THIS ENTIRE APPLICATION PACKET.
DELIVER, FAX OR MAIL YOUR COMPLETED PACKET (including this page) TO:
KODIAK ISLAND HOUSING AUTHORITY

Attn: Housing Advocate
3137 MILL BAY ROAD
KODIAK, AK 99615

Telephone: (907) 486-8111 Fax: (907) 486-4432 or 486-8723 Email: kiha@kiha.org

Office Hours: 8:00 AM - 12:00 Noon & 1:00 PM - 4:30 PM Monday through Friday (Except holidays)
(Closed 12:00 Noon to 1:00 pm for lunch)

All vacancies are filled from a waiting list that is updated regularly. Applicants must demonstrate sufficient income to pay housing payment and utilities for the home, and must pass other admission criteria. Documentation and references are required. A \$1500 deposit may be required. You will be required to pay a prorated first month's payment prior to or at the time of move-in.

I am applying for housing in the following village: select the village(s) & unit size(s) you desire. You may select more than 1 option:

- AKHIOK
- KARLUK
- LARSEN BAY
- OLD HARBOR
- OUZINKIE
- PORT LIONS

NUMBER OF BEDROOMS NEEDED:

- 2
- 3
- 4
- 5

Are you requesting a home that includes handicap accessibility features?

- Yes
- No

Mutual Help Application Checklist

The following is a list of information necessary to properly document your application file. Some items may not apply to you. The sooner you provide this information, the faster we can assist you. Failure to provide the information will result in determining your application as incomplete. Additional items may be required. Upon availability of a home for you, our office may request updated information. We recommend that you retain all documentation so that it is easily accessible. **Please include these items for all household members.**

- ❑ Completed, legible application, with signatures from all adult applicants
- ❑ Copy of most recent paystubs covering a 6-week period, or a printout from your employer
- ❑ Last paystub or printout of earnings from all other employers this year
- ❑ Complete copy of most recent money account statements covering a 2-month period (including checking, savings, Money market, IRA, stock, investment, etc)
- ❑ W-2's & 1099's for the past 2 years
- ❑ Copy of tax returns including all pages & schedules for the past 2 years. If you don't have these you may obtain them from your tax preparer or directly from IRS. Call IRS at 1-(800) 829-1040 to obtain a transcript or a copy. Be aware-this process takes several weeks!
- ❑ Documentation regarding all other sources of income (such as Native dividends, public assistance, senior care, Social Security, VA, pensions, annuity, IRA, etc)
- ❑ Name and address and telephone number for the landlord, along with your physical address, for **all** prior addresses you have had for the past 24 months.
- ❑ Photo ID for all household members aged 18 or older
- ❑ Certificate of Indian Blood for primary applicant
- ❑ Copy of Birth certificates for all household members, including applicant and children
- ❑ Copy of Social Security Card for all household members (contact Social Security at 1-800-772-1213 or via their website at www.socialsecurity.gov for the application)
- ❑ If you have partial, shared or temporary custody of children, you must provide documentation that addresses your custody rights
- ❑ Proof of immigration status for any household member who is not a US citizen
- ❑ If the head of household is 62 or older and you have un-reimbursed medical insurance premiums or medical expenses, please provide evidence of your expenses
- ❑ Documentation for expenses to provide care for children or for a disabled family member

**KODIAK ISLAND HOUSING AUTHORITY
APPLICATION
MUTUAL HELP HOMEOWNERSHIP PROGRAM**

Instructions: Please print legibly. Complete all information, or indicate N/A if it does not apply. Failure to provide information may cause your application to be delayed or denied.

