



HOME IMPROVEMENT ASSISTANCE PROGRAM

The Home Improvement Assistance Program provides help to income qualified American Indian/Alaska Natives (AI/AN) homeowners whose homes are in need of essential repairs to restore or maintain livability to the home and to address major Health, Life, and Safety concerns. The grant is limited to up to \$5,000 annually.

ELIGIBILITY GUIDELINES

Eligibility is based on household gross income using one of the following criteria:

- The most current calendar month's income (30 Days) verification prior to award (pay stubs, statements from Social Security, or government agencies stating income earned or received)
- Previous year's tax return with Schedule C for self-employed households that do not have verification of calendar month's income
- Statement of Zero Income

All households must provide verification of their income for the eligibility period.

The standard used to determine maximum allowable income for eligibility is 80% of the median income guidelines issued annually by Housing and Urban Development (HUD) for the Ketchikan Gateway Borough area.

Maximum eligible income **FY21** to May is:

Persons in Household	Annual Income	Monthly Income
1	\$52,584	\$4382
2	\$60,096	\$5008
3	\$67,608	\$5634
4	\$75,120	\$6260
5	\$81,130	\$6761
6	\$87,139	\$7262
7	\$93,149	\$7762
8	\$99,158	\$8263

2021 KIC Housing Authority Home Improvement Assistance Program Application

For office use only
Date Received: _____
Time Received: _____
Service Date: _____
Grant Amount: _____

Before completing this application, carefully read the "Eligibility Guidelines"

Part 1. Personal Information

Your Social Security Number: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px; text-align: center;"> - - </div>	Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed. KIC will use Social Security Numbers to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants for temporary assistance for families in need
Your Name: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> DOB: ____/____/____ </div>	
_____ First Name M.I. Last Name	
Current Home Address: _____ Street Apt. City <u>AK</u> State Zip	
Mailing Address: _____ Street Apt. City <u>AK</u> State Zip	
() _____ Home Phone	() _____ Cell Phone
Email: _____	

Part 2. Household Information

List all household members starting with applicant

First, M.I., Last name	Social Security	DOB mm/dd/yyyy	Tribal Enrollment	Relationship to applicant

			Number	
	- -	/ /		Self
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

SOURCES OF INCOME AND OTHER ASSISTANCE

(Check all that apply for your household and send proof of income)

<input type="checkbox"/> Wages	<input type="checkbox"/> State of Alaska Senior Benefits	<input type="checkbox"/> Self-Employment/Farm Income* Date Business started: _____
<input type="checkbox"/> Alaska PFD	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Contract for Deed Interest
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Social Security Retirement Benefits	<input type="checkbox"/> Social Security Disability Income (SSDI)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Retirement Survivors Disability Insurance (RSDI)	<input type="checkbox"/> Retirement Income
<input type="checkbox"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Judgments or ANSCA Per Capita Payments	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Long/Short-term Disability	<input type="checkbox"/> FIP	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Support (is not income)
<input type="checkbox"/> Food Support (is not income)	<input type="checkbox"/> Earned Income Tax Credit	<input type="checkbox"/> No Income

List all expected income for the calendar year for each member of the household. Include all annuity payments such as PFD's and ANSCA corporation payments.

Household Member	Income Source (Employment, PFD, SSI, GA, etc.)	Amount	Frequency (i.e., monthly/ weekly)	Verification Attached (i.e. Check stub/w-2 etc.)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Prior to service you will be required to send proof of all gross income received by all members in your household for the **most recent calendar month**. Send copies, originals will not be returned.

Criminal and administrative actions for False Information

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination from KICHA programs.

Signature and Date of adult household members:

Applicant: _____ Co-Applicant _____

Date _____

This page must be completed with all employment information before application will be considered, if you are not employed be sure to put N/A. Income earned by *all* household members must be reported. Upon selection you will be required to submit copies of wages, of if self-employed federal tax returns with Schedule C and/or most recent month income verification for all adult residents.

