Housing Application Pack-





By taking the time to completely fill in each section and provide all the requested information and signatures, you'll avoid needless delays in certifying your eligibility. Thanks for your help!



Page 1

Name of head of household:	
Address:	
Phone	:
I am an enrolled tribal member of the village of:	
I need housing in the village of:	
Circle Number of Bedrooms needed: 1	2 3 4 5
I would like: A Mutual Help Home	IAHASDA Services/Home Repair
Forest View (Dillingham) Muklung Manor (Dillingh	ngham)
	hat repairs do you need to your existing ome?
Does your home have:	
Heat? Yes No Electricity? Yes No Water? Yes No Sewer? Yes No	
Is your home overcrowded? Yes No	

Privacy Act Notice: Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00 Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek relief, as may be appropriated, against the officer or employee of HUD, BBHA or the owner responsible for the unauthorized disclosure or improper use.

Head of Household (As listed in Step 1, Page 1)

, , , ,	,
Last Name First Name	M.I.
Telephone Numbers: Home Work	Message
Sex: [M] [F] Date of Birth Sex	ocial Security No.
Place of Birth:	
Ethnicity: [] Alaska Native [] Other Native Americ	an [] Hispanic
Other: Tribal Enrollmen	t:
Veteran? [] Yes [] No Currently In Military? [] Yes	es [] No Branch of Service:
Full-Time Student? [] Yes [] No School Name & A	Address:
Marital Status: [] Maried [] Single [] Separated	[] Divorced [] Widowed
Handicapped/Disabled? [] Yes [] No	If yes, check all that apply:
[] Developmental [] Mental [] Physical [] Heari	ing [] Visual [] Wheelchair
Occupation: Employer	r:
Employer's Address:	Phone:
If you are a fisherman but not a permit holder, list: Capt	tain's Name:
Address:	
Phone: Boat Name:	
What language do you speak? [] English [] Yupik	[] Other:
Welfare Information:	Child Support Information:
Case No.:	ase No.
Case Worker: Ca	ase Worker:
Phone No. Ph	none No:
References: List names, addresses and phone numbers of 3 pe 5 years. References might include employers or former employer 1.	
2.	
3.	

Spouse or Co-Tenant

Last Name First Name	M.I.
Mailing Address:	
Telephone Numbers: Home Wo	rk Message
Sex: [M] [F] Date of Birth	Social Security No.
Place of Birth:	
Ethnicity: [] Alaska Native [] Other Native A	merican [] Hispanic
Other: Tribal Enro	llment:
Veteran? [] Yes [] No Currently In Military? [] Yes [] No Branch of Service:
Full-Time Student? [] Yes [] No School Nar	me & Address:
Handicapped/Disabled? [] Yes []	No If yes, check all that apply:
[] Developmental [] Mental [] Physical []	Hearing [] Visual [] Wheelchair
Occupation: Em	ployer:
Employer's Address:	Phone:
If you are a fisherman but not a permit holder, list:	Captain's Name:
Address:	
Phone: Boat Name:	
Relationship To Head of Household:	
Additional Household Members	
Last Name First Name	M.I.
Sex: [M] [F] Date of Birth	Social Security No.
Place of Birth:	
Ethnicity: [] Alaska Native [] Other Native A	merican [] Hispanic
Other: Tribal Enro	Ilment:
Full-Time Student? [] Yes [] No School Na	me & Address:
Handicapped/Disabled? [] Yes []	No If yes, check all that apply:
[] Developmental [] Mental [] Physical []	Hearing [] Visual [] Wheelchair
Occupation: Em	ployer:
Employer's Address:	Phone:
If you are a fisherman but not a permit holder, list:	Captain's Name:
Address:	
Phone: Boat Name:	
Relationship To Head of Household:	

