



AVCP Regional Housing Authority  
 Post Office Box 767  
 Bethel, Alaska 99559-0767  
 (907) 543-3121 (800) 478-4687

**Housing  
 Application  
 Package**  
[www.avcphousing.org](http://www.avcphousing.org)

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**YOUR APPLICATION IS INCOMPLETE WITHOUT THE FOLLOWING DOCUMENTS AND MAY CAUSE A DELAY IN CERTIFYING AND DETERMINING ELIGIBILITY:**

Copy of your most recent federal income tax return  
**For Seasonal or Self-Employment**, the last 3 years taxes and Schedule C's  
**For SS Benefits**, a copy of your benefit letter from Social Security Administration  
 Not completely filling out and signing the application  
 Copy of CIB, Tribal Enrollment ID or Certification by the Tribe

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I am an enrolled tribal member of: \_\_\_\_\_

I need housing in the Village of: \_\_\_\_\_

- A Home Mortgage Home
- Rental Voucher:
- Sec. 8 Elderly-Ayalpik Apartments
- A Low Income Apartment :(BLR or Tri-plex)
- Very Low Income Housing Program
- \_\_\_\_\_

Circle the Number of Bedrooms preferred:      1      2      3      4      5

Do you now own a home?  Yes  No Do you have a Mortgage?  Yes  No

What is the present value of your home? \$ \_\_\_\_\_

Are you renting?  Yes  No If yes: Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Does your home have?:

- Heat?       Yes  No      Electricity?       Yes  No
- Water?       Yes  No      Sewer?       Yes  No

Is your home overcrowded?  Yes  No

Number of Bedrooms: \_\_\_\_\_ Number of People: \_\_\_\_\_

What repairs do you need to your existing home? (Brief description)

\_\_\_\_\_  
 \_\_\_\_\_



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**Family Composition:** You must list all persons who would live with you if you were to receive assistance. Failure to do so may result in not accepting your application or termination of you subsidy.


**Income Information:**  
 List the details of the income each person in your household receives. Include wages, public assistance, social security, SSI, disability compensation, unemployment, interest, babysitting, child support, annuities, dividends, income from property, grants, Alaska National Guard or Armed Forces Reserves, and self-employment. Please provide proof of income (copies of wage statements, fishing settlements or other paperwork documenting Social Security, SSI, Child Support, etc.).


FAMILY MEMBER	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER

**Other Assets**

Stocks & Bonds	\$	Rec Vehicles(Value)	\$
War Bonds	\$	Real Estate (Value)	\$
IRA/CD's (Value)	\$	Other	\$

Have you sold or disposed of any assets in the Last two years?  Yes  No

If yes, describe: \_\_\_\_\_

Child Care Expense:  Yes  No Amount: \$ \_\_\_\_\_ per (hr/day/wk/mo/yr)

Name/address/phone # of Child Care Provider: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you receive Day Care Assistance or reimbursement of child care expenses?  Yes  No

If yes, from where: \_\_\_\_\_

**Medical Expenses** (Please attach applicable supporting documents)

Do you receive  Medicare  Medicaid? Do you pay for medical insurance?  Yes  No

Do you pay for medical services out of your pocket?  Yes  No

Do you regularly pay for prescription drugs?  Yes  No Amount \$ \_\_\_\_\_

**Program Information**

1. Have you or has any member of your family applied for or participated in a rental assistance program including the Mutual Help program?  Yes  No Where? \_\_\_\_\_

2. Does anyone outside of your household pay for any of your bills or give you money?  
 Yes  No If yes, please explain giving amount and frequency of money received:  
 \_\_\_\_\_

3. Have you or has any other adult member of your household ever used any name(s) other than the names listed on this application?  Yes  No If yes, please explain: \_\_\_\_\_

4. Have you or has any other adult member of your household ever used any social security number(s) other than the social security number(s) listed on this application?  Yes  No

If yes, please explain: \_\_\_\_\_

5. Have you or any of your family members been charged with, arrested, incarcerated, on parole or probation for any criminal offenses?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Is anyone, 18 years of age or older, enrolled as either a part or full time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### Credit & Landlord References

I have had credit with the following creditors and authorize them to provide credit information to the AVCP Regional Housing Authority for consideration regarding my application for Mutual Help/Low Rent Housing.

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

### Declaration

<sup>35</sup>/<sub>17</sub> I (We) certify that the information provided in this application is accurate and complete to the best of my (our) knowledge and belief.

<sup>35</sup>/<sub>17</sub> I (We) understand that providing false statements or information is punishable under Federal Law and constitutes grounds for termination of housing assistance and eviction.

<sup>35</sup>/<sub>17</sub> I (We) further certify that I (We) do not owe any money to any Indian Housing Authority or any private landlord.

<sup>35</sup>/<sub>17</sub> I (We) further certify that if a Mutual Help Home or Low Rental Apartment for my (our) family results from this application, that the Mutual Help Home or Low Rental Apartment will be my (our) primary place of residence.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Signature of Spouse/Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

*If you believe that you have been discriminated against, you may call  
The Office of Fair Housing and Equal Opportunity at 1-800-669-9777.*





The Association of  
Village Council Presidents  
Regional Housing Authority  
(907) 543-3121  
4020 (FAX)

Box 767  
Bethel, AK 99559  
(800) 478-4687

(907) 543-

**RELEASE OF INFORMATION**

**A reproduction of this release is as valid as the original;  
This consent expires 15 months after it is signed**

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AVCP Housing  
Authority  
P.O. Box 767  
Bethel, Alaska 99559

# Declaration of Eligibility Status

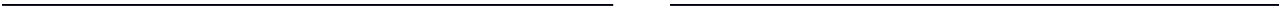
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<b>AND</b>	
<input type="checkbox"/>	<input type="checkbox"/>
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*I certify that the following minor children listed in my household are*

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