



AVCP REGIONAL HOUSING AUTHORITY
P.O. BOX 767 BETHEL, AK 99559 (907) 543-3121 Fax: (907) 543-4020

EMERGENCY VOUCHER ASSISTANCE PROGRAM ONLY

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City/ST/ZIP: _____ Are you a current AVCP RHA Homebuyer? YES NO

I. FAMILY COMPOSITION A. PERSONS THAT CURRENTLY LIVE WITH YOU

Family Member No.	Name of Family Member	Relation to Family Head	Date of Birth	Birthplace	Age	Sex	Social Security Number	Occupation
1		Head						
2								
3								
4								
5								
6								
7								
8								
9								
10								

Anticipated Changes in Family Composition: _____

II. INCOME A. TOTAL INCOME FOR ALL FAMILY MEMBERS LISTED ABOVE

Family Member No.	Source (Name of Employer, Public Assistance, Social Security, etc.)	Rate (hourly, bi-weekly, monthly)	Type of Income	Estimated Income	
				For 12 Months	Next 12 months
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

If income is based on seasonal employment, my income for the last three years is as follows:
 _____ Year _____ Year _____ Year
 I have attached copies of my tax returns for the last three years. Yes No
 If answer is no, state why: _____
 I have attached copies of my Schedule C (for business or fishing) for the last three years. Yes No
 If answer is no, state why: _____

****NOTE: APPLICATION IS INCOMPLETE WITH
 OUT LAST YEARS TAX RETURN OR W-2'S****



The Association of
Village Council Presidents
Regional Housing Authority
(907) 543-3121 (800) 478-4687

Box 767
Bethel, AK 99559
(907) 543-4020 (FAX)

RELEASE OF INFORMATION

DATE: _____

We, the undersigned, authorize the release of information, requested by the AVCP Regional Housing Authority. The information requested shall be used solely to verify information disclosed in our application process and to conduct annual recertifications for assisted housing and similar programs. Agencies which may be contacted, included, but are not limited to: Employers, School Districts, Village Stores, U.S.P.O., State of Alaska Division of Public Assistance, Unemployment offices, Senior Care Program, U.S. Army, Social Security Administration, Fish Processors, Retirement Agencies, Financial Institutions, and Private Individuals.

A reproduction of this release is as valid as the original;

This consent expires 15 months after it is signed.

Social Security Number

Applicants Printed Name

Applicants Signature

Social Security Number

Household Member Printed Name

Household Member Signature

Social Security Number

Household Member Printed Name

Household Member Signature

Social Security Number

Household Member Printed Name

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