Additional Household Members

Last Name F	irst Name	M.I.
Telephone Numbers: Home	Work Message	
Sex: [M] [F] Date of Birth	Social Security No.	
Place of Birth:		
Ethnicity: [] Alaska Native [] Othe	r Native American	[] Hispanic
Other: T	ribal Enrollment:	
Full-Time Student? [] Yes [] No S	School Name & Addre	SS:
Handicapped/Disabled? [] Yes	[] No	If yes, check all that apply:
[] Developmental [] Mental [] Phys	sical [] Hearing	[] Visual [] Wheelchair
Occupation:	Employer:	
Employer's Address:		Phone:
If you are a fisherman but not a permit hold	der, list: Captain's	Name:
Address:		
Phone: Boat Nar	me:	
Relationship To Head of Household:		
Additional Hausahald Man	mb a ra	
Additional Household Mer		MI
Last Name F	irst Name	M.I.
Last Name F Telephone Numbers: Home	irst Name Work	Message
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth	irst Name Work	
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth:	irst Name Work Social S	Message Security No.
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe	irst Name Work Social S	Message
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T	irst Name Work Social S r Native American	Message Security No. [] Hispanic
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T	Work Social S r Native American ribal Enrollment: School Name & Addre	Message Security No. [] Hispanic
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T Full-Time Student? [] Yes [] No S	Work Social S r Native American ribal Enrollment: School Name & Addre	Message Security No. [] Hispanic ss:
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T Full-Time Student? [] Yes [] No S Handicapped/Disabled? [] Yes	Work Social S r Native American ribal Enrollment: School Name & Addre	Message Security No. [] Hispanic ss: If yes, check all that apply:
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T Full-Time Student? [] Yes [] No S Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Phys	Work Social S Tr Native American Tribal Enrollment: School Name & Addre	Message Security No. [] Hispanic ss: If yes, check all that apply:
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T Full-Time Student? [] Yes [] No S Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Phys Occupation:	Work Social S Tr Native American Tribal Enrollment: School Name & Addre [] No Sical [] Hearing Employer:	Message Security No. [] Hispanic ss: If yes, check all that apply: [] Visual [] Wheelchair Phone:
Last Name F Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T Full-Time Student? [] Yes [] No S Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Phys Occupation: Employer's Address:	Work Social S Tr Native American Tribal Enrollment: School Name & Addre [] No Sical [] Hearing Employer:	Message Security No. [] Hispanic ss: If yes, check all that apply: [] Visual [] Wheelchair Phone:
Last Name Telephone Numbers: Home Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Othe Other: T Full-Time Student? [] Yes [] No S Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Phys Occupation: Employer's Address: If you are a fisherman but not a permit hold	Work Social S Tr Native American Tribal Enrollment: School Name & Addre [] No Sical [] Hearing Employer: der, list: Captain's	Message Security No. [] Hispanic ss: If yes, check all that apply: [] Visual [] Wheelchair Phone:

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Additional Household Members

Last Name	First Name	M.I.
Telephone Numbers: Home	Work	Message
Sex: [M] [F] Date of Birth	Social	Security No.
Place of Birth:		
Ethnicity: [] Alaska Native [] Ot	her Native American	[] Hispanic
Other:	Tribal Enrollment:	
Full-Time Student? [] Yes [] No	School Name & Addr	ess:
Handicapped/Disabled? [] Yes	[] No	If yes, check all that apply:
[] Developmental [] Mental [] Ph	ysical [] Hearing	[] Visual [] Wheelchair
Occupation:	Employer:	
Employer's Address:		Phone:
If you are a fisherman but not a permit he	older, list: Captain's	s Name:
Address:		
Phone: Boat N	lame:	
Relationship To Head of Household:		
Additional Household Me	embers	
Last Name	First Name	M.I.
Telephone Numbers: Home	Work	Message
Telephone Numbers: Home Sex: [M] [F] Date of Birth		Message Security No.
•		
Sex: [M] [F] Date of Birth Place of Birth:		
Sex: [M] [F] Date of Birth Place of Birth:	Social	Security No.
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Ot	Social her Native American	Security No.
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Other:	Social her Native American Tribal Enrollment:	Security No.
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Ot Other: Full-Time Student? [] Yes [] No	Social her Native American Tribal Enrollment: School Name & Addr	Security No. [] Hispanic ess:
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Ot Other: Full-Time Student? [] Yes [] No Handicapped/Disabled? [] Yes	Social her Native American Tribal Enrollment: School Name & Addr	Security No. [] Hispanic ess: If yes, check all that apply:
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Ot Other: Full-Time Student? [] Yes [] No Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Ph	Social her Native American Tribal Enrollment: School Name & Addr [] No ysical [] Hearing	Security No. [] Hispanic ess: If yes, check all that apply:
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Other: Other: Full-Time Student? [] Yes [] No Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Photocoupation:	Social her Native American Tribal Enrollment: School Name & Addr [] No ysical [] Hearing Employer:	Security No. [] Hispanic ess: If yes, check all that apply: [] Visual [] Wheelchair Phone:
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Ot Other: Full-Time Student? [] Yes [] No Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Ph Occupation: Employer's Address:	Social her Native American Tribal Enrollment: School Name & Addr [] No ysical [] Hearing Employer:	Security No. [] Hispanic ess: If yes, check all that apply: [] Visual [] Wheelchair Phone:
Sex: [M] [F] Date of Birth Place of Birth: Ethnicity: [] Alaska Native [] Ot Other: Full-Time Student? [] Yes [] No Handicapped/Disabled? [] Yes [] Developmental [] Mental [] Ph Occupation: Employer's Address: If you are a fisherman but not a permit he	her Native American Tribal Enrollment: School Name & Addr [] No ysical [] Hearing Employer: older, list: Captain's	Security No. [] Hispanic ess: If yes, check all that apply: [] Visual [] Wheelchair Phone:

