



Ketchikan Indian Community Housing Authority

429 Deermount Street | Ketchikan, AK 99901

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

Email: Housing@kictribe.org

ICBDG HIAP PROGRAM

ICBDG ELIGIBILITY GUIDELINES

The Home Improvement Assistance Program ICBDG provides help to income qualified American Indian/Alaska Natives homeowners whose homes are in need of essential repairs to restore or maintain livability. For a property to be eligible it must be residential, be current on all property taxes, insured, owned by and be the principal residence of the family, and projected that upon expenditure of funds (combined with funds provided by the family) all major Health, Life, and Safety Hazards will be addressed.

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

- The most recent calendar month's income verification prior to award
- Previous year's tax return
- The self-employment worksheet for self-employed household members for the prior 12 months.

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** is:

Persons in Household	Annual Income	Monthly Income
1	\$ 52,584	\$ 4,382
2	\$ 60,096	\$ 5,008
3	\$ 67,608	\$ 5,634
4	\$ 75,120	\$ 6,260
5	\$ 81,130	\$ 6,761
6	\$ 87,139	\$ 7,262
7	\$ 93,149	\$ 7,762
8	\$ 99,158	\$ 8,263

Available Assistance- Repairs to Structural, Mechanical, Plumbing and Electrical Systems, repairs to recover livability after an emergency, and elder accessibility modifications. (Examples include failure of a furnace, water heater, electrical service, or installation of grab rails, handicap ramps, roof and window repairs, etc.)

Special Requirements for Home Improvement Assistance Program

Correction of Deficiencies

KICHA will be responsible for securing the services of licensed, bonded contractors and materials. Families must adhere to approved scope of work and are responsible for any costs outside the approved work plan. Upon completion of the work (or at various stages of completion), payment will be made either by KICHA or jointly by the family and KICHA to the contractor and/or supplier.

Property Eligibility Requirements

- a. The property must be located on land within the KICHA service area.
- b. The property must be zoned for residential use.
- c. The owner must provide proof of ownership of the property to be repaired and/or, in the event of manufactured home ownership, must provide evidence of a space lease of a period at least equal to the period of the loan.
- d. The property must be the principal, primary residence of the family.
- e. The residence must be wood-frame construction or modular manufactured homes.
- f. The family must provide evidence that all property taxes are current, and that the home is fully insured for the current value of the property
- g. The property must be suitable for rehabilitation, which means that deficiencies leading to major health, life, and safety hazards, are not beyond the capability of this program to correct. For a property to be eligible, it must be projected that upon expenditure of the maximum amount of funds (combined with any funds to be provided by the family), all major health, life, and safety hazards must be addressed.

Terms and Conditions

Priority shall be given to the following repairs:

- 1st: Health, life, and safety issues
- 2nd: Accessibility issues
- 3rd: Other repairs and maintenance issues

The total assistance of all loans awarded to a family cannot exceed \$50,000 for conventional homes and manufactured homes in any 5 year period.

- a. Assistance below \$5,000 will be in the form of a grant.
- b. Assistance above \$5,000 will be in the form of a loan, secured by a Loan Agreement and a lien on the property to be repaired, with the terms to be determined prior to loan origination. The loan will be amortized over a five-year period, and will convert to a grant at the end of the five-year period if the family has continuously resided in the home during that time. Twenty percent (20%) of the loan shall be amortized at the end of each year. No partial year amortization credit shall be given. Interest in the amount of 5% of the loan amount will be charged and payable at the time the loan is issued.
- c. If the family sells, refinances or in any manner ceases to reside in the home during the five-year loan period, the loan balance (amortized over the five-year period) shall immediately be due and payable to the Tribe. For example, if the home is sold after the end of the second year, but before the end of the third year, forty percent (40%) of the loan shall be amortized, and the family will be required to repay sixty percent (60%) of the loan.
- d. The recipient must agree to insure the residence during the five-year loan period, and provide a Certificate of Insurance as verification annually naming the tribe as Loss Payee.

e. KICHA Home Improvement Assistance Program (HIAP) will not be available in this 5 year period.

Eligible Property

Eligible property is an owner occupied, single family home used as the family’s primary residence at least nine months out of the year. The deed (proof of ownership) must show the applicant as owner of record and be free of liens or encumbrances.

The funds granted to an applicant may be utilized for, but not limited to, the following:

- Installation or repair of utility services (water, sewer, electric);
- Furnace, water heater and major appliance repair/replacement (does not include washer/dryer);
- Electrical system repair/upgrade;
- Roof, siding, and window repair/replacement;
- Construction of access ramps and modifications to the home to improve accessibility.

The funds made available under this program may not be used for the following:

- Construction of a new home;
- Moving a mobile home from one site to another;
- The repair of a home that is, even after repairs are made, still a hazard to health, life and safety;
- To make cosmetic improvements or changes solely for the convenience of the home owner that are not health, life or safety issues;
- Landscaping;
- Payment of any debt other than those incurred by KIC during the repair project.

I have read and understand these requirements and certify compliance with all parts of this document:

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

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

**2021 KIC Housing Authority Home Improvement Assistance
ICDBG Program Application**

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; font-size: 24px;">- -</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: _____ DOB: ____/____/____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> First Name M.I. Last Name </div>	
Current Home Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street Apt. City AK State Zip </div>	
Mailing Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street Apt. City AK State Zip </div>	
() _____ () _____ Home Phone: _____ Daytime or other 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 Number	Relationship to applicant
	- -	/ /		Self
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

List emergency contacts

First, M.I., Last name	Address	Contact Numbers	Relationship to applicant

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.

*If self-employed, send first 2 pages of your most recent IRS-1040 tax return.

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 complete copies of federal tax returns and/or most recent month income verification for all adult residents.

Head of Household Employer:	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
Gross (Before Taxes) Monthly Earnings \$	
Co-Head of Household Employer:	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
Gross (Before Taxes) Monthly Earnings \$	
Other Adult Household Member 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"/> Four-plex</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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Part 4. Heat Sources (Oil, wood pellet, wood stove, electricity, other)

Main Heat Source _____

Secondary Heat Source _____

Have you applied for any loans or other assistance to meet your repair or accessibility needs? (i.e. USDA Rural development, AHFC, etc) Circle: Yes No

If yes:

Agency/Program _____

Contact Person: _____ phone/fax _____

Status (approved, Pending, Denied) _____

Have you had any previous assistance in the past from KIC? Circle: Yes No

Is so list assistance received _____

Part 5. Heat Sources (Oil, wood pellet, wood stove, electricity, other)

Main Heat Source _____

Secondary Heat Source _____

Do you use electricity to heat your home? Yes No. If yes, check all boxes below to indicate how it is used.

Furnace fan/blower only

Space heaters used as needed

Space heaters are the only source of heat for one or many rooms. List the room(s): _____

Other electric heat used. Check all that apply:

Baseboard Heat

In Floor System

Electric Furnace

Heat Pump

Best ways to reach you if we have additional questions: (Make sure your contact information on page 1 is correct and call us if you move or your phone number changes after submitting this application.)

US Mail

Phone

email (address on page 1)

******* You must complete all blanks on the application or it may slow down the processing of your application. Please check to make sure you have fully completed the application. *******

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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 ___/___/___

Adult Member

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.

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APPLICATION CHECKLIST

Please review application for completeness prior to mailing or delivering to KICHA

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 OR
- Copy of previous year's tax return

Property Information ICBDG Program

- Submit a copy of proof of ownership – copies of recorded deeds, patents, etc. for land ownership, mobile home vehicle titles, etc.
- Submit proof of current insurance for the property
- Submit proof all property taxes are current

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: <input type="checkbox"/> Examination of Deed <input type="checkbox"/> Tax Assessment <input type="checkbox"/> Other: _____	List of income documentation verified:
Agency Signature: _____	Date: _____