1. Applicant Information (head of household):

Full legal name: _____
Sex: M____ F____ Social Security #: _____ Date of birth: _____
Are you a U.S. Citizen? ____Yes ____No Are you a Native American? ____Yes ____No
Marital Status: _____ If you are married, is your spouse the co-applicant? ____Yes ____No
Current mailing address: _____
Current Physical residence address: _____
Daytime phone #: _____ Cell phone: _____ Work phone: _____
Name of current Employer: _____
Employer's phone number: _____
Current Landlord name: _____
Current landlord telephone number: _____
Name of your nearest living relative: _____
Telephone number of relative named above: _____
List other names you have used in the past 10 years, including nicknames: _____

2. Co-applicant Information:

Full legal name: _____
Sex: M____ F____ Social Security #: _____ Date of birth: _____
Relationship to Applicant: _____
Are you a U.S. Citizen? ____Yes ____No Are you a Native American? ____Yes ____No
Current mailing address: _____
Current Physical residence address: _____
Daytime phone #: _____ Cell phone: _____ Work phone: _____
Name of current Employer: _____
Employer's phone number: _____
Current Landlord name: _____ Telephone: _____
Name of your nearest living relative: _____ Telephone: _____
List other names you have used in the past 10 years, including nicknames: _____

3. List all other people who will live in the home with you. Use additional paper if necessary.
Print legibly:

First & last name	Date of birth	Sex: M or F	Social security number	Relationship to head of household

4. Applicant & co-applicant: Provide the following information regarding your previous addresses and landlords. Begin with your last address & go back 3 years. Use additional paper if necessary:

Dates of occupancy: From _____ to _____ Did you (circle one): Own Rent
 Address of property including city & State: _____
 Name of landlord or Mortgage servicer: _____
 Telephone number including area code: _____
 What was your name when you lived here: _____

Dates of occupancy: From _____ to _____ Did you (circle one) : Own Rent
 Address of property including city & State: _____
 Name of landlord or Mortgage servicer: _____
 Telephone number including area code: _____
 What was your name when you lived here: _____

Dates of occupancy: From _____ to _____ Did you (circle one) : Own Rent
 Address of property including city & State: _____
 Name of landlord or Mortgage servicer: _____
 Telephone number including area code: _____
 What was your name when you lived here: _____

5. Household Income: Please indicate your gross monthly household income for all adult wage earners. State the amount earned before taxes and other withholdings:

\$ _____ per month for (household member's name) _____
 Source of this income (wages, child support, public assistance, dividends, etc): _____

\$ _____ per month for (household member's name) _____
 Source of this income (wages, child support, public assistance, dividends, etc): _____

\$ _____ per month for (household member's name) _____
 Source of this income (wages, child support, public assistance, dividends, etc): _____

Other household income (describe or provide detail for all other income-such as PFD, insurance settlements, unemployment compensation, worker's compensation, pension or retirement, etc):

6. Household bank accounts: Please list your bank and credit union accounts that belong to the adult members of your household. Use additional paper if necessary:

Name of Bank or credit union	Type of account (checking, savings, etc)	Account number	Current balance

7. Former employment over past 2 years for both applicant and co-applicant: Provide the following regarding previous jobs or employment you have had in the past 24 months. Provide information for all adults in your household. If you were self-employed, please indicate this. If you were un-employed during part of this time, please indicate this also.

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

8. Personal References for applicant: Provide the names and contact information for 3 people who can provide a personal reference for you:

Name: _____ Phone: _____
 Complete Address: _____
 Relationship to me: _____

Name: _____ Phone: _____
 Complete Address: _____
 Relationship to me: _____

Name: _____ Phone: _____
 Complete Address: _____
 Relationship to me: _____

Please answer all of the following questions, and provide detail as needed. If you need to provide an explanation use additional pages if necessary. False or incomplete information may be considered as fraud and carries serious consequences that can include fines or imprisonment.