Separated or divorced? If so, list the name and address of your spouse (or ex-spouse):

		_
City	State	Zip
person in your household receive tion, unemployment, interest, baby ska National Guard or Armed Force	sitting, child support, as Reserves, and self-	annuities, dividends employment. Pleas e
Income Source	Amount	Hr/Wk/Mo/Yr
	\$	per
	Alaska Permanent Fur	nd dividends:
	person in your household receive tion, unemployment, interest, baby ska National Guard or Armed Force of wage statements, fishing settlements. Income Source Fund Eligibility	Income Source S S S S S S S S S S S S S S S S S S

Asset Information



List the assets of all family members, including checking accounts, savings accounts, IRAs, CDs, real estate, stocks, bonds, recreational vehicles and their value, fishing boats and permits. **Please provide documenta-**

Checking Account	
Bank:	Address:
Account No	Balance: \$
Savings Account	
Bank:	Address:
Account No Credit Union Shares	Balance: \$
Bank:	Address:
Account No	Balance: \$
Other Assets	
Stocks & Bonds (Value) \$	Recreational Vehicles (Value) \$
War Bonds (Value) \$	Other (Value) \$
IRA/CDs (Value) \$	Other (Value) \$
Real Estate (Value) \$	Other (Value) \$
Have you disposed of any assets in the last two years? If yes, describe:	
Have you sold any real estate in the last two years? If yes, describe:	
Child Care Expenses Do you receive Day Care Assistance? [] Ye	es [] No Assistance %
Child Care Expense: \$ per	(hr/day/wk/mo/yr)
[] No [] Yes Name and Ad	ddress of child care provider:
	Phone:
Medical Expenses Are you receiving Medicare Benefits? [] Ye Are you receiving Medical Assistance from Public A Do you pay for a doctor's services, for medical insu [] Yes [] No (Blue O Do you regularly pay for prescription drugs?	Assistance? [] Yes [] No

Program Information

Under what name(s) Does anyone outside of your household pay for any of your bills or give you money? [] No [] Yes If yes, please explain:	Have you or has any [] No		applied for or participated in a rental assistance program? Where
[] No [] Yes	Under what n	name(s)	
[] No [] Yes	_		
Have you or has any other adult members of your household ever used any name(s) other the names listed on this application? [] No [] Yes If yes, please explain:	Does anyone outside	e of your household pay	y for any of your bills or give you money?
on this application? [] No [] Yes If yes, please explain:	[] No	[] Yes	If yes, please explain:
Have you or has any other adult member of your household ever used any social security number(s) other the social security number(s) listed on this application? [] No [] Yes	-	other adult members o	of your household ever used any name(s) other the names listed
the social security number(s) listed on this application? [] No [] Yes If yes, please explain:	[] No	[] Yes	If yes, please explain:
Have you or has anyone in your household ever been convicted of a crime other than a traffic violation? Credit & Landlord References Thave had credit with the following creditors and authorize them to provide credit information to the Bristol Bay Housing Authority for consideration regarding my application for Mutual Help/Low Rent Housing. Name: Account No		•	· · · · · · · · · · · · · · · · · · ·
The dit & Landlord References I have had credit with the following creditors and authorize them to provide credit information to the Bristol Bay Housing Authority for consideration regarding my application for Mutual Help/Low Rent Housing. Name: Account No	[] No	[] Yes	If yes, please explain:
The dit & Landlord References I have had credit with the following creditors and authorize them to provide credit information to the Bristol Bay Housing Authority for consideration regarding my application for Mutual Help/Low Rent Housing. Name: Account No	Have you or has any	yone in your household	ever been convicted of a crime other than a traffic violation?
Thave had credit with the following creditors and authorize them to provide credit information to the Bristol Bay Housing Authority for consideration regarding my application for Mutual Help/Low Rent Housing. Name: Account No	•	•	
Address Phone No	I have had credit wi	th the following credi	tors and authorize them to provide credit information to the
Address Phone No	Name:		Account No.
Name: Account No Address Phone No Name: Account No Address Phone No Former landlords are listed here. I authorize them to provide information to the Bristol Bay Housing Authority regarding my former tenancy. Name: Address Address Address			
AddressPhone No			Phone No
Name: Account No Address Phone No Phone No Phone No Former landlords are listed here. I authorize them to provide information to the Bristol Bay Housing Authority regarding my former tenancy. Name: Address Address Address	Name:		Account No
Name: Account No Address Phone No Former landlords are listed here. I authorize them to provide information to the Bristol Bay Housing Authority regarding my former tenancy. Name: Address Address	Address		
AddressPhone No Former landlords are listed here. I authorize them to provide information to the Bristol Bay Housing Authority regarding my former tenancy. Name:			Phone No
AddressPhone No Former landlords are listed here. I authorize them to provide information to the Bristol Bay Housing Authority regarding my former tenancy. Name:	Name:		Account No
Former landlords are listed here. I authorize them to provide information to the Bristol Bay Housing Authority regarding my former tenancy. Name:	Address		
Name:Address			
Name:	Former landlords ar	e listed here. I authoriz	ze them to provide information to the Bristol Bay Housing Author-
Name:	ity regarding my form	er tenancy.	Name:
Address			Address
	Address		
1 1101101			

Declaration PAGE 9

■ I(We) certify that the information provided in this application is accurate and complete to the best of my(our) knowledge and belief.

- I (We) understand that providing false statements or information is punishable under Federal Law and constitutes grounds for termination of housing assistance and eviction.
- I(We) further certify that I(we) do not owe any money to any Indian Housing Authority.
- I(we) further certify that if a Mutual Help Home for my(our) family results from this application, that Mutual Help Home will be my(our) primary place of residence.

Signature of Head of Houshold	Date
Signature of Spouse/Co-Tenant	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.

Authorization for the Release of Income Information



Consent: I consent to allow HUD and/or the Bristol Bay Housing Authority to request and obtain information from the sources listed in this application for the purpose of verifying my eligibility and level of benefits under BBHA and HUD's assisted housing programs. I understand that information received under this consent form cannot be used to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest such determinations.

This consent expires 15 months after it is signed.

Signatures:

Head of Household	Social Security No. (If any)		Date
Spouse	Date	Other Family Member over 18	Date
Other Family Member over 18	Date	Other Family Member over 18	Date
Other Family Member over 18	Date	Other Family Member over 18	Date
Other Family Member over 18	Date	Other Family Member over 18	Date

Privacy Act Notice Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Native American Housing Assistance and Self-Determination Act of 1996 (PL 104-330), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD and BBHA to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all the information requested by the Housing Authority, including all Social Security Numbers you, and all other household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, BBHA and any owner (or any employee of HUD, BBHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek relief, as may be appropriated, against the officer or employee of HUD, BBHA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8 & 74465.1

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Elderly (over age 62), Handicapped or Disabled: Consent for Release of Information (Copy 1)

TO: Social Security Administration

Name	Date of Birth	Social Security No.
I authorize the Social Security A	Administration to release information o	or records about me to:
	Bristol Bay Housing Authority P.O. Box 50 Dillingham, Alaska 99576	<i>'</i>
cant for admission as a tenant	I to the above named organization to voto the federally aided housing unit open. The Bristol Bay Housing Authority with of my rent.	erated by the organization, or a tenant
(There may be a charge for rele	easing information).	
Please release the following inf	formation:	
Gross Monthly Social S	ecurity Benefit Amount, Type of Benef	it, and Date of Birth.
Gross Monthly Supplem Type of Benefit, and Da	nental Security Income Payment Amoute of Birth.	unt (Including State Supplement),
ian. I know if I make any repres	e information/record applies or that per sentation which I know is false to obtain of a fine or imprisonment or both.	
Signature:		
(Show signatures, names and a	addresses of two people if signed by a	ı mark).
Date:	Relationship:	

Authorization for the Release of Information

Organizations Requesting release of information (Name, Address, Telephone and Date)

Bristol Bay Housing Authority
P.O. Box 50, 1224 Tower Road
Dillingham, Alaska 99576
(907) 842-5956 FAX (907) 842-2784

Southwest Alaska Home Associates

315 School Road, Box 315

Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs.

Low-Income Rental Indian Housing Low Income Rental Public Housing

Mutual Help Homeownership Opportunity Program

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments

Section 23 and 10(c) Leased Housing

Section 23 Housing Assistance Payments

Section 202

Section 221(d)(3) Below Market Interest Rate Turnkey III Homeownership Opportunities Program

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only an Indian Housing Authority or a Public Housing Authority to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered: Inquiries may be made about:

Child Care Expenses

Credit History

Criminal Activity

Family Compensation

Employment, Income, Pensions, and Assets

Federal, State, Tribal or Local Benefits

Handicapped Assistance Expenses

Identity and Marital Status

Social Security Numbers

Residences and Rental History

Individuals or Organizations that May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example:

Banks and other Financial Institutions

Court

Law Enforcement Agencies

Credit Bureau

Employers (past and present)

Landlords

Providers of:

Alimony

Child Care

Child Support

Handicapped Assistance

Medical Care

Pensions/Annuities

Schools and Colleges

U.S. Social Security Administration

U.S. Department of Veterans Affairs

Utility Companies

Welfare Agencies

Computer Matching Notice & Consent

II agree that a Public Housing Agency or Indian Housing Authority may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

U.S. Office of Personnel Management

U.S. Social Security Administration

U.S. Department of Defense

State Employment Security Agencies

State Welfare and Food Stamp Agencies

That match will be used to verify information supplied by the family.

Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above.

If do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date:	Signature, Printed Name of the Head of Household & Date:
X Signature, Printed Name of Other Adult member of the Household & Date:	X Signature, Printed Name of Other Adult member of the Household & Date:
X	X
X	X

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Elderly (over age 62), Handicapped or Disabled: Consent for Release of Information (Copy 2)

TO: Social Security Administration

Name	Date of Birth	Social Security No.
I authorize the Social S	ecurity Administration to release information	or records about me to:
	Bristol Bay Housing Authorit P.O. Box 50	ty
	Dillingham, Alaska 99576	
cant for admission as a	released to the above named organization to tenant to the federally aided housing unit operatification. The Bristol Bay Housing Authority was amount of my rent.	erated by the organization, or a tenant
(There may be a charge	e for releasing information).	
Please release the follo	wing information:	
Gross Monthly S	Social Security Benefit Amount, Type of Bene	fit, and Date of Birth.
	Supplemental Security Income Payment Amo and Date of Birth.	unt (Including State Supplement),
ian. I know if I make an	hom the information/record applies or that pe y representation which I know is false to obta ished by a fine or imprisonment or both.	
Signature:		
(Show signatures, nam	es and addresses of two people if signed by	a mark).
Date:	Relationship:	

Declaration of 214 Status (Copy 1)

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement below carefully, and sign and return to BBHA. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you desire.

l,	, certify,	under penalty of perjury, that to the best of my							
knowled	ge I am lawfully within the United States because:								
_	I am a citizen by birth, a naturalized citizen or a na	tional of the United States; or							
_	I have eligible immigration status and I am 62 year (Attach evidence of proof of age); or;	s of age or older							
-	I have eligible immigration status as checked below immigration status and signed verification consciunation.								
	Immigrant status under §§101(a)(15) or 1 Nationality Act (INA); or	01(a)(20) of the Immigration and							
	Permanent residence under §249 of INA	; or							
	Refuge, asylum, or conditional entry stat	us under §207, 208 or 203 of the INA ⁵ ; or							
	Parole status under §§212(d)(5) of INA ⁶ , or								
	Threat to life or freedon under §243(h) or	f INA ⁷ ; or							
	Amnesty under §245Aof INA ⁸								
	(Signature of Family Member)	(Date)							
_	Check here if signature is of adult residing in the upper for the child named on the statement above.	init who is responsible							
	HA: Enter INS/SAVE Primary Verification #:	Date:							

[See reverse side for footnotes and instructions]

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoster anewingly and willtuily makes or uses a document or writing containing any false, fictitions, or fraudulent statement or entry, in any matter willing the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes partain to noncitizens who declare eligible immigration status in one of the following categories:

- Eligible lumitgration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 curvered program on June 19, 1955. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible intuitions status is required.
- Institute that is under \$\\$101(a)(15) or \$101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by \$101(a)(20) of the immigration and Nationality Act (INA), as an involgram, as defined by \$101(a)(15) of the INA (8 U.S.C. \$101(a)(20) and \$101(a)(15), respectively [involgram matus]. This category includes a noncident admitted under \$\frac{5}{2}210 or \$210A of the INA (8 U.S.C. \$100 or \$161), [special agricultural worker status], who has been granted lawful temporary resident status.
- Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Alterney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- Refuger, asylum, or conditional entry status under \$5207, 208 or 203 of INA. A nonclitizen who is tawfully present in the U.S. pursuant to an admission under \$207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under \$208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under \$203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution or account of race, religion, or political opinion or because of being uprooted by estastrophic national calamity [conditional entry status].
- Parole status under §212(d)(5) of BNA. A nonclitizan who is lawfully present in the U.S. as a tesult of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest under §212(d)(5) of the BNA (8 U.S.C. 1182(d)(5)) [parole status].
- I hreat to life or freedom under §243(h) of INA. A noncritizen who is lawfally present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- & Amoesty under \$245A of INA. A noncingen lawfully admitted for temporary or permanent tesidence under \$245A of the INA (R I i S.C. i 255a) January granted under INA 265A].

Instructions to illusting Authority: Full value verification of status claimed by persons declaring eligible immigration status. (Close their for non-discussing see GZ or older and receiving assistance on June 19, 1995), HA trust conct INSEAVE Verification. Number and take their it, was obtained. A MA significant is not required.

Institutions To Panelly Metaber For Completing Forms. On apposite page, print or type first name, middle initial(s), and had fixing. Place an "X" or V" in the appropriate bases. Sign and case at bottom of page. Place an "X" or V" in the box below the agestore if the signs are is by the state maiding in the 9th wild in responsible for Child.

Declaration of 214 Status (Copy 2)

my

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement below carefully, and sign and return to BBHA. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you desire.

l,	, certify, under penalty of perjury, that to the best of
knowle	dge I am lawfully within the United States because:
	I am a citizen by birth, a naturalized citizen or a national of the United States; or
	I have eligible immigration status and I am 62 years of age or older (Attach evidence of proof of age); or;
	I have eligible immigration status as checked below. Attach INS documents evidencing eligible immigration status and signed verification consent form.
	Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
	Permanent residence under §249 of INA ⁴ ; or
	Refuge, asylum, or conditional entry status under §207, 208 or 203 of the INA; or
	Parole status under §§212(d)(5) of INA ⁶ , or
	Threat to life or freedon under §243(h) of INA ⁷ ; or
	Amnesty under §245Aof INA ⁸
	(Signature of Family Member) (Date)
	Check here if signature is of adult residing in the unit who is responsible for the child named on the statement above.
	HA: Enter INS/SAVE Primary Verification #: Date:

Declaration of 214 Status (Copy 3)

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement below carefully, and sign and return to BBHA. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you desire.