Head of Household Employer:

Position:		Ketchikan Indian Community Housing Authority	
Employer Address:		429 Deermount Street Ketchikan, AK 99901 Fax (800) 821-4901 Direct: 907-228-9222	
Work Phone Number:	Date Employed:	Email: housing@kictribe.org	
Gross (Before Taxes) Monthly Earnings \$			
Co-Head of Household Employer:			
Position:			
Employer Address:			
Work Phone Number:	Date Employed:		
Gross (Before Taxes) Monthly Earnings \$			

Part 3. Housing Information

<p>Type of Housing:</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Apartment/Condo</p> <p><input type="checkbox"/> Townhouse</p> <p><input type="checkbox"/> Mobile Home</p> <p><input type="checkbox"/> Duplex</p> <p><input type="checkbox"/> Triplex</p> <p><input type="checkbox"/> Fourplex</p> <p><input type="checkbox"/> Other</p> <p>How long have you lived in your current home?</p> <p>____ Years ____ Months</p>	<p>Please explain in general terms the work being requested on your home:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Authorization for release of information 2021

1. I give my consent and authorization for any Federal, State, or local agency to release to the Ketchikan Indian Community Housing Authority (KICHA) any information needed to complete and verify my application for assistance.

2. I authorize the Social Security Administration and the Alaska Department of Health and Social Services (ADHSS) and its affiliated agencies to share with KICHA data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits.
3. I authorize KICHA to:
 - Contact my employer to verify my income.
 - If I rent, to contact my landlord to confirm my residency and standing.

By signing, I affirm that all data in this application is correct. I also acknowledge that:

- I currently reside in the address listed on this application.
- I am signing on behalf of all household members.
- I may have to prove my statements.
- I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
- I understand that filling out this application does not guarantee that my household will receive assistance.

Head-of-Household	
Print Name _____	Birth Date ___/___/___
Social Security Number _____	
Signature _____	Date ___/___/___

Co-Applicant	
Print Name _____	Birth Date ___/___/___
Social Security Number _____	
Signature _____	Date ___/___/___

I authorize release of information regarding my credit, references (personal/landlord etc.) criminal history, and financial information to a representative of KICHA for period of (1) year from the date signed.

Application Check-off List

Personal and contact information

- Completed Application – Signed and dated.
- Copy of KIC enrollment or Certificate of Indian Blood or other Tribal Enrollment - for all household members
- Copy of Picture I.D – for all household members
- Copy of Social Security Card – for all household members

Income Information

- Copy of most recent month's income
- Copy of previous year's tax return with Schedule C if you are self-employed
- Statement of Zero Income

Signature Required

- Letter of Understanding

Ketchikan Indian Community Housing Authority

429 Deermount Street | Ketchikan, AK 99901

Fax (800) 821-4901 | Direct: 907-228-9222

Email: Housing@kictribe.org

Statement of No Income

I, _____ attest to not having any income.

Dated: ____ / ____ / ____

Signature

Do you have any relatives working at KIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "YES", please list them here.
Name:	Relationship:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

RELEASE AND AGREEMENT NOT TO SUE

I/we, _____, under the NAHASDA Home Repair Program, will have repairs made to my/our property known as _____ (street address) (“the Property”).

Definition of KIC: as used herein, “KIC” means not only Ketchikan Indian Community but also its Council, employees and agents.

Assumption of risk of loss: On my/our own behalf and on behalf of all owners of any interest in the Property and my/our heirs and assigns, I/we acknowledge that I/we am/ are voluntary participating in the NAHASDA Home Repair Program and agree to assume any risk of loss associated with the repairs, unless the loss is the result of KIC gross negligence or recklessness.

Release and Agreement not to Sue: I/we hereby release, discharge and agree not to sue KIC for any injury to any person or damage or loss of value to any property real or personal, arising from or in connection with KIC’s home repair service to the Property, from whatever cause, except KIC’s gross negligence or recklessness.

I/WE HAVE CAREFULLY READ THIS RELEASE AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I/WE AM/ARE AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY/OUR OWN FREE WILL.

HOME OWNER (S): SIGNATURE

DATE

HOME OWNER (S): SIGNATURE

DATE

Ownership verified by: ie Deed, Tax Assessment	List of income documentation verified:
Agency Signature:	Date: