



HUD CARES PROGRAM

429 Deermount Street Ketchikan, AK 99901

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

Email Housing@kictribe.org

The KICHA HUD CARES program provides affordable housing to qualified American Indian/Alaska Natives (AI/AN)

ELIGIBILITY GUIDELINES

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

- Copy of the most recent 30 days of income verification prior to award (Examples: Pay Stubs, Annual Statements of benefit's from Various Agencies) for each adult
- For self-employed household members tax returns with Schedule C included

All household members 18 years+ 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	\$48,900	\$4,075
2	\$55,900	\$4,658
3	\$62,900	\$5,242
4	\$69,850	\$5,820
5	\$75,450	\$6,288
6	\$81,050	\$6,754
7	\$86,650	\$7,221
8	\$92,250	\$7,688

For office use only

Date Received: _____
Service Date: _____
Grant Amount: _____

2021 HUD CARES PROGRAM

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

Part 1. Personal Information

Your Social Security Number:				
<input type="text" value="- -"/>	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.			
Your Name: _____				
DOB: ____ / ____ / ____				
_____	_____	_____		
First Name	M.I.	Last Name		
Current Home Address:				
_____	_____	_____	AK	_____
Street	Apt.	City	State	Zip
Mailing Address:				
_____	_____	_____	AK	_____
Street	Apt.	City	State	Zip
() _____	() _____			
Work Phone:	Daytime or other phone			
Email: _____				

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
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

What do you need help with?

<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent	
<input type="checkbox"/> Move in Assistance	<input type="checkbox"/> Security Deposits	

Rent/Mortgage Information

Name(s) listed on mortgage	Monthly Payment	Contact Name	Mortgage number

**Current Landlord Contact Information:
Must provide accurate mailing address**

Name: _____

Address: _____

Phone/Fax: _____

Please describe how Covid-19 affected you:

- Unemployment
- Increased food costs
- Reduced employment
- Increased Internet

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 am renting, 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 ___ / ___ / ___

Adult-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.

Signature: _____

Date: _____

HUD CARES FUND

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 card or Certificate of Indian Blood or other Tribal Enrollment Card - for all household members
- Copy of Current Photo I.D. (examples DL/ Passport/ State I.D.)
- Copy of Social Security Card - for all household members
- W-9 from Landlord or Lender (only for new vendors)
- Copy of Lease Agreement
- Lease Agreement/Mortgage Statement
- Utility Bill

Income Information

- Copy of each hold members 30 days of income verification prior to award (Examples: Pay Stubs, Annual Statements of benefit's from Various Agencies) for each adult and

Ketchikan Indian Community Housing Authority

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