l,	_, certify, under penalty of perjury, that to the best of my
knowledge I am lawfully within the United States beca	ause:
I am a citizen by birth, a naturalized citize	en or a national of the United States; or
I have eligible immigration status and I and (Attach evidence of proof of age); or;	n 62 years of age or older
I have eligible immigration status as cheo immigration status and signed verifica	cked below. Attach INS documents evidencing eligible tion consent form.
Immigrant status under §§101(a Nationality Act (INA); or	a)(15) or 101(a)(20) of the Immigration and
Permanent residence under §2	49 of INA ⁴ ; or
Refuge, asylum, or conditional	entry status under §207, 208 or 203 of the INA5; or
Parole status under §8212(d)(5	of INA, or
Threat to life or freedon under	§243(h) of INA ⁷ ; or
Amnesty under §245Aof INA ⁸	
(Signature of Family Member)	(Date)
Check here if signature is of adult residir for the child named on the statement a	
HA: Enter INS/SAVE Primary Verification #	:: Date:

2006 Income Limits Mutual Help/Low Rent State of Alaska Effect. 03/08/2006

			All	Census Areas	5		
						4.	
Number of Persons In Family	Yearly Incor Clarks Pt.,	Census Area Maximum me Limits Dlg., Alek., Ekwok., Mano., New tu., & Togiak	Bristol Bay Bo	rough Naknek, King Salmon	Lake & Peninsula Iliamna Area, Leve., Egegik, Pilot Pt., Port Heiden, Chigniks, Perryville & Ivanof Bay		
1	Same	as Bristol	\$41,0	50.00	Same	as Bristol	
2	Bay	Borough	\$46,9	00.00	Bay	Borough	
3			\$52,8	00.00	,		
4			\$58,6	50.00			-
5			\$63,3	50.00			
6			\$68,0	50.00			
7			\$72,7	50.00			
8			\$77,4	00.00			

