



Louden Tribal Council

PO BOX 244
907 656-1711
housing@loudentribe.com
Galena, AK 99741

Dear Housing Services Applicant,

Attached are the Housing Application and other forms you must fully complete and return to Louden Tribal Council to be considered for housing services. The forms must be completely filled out in order for us to process your request. *We cannot process incomplete forms.*

Once turned in, our office will evaluate the completeness of your application and your eligibility based on your household income, size and other factors. You will be notified by mail if your application is accepted and your name will be placed on the appropriate waiting list.

Keep in mind that the required documents are for *all the members of your household*, when applicable

If you need assistance in completing the forms or if you have any questions, feel free to contact our Office at housing@loudentribe.com, or directly at our offices Monday to Friday from 9 am to 5 pm.

Sincerely,
The LTC Housing Office

Housing Application Checklist

- Copy of Photo IDs**
(Drivers License, Tribal ID, etc) for the applicant and all adults (18 and older) living in the household
- Proof of Indian Blood**
Tribal ID or other proof of Indian Blood is required for all household members to a Federally Recognized Tribe.
- Proof of Income**
 - Copy of signed Tax Forms (Form 1040). Last year is required for employed applicants; however, the last three are preferred.
 - If you are self-employed you must provide the last three years of Form 1040.
 - If you don't file taxes, you need to provide a Verification of Nonfiling Letter from the IRS. You can request this using the IRS Form 4506-T.
 - If more than one household member files taxes (i.e Married Filing Separately, adult child who works) include the returns for all the members.
- Current Income Verification**
When applicable, include proof of current income, pay stubs for the last 2 pay periods, Social Security Benefits, etc. If self employed, last year(s) income tax forms including the Schedule "C".
- Birth certificates**
Include birth certificates for all household members that will be claimed as dependents (i.e your kids), to prove the family relationship.
- Complete and signed Application**
Please complete the full application and sign it. We cannot process your application until you provide all the information requested.

Housing Assistance Application

Louden Tribal Council

PART A: Applicant Information

First Name		Middle Initial	
Last Name		Maiden Name (if applicable)	
Address			
City		ZIP	
Phone		email	
Date of Birth		SS#	
Tribe		Enrollment #	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other		
If "Other", please explain _____ _____			

Co-applicant Information (if applicable)

First Name		MI	
Last Name		Maiden Name (if applicable)	
Date of Birth		SS#	
Tribe		Enrollment #	

PART B: SERVICES REQUESTED

What housing services are you applying for? Mark all that apply

<input type="checkbox"/>	DOWN PAYMENT ASSISTANCE	LTC can provide up to \$15,000 in down payment and closing costs assistance, when purchasing a new home
<input type="checkbox"/>	REHABILITATION	<p>Assistance with repairs and improvements of an existing home that you own. Please briefly describe, including the location of the property to assist..</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	RENT	Subsidized rent for one of the LTC units*
<input type="checkbox"/>	LEASE TO PURCHASE	Start a monthly lease with the commitment of purchasing the home in an established period of time*
<input type="checkbox"/>	PURCHASE	Subsidized purchase of one of LTC units*
<input type="checkbox"/>	OTHER	Please describe:

* Upon availability of units

Add any extra comments that can help us understand your request:

PART C: HOUSEHOLD INFORMATION

List *all* persons living in your household on a *permanent* basis.

Make sure to mark all members that belong to *any* Federally Recognized Tribe

	Full Name	DOB	Social Security #	Relationship	Tribe & Enrollment #
1				Applicant (self)	
2				Co-Applicant	
3					
4					
5					
6					
7					
8					

I authorize Loudon Tribal Council to access my records for a Copy of Tribal IDs & Enrollment Numbers

PART D: HOUSEHOLD INCOME INFORMATION

Applicant’s Current Employer Name and Address:

Date of Employment: _____ Salary: _____

Co-Applicant’s Current Employer Name and Address:

Date of Employment: _____ Salary: _____

Below you must list all income (earned or unearned) received by everyone listed on your application, including Native Corporation income. This includes all income from wages, self-employment, child support, social security, disability, retirement income, worker’s compensation, etc. List gross amounts received **for ALL INCOME and ALL MEMBERS of the household, including PFD’S and Native Dividends**. (Note: If you are self-employed, that income will be verified through your tax returns.) For more information about appropriate verification, please see the last page of this application form.