9. **Do any members of your household receive Native Dividends?** _____
How often do you receive disbursements? _____ **Amount?** _____
What tribe is your household a member of? _____
10. **Have you or a member of your household ever been arrested, charged or convicted of any crime other than a traffic violation?** _____ YES _____ NO
If yes, please state who, explain the date and type of arrest and/or conviction: _____

11. **Have you or a member of your household been evicted or had a lease terminated?**
_____ YES _____ NO If yes, please explain when and why: _____

12. **Have you or a member of your household ever participated in a federally subsidized housing program?** _____ YES _____ NO
If yes, provide dates: from _____ to _____
Name of Housing Authority: _____
Address of Housing Authority: _____

13. **Do you or a member of your household owe money to a current or a past landlord, including any other Housing Agency or Housing Authority?**
_____ YES _____ NO If yes, please state to whom you owe and explain:

14. **Does anyone in your household have a disability that requires a unit with handicap accessibility features?** _____ YES _____ NO If yes, what features would you require?

15. **If you are age 62 or over, are disabled or handicapped, do you have medical expenses that are NOT reimbursed by insurance or other programs?** _____ N/A _____ YES _____ NO If yes, we may be able to factor these costs when calculating your payment. Briefly describe the expenses & attach proof: _____

16. **Child care costs: If you have children under age 13, do you pay for childcare in order to work or attend school?** _____ N/A _____ YES _____ NO If yes, we may be able to factor these costs when calculating your payment. Provide the name and phone number of your child care provider, briefly describe the expenses & attach proof:

17. **Have you or any other member of your household sold, transferred or given away any asset in the past 24 months?** (assets can include but is not limited to real estate, automobiles, bank accounts, cash, stock, etc) _____ Yes _____ No If yes, please explain when and what was sold: _____

CERTIFICATION, CONSENT AND AUTHORIZATION:

I certify that the information I have provided to Kodiak Island Housing Authority in this application is true and correct. I understand that my current and former employers, landlords and references will be contacted. I authorize Kodiak Island Housing Authority to obtain a credit report or other form of verification regarding the information I have provided. I consent to and authorize Kodiak Island Housing Authority to verify any and all information provided here.

I agree that Kodiak Island Housing Authority may terminate any agreement with me, including an application and/or a lease or Mutual Help and Occupancy agreement, if I have made a false statement or am aware of a false statement in this application. I authorize a photocopy of my signature below to be used and accepted as though it were an original signature.

Applicant's signature: _____

Printed name of applicant: _____ Date signed: _____

Co-Applicant's signature: _____

Printed name of applicant: _____ Date signed: _____

Co-Applicant's signature: _____

Printed name of applicant: _____ Date signed: _____

Kodiak Island Housing Authority does not discriminate against any person because of race, color, religion, sex, disability, familial status or national origin. We do business in accordance with the Federal Fair Housing Law. If you believe you have been discriminated against you may contact the Fair Housing and Equal Opportunity toll-free hotline at 1-(800) 669-9777 {TTY users: 1-(800) 927-9275}, or via the internet at www.hud.gov.



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak AK 99615

www.kodiakislandhousing.org

Phone: 907- 486-8111 Toll Free: 800- 478-5442 Fax: 907- 486-4432

PRIVACY POLICY

We collect non-public personal information about you from the following sources:

- * Information we receive from you on applications or other forms;
- * Information about your transactions with us or others; and
- * Information we receive from others, such as a consumer reporting agency, court records, employers.

We do not disclose non-public personal information about you to anyone, except as authorized by you or permitted by law.

If you decide to close your account(s) or become an inactive client, we will adhere to the privacy policies and practices as described in this notice.

To maintain security of client information, we restrict access to your personal and account information to those employees who need to know that information to provide you with our products and/or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us:

Kodiak Island Housing Authority
3137 Mill Bay Road
Kodiak, AK 99615
Telephone: (907) 486-8111 or Toll free: 1-(800) 478-5442
Website: www.kodiakislandhousing.org

I/we have received a copy of this Privacy Policy.

_____ Dated: _____

_____ Dated: _____

Kodiak Island Housing Authority

3137 Mill Bay Road Kodiak, Alaska 99615

Telephone: (907)486-8111

Toll free:1 (800) 478-5442

Fax: (907)486-4432

Authorization for Release of Information

Printed name of Head of Household applicant: _____

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Kodiak Island Housing Authority (KIHA) any information or materials needed to complete and verify my application for, or participate in, any KIHA assisted housing program. Verifications and inquiries that may be requested include, but are not limited to:

- * IDENTITY AND MARITAL STATUS
- * CREDIT HISTORY
- * POLICE RECORDS AND CRIMINAL HISTORY
- * EMPLOYMENT INCOME
- * RESIDENCES AND RENTAL ACTIVITY
- * INCOME FROM ANY SOURCE
- * ASSETS OF ANY KIND, INCLUDING ASSETS ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS
- * MEDICAL & CHILD CARE PROVIDERS

Agencies or Individuals That KIHA May Contact

- * PAST AND PRESENT LANDLORDS
- * COURTS AND POST OFFICES
- * SCHOOLS AND COLLEGES
- * LAW ENFORCEMENT AGENCIES
- * UTILITY COMPANIES
- * VETERANS ADMINISTRATION
- * FINANCIAL INSTITUTIONS
- * AK PERMANENT FUND CORPORATION
- * PRIVATE SOCIAL SERVICE AGENCIES
- * PERSONAL REFERENCE
- * PAST AND PRESENT EMPLOYERS
- * DEPT. OF HEALTH & SOCIAL SERVICES
- * DEPT. OF LABOR
- * INTERNAL REVENUE SERVICE
- * DEPT. OF EDUCATION
- * PUBLIC RECORDS
- * SOCIAL SECURITY ADMINISTRATION
- * MEDICAL AND CHILD CARE PROVIDERS
- * PENSION OR RETIREMENT SYSTEMS
- * PAYEES, TRUSTEES

AUTHORIZATION AND CONSENT: I acknowledge and authorize Kodiak Island Housing Authority to verify information regarding my application for a housing program. I understand that this authorization will not be used for any information that is not pertinent to my application for housing. I consent to verification and give permission for a photocopy of my signature below be used and accepted as though it were an original signature. This authorization will expire 15 months from the date signed.

Signature of Applicant

Printed Name of Applicant: _____

Date Signed: _____

Signature of Applicant

Printed Name of Applicant: _____

Date Signed: _____

Signature of Applicant

Printed Name of Applicant: _____

Date Signed: _____

INSTRUCTIONS: KEEP THE REMAINING PAGES FOR YOUR OWN INFORMATION. Do not return to KIHA.

BRIEF STATEMENT OF MUTUAL HELP HOMEOWNERSHIP PROGRAM

In October 1996 Congress passed a law entitled the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. NAHASDA programs fall under the vast umbrella of programs and funding provided through Housing and Urban Development (HUD). Under NAHASDA Kodiak Island Housing Authority (KIHA), an Indian Housing Authority, is required to give preference in its HUD-funded programs to Native American families. Non-Native American families are allowed to participate; however Native American families are given preference.

The Mutual Help Homeownership Program is a “deferred purchase” program designed to help low-income families achieve home ownership in 25 years or less. HUD annually sets its low-income guidelines. KIHA manages many Mutual Help units in the villages around the Kodiak archipelago. House sizes vary from a 2-bedroom to a 5-bedroom home, and also vary in age and design. Some locations require a \$1,500 deposit. The monthly payment is calculated based on a formula that takes into account the household income and a utility allowance, together with deductions for number of dependents, medical costs, etc. The Mutual Help program requires a minimum payment to help cover KIHA’s expense of managing the program. This minimum payment is called the Administration Fee. **The homebuyer is required to pay all utilities and to perform all maintenance, repairs and upkeep to the home.**

Application process: We will conduct a preliminary evaluation of your completed application. KIHA will notify you in writing of preliminary acceptance or denial of your application. If accepted, your name will be placed on a Wait list based on the date and time your application was received together with any allowable preference points in accordance with our policy. Preliminary acceptance of your application only establishes a placement on our Wait list, and does not guarantee that we will offer a Mutual Help home to you.

Don’t Commit Fraud! If your application contains false or incomplete information you may be evicted, required to repay all overpaid assistance, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance. State and local governments may have other laws and penalties as well.

Wait List: We maintain wait lists of applicants based on number of bedrooms. Mutual Help homes are offered as they become available. The Wait list is updated periodically. Failure to respond to a request for updated information may cause your name to be dropped from the Wait list.

Qualified Applicant:

- Must demonstrate adequate income to afford the expense of the minimum monthly payment, the utilities and upkeep to the home.
- You must have satisfactory rental or mortgage loan references with us or with others. If you have not rented or owned a home before, you must provide other references that can verify your credit worthiness.
- Current probation status or a criminal history may cause your application to be denied. Failure to disclose such information will cause your application to be denied.
- Disclosure -- If you fail to fully disclose requested information including information regarding your income and assets, or if you deliberately misrepresent your situation, your application will be denied.

Admission criteria: KIHA will notify you either verbally or in writing when a Mutual Help home is expected to be available. We will require a face-to-face meeting, payment of any required deposits & the first month’s

prorated payment prior to or at the time of move-in. You will also be required to show proof of establishment of the electricity and fuel account connection with your village provider.

Occupancy Requirement: Your Mutual Help home must become and must remain your primary residence. We may restrict the number of people who may reside in the home. In determining these restrictions, we adhere to all applicable Fair Housing Laws. Exceptions to occupancy guidelines may be permitted in certain circumstances.

Purchase Price: The Purchase Price of your home will be calculated by KIHA based on a Marshall Swift Program calculation that takes into consideration the age, size, features and current condition of the home and factors in a cost for replacement. The Purchase Price is not calculated on market value, or what the home might sell for in today's market. The Mutual Help program is a "deferred purchase" program. The ultimate goal is to help you own your home in 25 years or less. The Purchase Price becomes your starting Principal Balance. There is no interest charge associated with the Mutual Help account; however KIHA is required to establish a minimum charge, called an Administration Fee, to help cover the costs associated with managing the program.

Condition of home: Mutual Help homes are not in new condition. Many parts or features of the home may have been refurbished prior to your move-in. Your home will be un-furnished. A refrigerator, a cooking range/oven, and window screens are provided. Many but not all homes have a woodstove or a Toyo stove as an additional source for heat.

Monthly Payments: The Mutual Help program is structured to require a monthly payment from you. The minimum payment is calculated based on 15% of the adjusted annual household income less an allowance for utilities, dependents, and certain other expenses. The minimum payment will be KIHA's Administration Fee. The Administration Fee can change from time to time. If your income is seasonal in nature you will need to demonstrate the ability to budget appropriately so that your account remains in good standing. Payments are due every month on the 1st day of each month. A late fee will be charged if the payment is not made by the 15th of the month.

Annual Recertification of Family Income and Composition: The Mutual Help program requires that we conduct at least an annual review of your household composition and income. KIHA will notify you by mail when this process is due and will provide a form. You will be required to provide detail regarding the annual income and assets of all household members. Failure to comply with this process will result in termination from the program.

Conveyance Schedule: The Mutual Help program is structured so that you can expect to own your home free and clear in 25 years (300 months) or less, provided that you maintain good standing on your account and comply with all program requirements. The process of transferring title, or ownership, is called Conveyance. When you receive title, your participation in the Mutual Help program is ended. You then own the home and the land free and clear and can do with it what you like.

Your principal balance is reduced each month by an amortized amount equal to 1/300 of the original Purchase Price. The amortized amount is different than your monthly payment. You can pay your home off early by paying more than the required minimum monthly payment. There is no penalty to pay extra or early. All payment amounts that you pay over the required minimum Administration Fee or other charges will be credited to an Equity account. If you move out before you have paid off the home, your Equity account balance and prepaid deposit will be refunded to you after deduction of any move-out charges for repairs.