Alaska

2006 Housing Income Limits State of Alaska Effective 03/08/2006

100%*	argerija — Lawrence (p.)							
100%	51,300	58,600	66,000	73,300 :	79.200	85,000	90,900 :	96,800
80%1.3	41,050 !	46,900						
.60%	30,780	35,160						77,40 58,08
50%1.2	25,650	29.300						
30%1	5,400	17,600						48,40
				22,000	20,750 1	23,300 1	27,300 1	29,05
100%4	47,700 !	54,600 ;	61,400	68,200 :	73,700 :	79.100	84.600	90,000
80%1.3	38,200	43,650	49,100	54.550 :			wa	72,000
60%	28,620 :	32,760 ;	136,840	and the second second second	the second consider			54,000
50% ^{1,2}	23,850	~ 27,300 ;	30,700 :	34.100		The latest decrease of the parameter of		45,000
30%1	4,300	16,350	18,400	20.450				27,000
				· · · · · · · · · · · · · · · · · · ·				
100%	47,700	54,600	61,400	68,200	73,700	79,100	84,600	90,000
80%1,3	38,200	43,650	49,100	54,550	58,900 i	63,300	67,650	72,000
60%	28,620	32,760	36,840:	40,920	44.220	47,460	50,760	· 54,000
50%1.2	23,850	27,300	30,700	34,100 :	36,850	39,550	42,300 !	45,000
30%1	4.300	16,350	18.400 :	20,450	22,100	23,750	25,350 :	27,000
	50% 50% ^{1,2} 30% ¹ 100% ⁴ 80% ^{1,3} 60% 50% ^{1,2} 30% ¹ 100% ⁴ 80% ^{1,3} 60% 50% ^{1,2}	60% 30,780 50%12 25,650 30%1 5,400 100%4 47,700 80%13 38,200 60% 28,620 50%12 23,850 30%1 4,300 100%4 47,700 80%13 38,200 60% 28,620 50%12 23,850 60% 28,620 50%13 38,200 60% 28,620 50%12 23,850	60% 30,780 35,160 50%12 25,650 29,300 30%1 5,400 17,600 100%4 47,700 54,600 80%13 38,200 43,650 60% 28,620 32,760 50%12 23,850 27,300 30%1 4,300 16,350 100%4 47,700 54,600 80%13 38,200 43,650 60% 28,620 32,760 60% 28,620 32,760 50%12 23,850 27,300	80% 13 41,050 46,900 52,800 60% 30,780 35,160 39,600 50% 12 25,650 29,300 33,000 30% 1 5,400 17,600 19,800 100% 4 47,700 54,600 61,400 80% 13 38,200 43,650 49,100 60% 28,620 32,760 36,840 50% 12 23,850 27,300 30,700 30% 4 4,300 16,350 18,400 100% 4 47,700 54,600 61,400 80% 13 38,200 43,650 49,100 80% 13 38,200 43,650 49,100 60% 28,620 32,760 36,840 50% 12 23,850 27,300 30,700	80%13 41,050 46,900 52,800 58,650 60% 30,780 35,160 39,600 43,980 50%12 25,650 29,300 33,000 36,650 30%1 5,400 17,600 19,800 22,000 100%4 47,700 54,600 61,400 68,200 80%13 38,200 43,650 49,100 54,550 60% 28,620 32,760 36,840 40,920 50%12 23,850 27,300 30,700 34,100 30%1 4,300 16,350 18,400 20,450 100%4 47,700 54,600 61,400 68,200 80%13 38,200 43,650 49,100 54,550 80%13 38,200 43,650 49,100 54,550 60% 28,620 32,760 36,840 40,920 50%12 23,850 27,300 30,700 34,100	80%13 41,050 46,900 52,800 58,650 63,350 60% 30,780 35,160 39,600 43,980 47,520 50%12 25,650 29,300 33,000 36,650 39,600 30%1 5,400 17,600 19,800 22,000 23,750 100%4 47,700 54,600 61,400 68,200 73,700 80%13 38,200 43,650 49,100 54,550 58,900 60% 28,620 32,760 36,840 40,920 44,220 50%12 23,850 27,300 30,700 34,100 36,850 30%1 4,300 16,350 18,400 20,450 22,100 100%4 47,700 54,600 61,400 68,200 73,700 80%13 38,200 43,650 49,100 54,550 58,900 60% 28,620 32,760 36,840 40,920 42,220 50%13 38,200 43,650 49,100	80%13 41,050 46,900 52,800 58,650 63,350 68,050 60% 30,780 35,160 39,600 43,980 47,520 51,000 50%12 25,650 29,300 33,000 36,650 39,600 42,500 30%1 5,400 17,600 19,800 22,000 23,750 25,500 100%4 47,700 54,600 61,400 68,200 73,700 79,100 80%13 38,200 43,650 49,100 54,550 58,900 63,300 60% 28,620 32,760 36,840 40,920 44,220 47,460 50%12 23,850 27,300 30,700 34,100 36,850 39,550 30%1 4,300 16,350 18,400 20,450 22,100 23,750 100%4 47,700 54,600 61,400 68,200 73,700 79,100 80%13 38,200 43,650 49,100 54,550 58,900 63,300 <t< td=""><td>80%13 41,050 46,900 52,800 58,650 63,350 68,050 72,750 60% 30,780 35,160 39,600 43,980 47,520 51,000 54,540 50%12 25,650 29,300 33,000 36,650 39,600 42,500 45,450 30%1 5,400 17,600 19,800 22,000 23,750 25,500 27,300 100%4 47,700 54,600 61,400 68,200 73,700 79,100 84,600 80%13 38,200 43,650 49,100 54,550 58,900 63,300 67,650 60% 28,620 32,760 136,840 40,920 44,220 47,460 50,760 50%12 23,850 27,300 30,700 34,100 36,850 39,550 42,300 30%1 4,300 16,350 18,400 20,450 22,100 23,750 25,350 100%4 47,700 54,600 61,400 68,200 73,700 <</td></t<>	80%13 41,050 46,900 52,800 58,650 63,350 68,050 72,750 60% 30,780 35,160 39,600 43,980 47,520 51,000 54,540 50%12 25,650 29,300 33,000 36,650 39,600 42,500 45,450 30%1 5,400 17,600 19,800 22,000 23,750 25,500 27,300 100%4 47,700 54,600 61,400 68,200 73,700 79,100 84,600 80%13 38,200 43,650 49,100 54,550 58,900 63,300 67,650 60% 28,620 32,760 136,840 40,920 44,220 47,460 50,760 50%12 23,850 27,300 30,700 34,100 36,850 39,550 42,300 30%1 4,300 16,350 18,400 20,450 22,100 23,750 25,350 100%4 47,700 54,600 61,400 68,200 73,700 <

Prepared by Vivian M. Shade 4/27/2006