Name	Source of Income	\$ Amount	Paid per (Hr, day, week, bi weekly monthly, yearly,etc)	Verification attached?
Example: John Doe	City of Galena	1200	monthly	yes
	AK PFD			
	Tribal Dividends (Doyon, Ganaa Yoo, etc)			

Attach any extra information in a different sheet of paper if necessary

PART E: GENERAL INFORMATION

Please check YES/NO

	YES	NO
<p>Have you or anyone in your household ever received assistance from the Loudon Housing NAHASDA program? If yes, what amount did you receive? _____ When did you receive the assistance? _____ What property did you receive assistance for? _____ _____</p>		
<p>Do you or anyone in your household own any other house not currently occupied by your family? What is the address of the property? _____ How is it being used (rental, loan, empty, etc.)? _____ Who occupies it? _____</p>		
<p>Do you live in a house built with Housing & Urban Development (HUD) funds?</p>		
<p>Does any permanent resident of your household have a severe health problem, handicap or permanent disability? If YES, provide the name and a brief description of the condition. This may be subject to verification from doctors or Social Security. _____ _____</p>		
<p>Have you ever defaulted on Loudon Housing or any AHFC program? If YES, please explain _____</p>		
<p>Have you or any household member been arrested, charged, and/or convicted for any criminal offense in the last five years? If YES, explain when and what for _____ _____ Have the charges been resolved? (Y/N) Explain _____</p>		
<p>Is any household member in the Sex Offender registry?</p>		
<p>Is the Head of Household a veteran?</p>		

PART F: CURRENT HOUSING INFORMATION

Please complete the following section with the details of your current residence.

Do you currently			
<input type="checkbox"/> Rent		Est. monthly payment: \$ _____	
<input type="checkbox"/> Own	Mortgage? Y / N	Est. monthly payment: \$ _____	
<input type="checkbox"/> Borrow/Other (<i>explain</i>)			

Services available			
Electricity	Y / N	<input type="checkbox"/> City Utility	<input type="checkbox"/> Other _____
Sewer	Y / N	<input type="checkbox"/> City Utility	<input type="checkbox"/> Septic System <input type="checkbox"/> Other _____
Water	Y / N	<input type="checkbox"/> City Pipe	<input type="checkbox"/> Truck Delivered <input type="checkbox"/> Other _____
Water filtration system	Y/N	Please describe: _____	
Heating	Y / N	<input type="checkbox"/> Fuel	<input type="checkbox"/> Wood <input type="checkbox"/> Other _____
Internet	Y / N	<input type="checkbox"/> Satellite	<input type="checkbox"/> Mobile <input type="checkbox"/> Other _____
Phone	Y / N	<input type="checkbox"/> Landline	<input type="checkbox"/> Mobile if so, how many lines in your household? _____
Dwelling size			
Estimated size: _____ sq ft # of Bedrooms: _____ # of Bathrooms: _____			
Flush Toilet: Y / N		Shower/Bath tube: Y / N	
Sink/Lavatory: Y / N			
Other			
Washer	Y / N	Smoke Detector	Y / N
Dryer	Y / N	Carbon Monoxide Detector	Y / N
Water heater	Y / N	Fire Extinguisher	Y / N
Special accommodations			
Does your current home have any special accommodation due to a severe health problem, handicap or permanent disability of a household member? Y / N			
If YES, explain _____			

PART G: APPLICANT CERTIFICATION FORM

I hereby swear or attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions that may be taken against me. I also understand that this program is FEDERALLY funded through Louden Housing.

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my/our application form is true and correct.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

Owner-Occupancy Property

I certify that the assistance requested will be for my principal residence. I will not live anywhere else without notifying LTC immediately in writing. I will not sublease the property unless it has been approved by LTC.

Cooperation

I understand that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of this case for eligibility determination.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Documentation

Louden will determine eligibility when my application is complete. All required documentation and information must be submitted to LTC with the application form; and if the application is not complete, LTC will not process it.

Annual update of applications

I understand that in order to remain eligible for LTC Housing services, I am responsible for re-submitting the application yearly, with all the updated information available.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

PART H: APPLICANT DISCLOSURE OF CONFLICT OF INTEREST

Applicant Name(s): _____

Application Date: _____

I am applying for the Louden program noted above and I am disclosing that:

- I am a Louden Tribal employee or Tribal Council member.
- I am an immediate family member of a Louden Tribal Council member/employee.
- I am a business partner of a Louden Tribal Council member/employee.
- Neither of the above.

Name:	Relationship:

ACKNOWLEDGEMENT

I understand that a public disclosure of my selection will be made and that a copy of this disclosure shall be submitted to the U.S. Department of Housing and Urban Development.

I have been notified of my opportunity to receive a copy of the Conflict of Interest Policy or to receive additional information from Louden.

I understand that this does not disqualify me and/or determine my application ineligible.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Privacy Act Statement 25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. The primary use of this information is to determine eligibility for assistance under the Louden Housing Program. The records contained therein may only be disclosed in accordance with the routine used and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the Louden Housing Program uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary, but failure to do so may result in disapproval of your application.

PART I: CONSENT TO BACKGROUND CHECK

I, the undersigning, hereby authorize Louden Tribal Council (“LTC”) of Galena, AK and/or its agents to make investigation of our background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax), electronic or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the LTC’s verification of all the information I have provided on my housing assistance application form. I also agree to execute as a condition of assistance or a condition of continued assistance any additional written authorization necessary for the LTCto obtain access to and copies of records pertaining to this information. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying LTC with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant Name : _____

Signature: _____

Date: _____

Co-Applicant Name : _____

Signature: _____

Date: _____

Other Adult (if applicable): _____

Signature: _____

Date: _____