

SUMMARY OF MUTUAL HELP HOMEOWNERSHIP PROGRAM

The Mutual Help Program is a federally funded homeownership program designed for low income Native American families. Since it is federally funded, participant rules and regulations are established by the Department of Housing and Urban Development (H.U.D.).

Requirements:

- ✓ **Must make required Mutual Help Contribution at the time of move in which is \$1,500.00. Must make required Mutual Help Maintenance Reserve which is \$2,500.00 and is subject to change by Tagiugmiullu Nunamiullu Housing Authority (TNHA) Board of Commissioner Action.**
- ✓ Must show ability to pay at least the administration charge.
At the current time this charge is \$150.00 and is subject to change by Tagiugmiullu Nunamiullu Housing Authority (TNHA) Board of Commissioner Action.
- ✓ Must make required monthly payments on or before the first of each month.
- ✓ Must be able to provide maintenance as needed to the house.
The homebuyer shall be responsible for routine and non-routine maintenance of the home, including all repairs and replacements (including those resulting from damage of any cause).
- ✓ The homebuyer is responsible for the cost of utilities for the home.
- ✓ Must make home primary place of residence.
- ✓ Must get approval from TNHA before making any structural changes, improvements, repairs or additions to the home.
- ✓ Must be willing to participate in all official counseling activities.
These activities include pre-occupancy/move-in counseling, post-occupancy counseling (includes annual homebuyer meetings) and maintenance counseling (if required).
- ✓ Must inform TNHA of any changes in income or family composition as they occur.
- ✓ Must complete an annual certification of income.
- ✓ Must complete an annual inspection of the home and be responsible for all findings.

_____ I understand the Mutual Help Homeownership Program requirements above and am willing to update my application when necessary.

Applicant

Date

Applicant

Date

Staff

Date

NAME: _____
 P. O. BOX: _____
 VILLAGE: _____
 PHONE: _____

ANNUAL –RECERTIFICATION 2008
 ✓ Mutual Help Program

DATE & TIME: _____

**Please put N/A if any items do not apply to you or your family.
 DO NOT LEAVE ANY BLANK SPACES.**

FAMILY COMPOSITION

LIST THE NAMES OF ALL OCCUPANTS LIVING IN THE HOME

	Members Name	Relationship	Temporary Permanent Visitor	Date of Birth	Social Security #	Employer
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

ADULT FAMILY MEMBERS NAMES & PLACES OF BIRTH

Name of person to contact in case of an emergency: _____

Address: _____ Phone: _____

FEDERAL PREFERENCE

Location of present housing: _____

Amount of rent: _____ Family Monthly Gross Income \$ _____

Involuntarily displaced: _____

Residing in Substandard Housing: _____

INCOME STATEMENT

Identify the type of income received by any or all of the occupants of your home.

Alaska Longevity Bonus is received by:

Name _____ Amount monthly _____

Name _____ Amount monthly _____

Alaska Permanent Fund Dividends are received by:

1 _____ 2 _____ 3 _____ 4 _____
 5 _____ 6 _____ 7 _____ 8 _____

ANCSA Corporation Dividends Amount received \$ _____ By:

1.	_____	2	_____
Name	Received from	Name	Received from
3.	_____	4.	_____
Name	Received from	Name	Received from
5.	_____	6.	_____
Name	Received from	Name	Received from

Bonus Payments received in the last 12 months by:

Name	Received from	Address	Amount Yearly
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Child Care Income is received by:

Name	Received from	Address	Amount Monthly
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Child Support Payments and/or Alimony payments are received by:

Name	Received from	Address	Amount Monthly
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Craft Sale income received by:

Name	Amount Monthly	Name	Amount Monthly
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Employment Status & Salary:

Name	Employer	Address	Monthly			
				Perm	Temp	Seasonal
Name	Employer	Address	Monthly			
				Perm	Temp	Seasonal
Name	Employer	Address	Monthly			
				Perm	Temp	Seasonal

INCOME STATEMENT

Federal Payments (AK. National Guard, Veterans Benefits or Social Security) are received by:

Name	Received from	Address	Amount monthly
Name	Received from	Address	Amount monthly
Name	Received from	Address	Amount monthly

Honoraria income is received by:

Name	Received from	Address	Amount Monthly
Name	Received from	Address	Amount Monthly

Insurance or Annuity Benefits are received by:

Name	Received from	Address	Amount monthly
Name	Received from	Address	Amount monthly

Interest Payments are received by:

Name	Received from	Address	Amount Yearly
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Other income or Salary not listed:

Name	Received from	Address	Amount Monthly
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Public Assistance benefits are received by:

Name	Amount Monthly	Name	Amount Monthly
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Rental income payments are received by:

Name	Received from	Address	Amount Monthly
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Retirement Benefits are received by:

Name	Received from	Address	Amount Monthly
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Unemployment benefits are received by:

Name	Amount Bi-weekly	Name	Amount Bi-weekly
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ASSET STATEMENT

Business Operation owned by:

Name	Business Name	Address	Value
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Employer Savings and Retirement Accounts (Thrift 401K) are held by:

Name	Type of Account	Company	Address	Value
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Name	Type of Account	Company	Address	Value
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Funds(Checking, Savings, IRA, and or Certificate of Deposit) are in Bank Accounts owned by:

Owner	Bank	Address	Acct#	Interest rate	Balance
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Owner	Bank	Address	Acct#	Interest rate	Balance
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Owner	Bank	Address	Acct#	Interest rate	Balance
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Money or Cash on hand: \$ _____

Real Estate (Land/Buildings) are owned by and leased to:

Name	Leased or Rented to	Address	Block/Lot	Year acquired	Value
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Name	Leased or Rented to	Address	Block/Lot	Year acquired	Value
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Stocks or Bonds are owned by:

Name	Stock/Bond Company	Address	#of shares	Dividend	Value
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Name	Stock/Bond Company	Address	#of shares	Dividend	Value
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Vehicles and Equipment are owned by:

Name:	Year:	Make:	Model:	Subsistence	Transportation	Business
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Name:	Year:	Make:	Model:	Subsistence	Transportation	Business
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CREDIT REFERENCES

Bank Reference:

Name of bank	Address	Account number
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Major Credit Card:

Type	Address	Account Number
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Other Credit References:

Name	Address	Account number
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Name	Address	Account number
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Name	Address	Account number
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Personal References:

Name	Address	Phone number
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Name	Address	Phone number
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Name	Address	Phone number
------	---------	--------------

Previous Employment:

Name	Address	Dates	Phone Number
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Tenant History: Current and previous Landlords including Addresses:

Do you: Own Rent Other: _____

Current:	Date of occupancy
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Previous:	Date of occupancy
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Previous:	Date of occupancy
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QUESTIONNAIRE

PART I

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever participated in a federally funded housing program?
If yes, Date: _____ Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently on a waiting list for a federally funded program?
If yes, Date: _____ Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever subleased a federally funded unit?
If yes, Date: _____ Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you currently owe any money to any Housing Authority or to HUD?
If yes, Amount _____ Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PART II

NOTE: You may qualify for an elderly household deduction, if you or your spouse are 62 years of age or older, or disabled/handicapped and meet the Social Security description of a disabled/handicapped person. A copy of this description may be obtained from your TNHA representative. If you feel you qualify for the deduction as a disabled/handicapped person you will need to provide adequate verification.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you or your spouse 62 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any members of your household handicapped or disabled?
If yes, Name: _____ Age: _____ Type: _____
What facility made the determination: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are costs incurred for the care of the person?
If yes, Cost per month: \$ _____ Service Provider: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have extraordinary medical expenses?
If yes, Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you capable of living independently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you capable of performing required routine maintenance to a home? | <input type="checkbox"/> | <input type="checkbox"/> |

PART III

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you or any member of your household been charged or convicted of any criminal offense in the last year?
If yes, Explain: _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have the charges been resolved? | <input type="checkbox"/> | <input type="checkbox"/> |

PART IV

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has any member of your household ever filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any member of your household been sued for non payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any member of your household had wages garnished? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you answered "yes" to the above, have debts been satisfied? | <input type="checkbox"/> | <input type="checkbox"/> |

DEDUCTION STATEMENT

Child care moneys are paid to:

Paid to	Address	Amount Monthly
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Elderly Allowance. (Head of Household or Spouse 62 years of age or older, handicapped or disabled):

Name	Name
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Handicapped or Medical expense (exceeding 3% of annual income) not reimbursed by insurance:

Paid to	Address	Amount Monthly
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APPLICANT OR PARTICIPANT STATEMENT

I hereby certify that the information given the Tagiugmiullu Nunamiullu Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for termination or denial of housing assistance.

I understand that after verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on HUD form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. I acknowledge that I have received and signed a Federal Privacy Act Statement.

Signature of Head of Household	Date	Signature of Spouse	Date
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Signature of other adult	Date	Signature of other adult	Date
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Signature of other adult	Date	Signature of other adult	Date
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IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, OR HAVE QUESTIONS ABOUT THE LAWS ABOUT DISCRIMINATION, CONTACT THE ALASKA STATE COMMISSION FOR HUMAN RIGHTS, AT 1-800-478-4692, OR YOU MAY CONTACT THE FEDERAL OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY AT 206-220-5170.

APPLICATION CHECK LIST

Did you remember to include MOST RECENT COPIES of the following items?

- Alaska National Guard or Veterans Benefits.
- Annuity Benefit or Insurance received.
- ANSCA dividends received.
- Bank Statement (Savings, checking, IRA, Certificate of Deposit).
- Bonus payment amounts received in the last 12 months.
- Child care Expenses paid with name and address of provider(s).
- Child care/baby sitting income.
- Child Support or Alimony received.
- Craft Sales Statement or receipt of the amount received.
- Dividend Income received from stocks or bonds, and name and address of Entity.
- Employer Savings and Retirement Accounts, (Thrift, 401k).
- Handicapped assistance and medical expense (exceeding 3% annual income) not covered by insurance.
- Honoraria of the amount received for meetings attended.
- Income Tax returns for 2005, 2006, 2007 or W-2 Tax Documents.
- Interest payments received.
- Lease Agreement stating lease amount, and name and address of lessee.
- Other _____
- Other _____
- Public Assistance. Most recent determination.
- Rental income received and name and address of renter.
- Retirement Benefits received.
- Social Security or Identification Card(s) for everyone over the age of six.
- Tax Assessment from real-estate (Land/Buildings), owned.
- Tax Statement for Business owned.
- Unemployment compensation check received.

**Please check that the application is complete and include signature(s)
for all adults over the age of eighteen. Return this packet as soon as possible.
If you do not have all the copies available at this time,
please submit the ones you do have and send the others when available.
QUYANAQPAK!**

**Authorization for the Release of Information/
Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date) TAGIUMIULLU NUNAMIULLU HOUSING AUTHORITY ATTN: _____ P.O. BOX 409 BARROW, AK 99723 (907) 852-7150 DATE: _____
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Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it 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 those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household		Date	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), 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 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 of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all 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, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the 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 other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

APPLICANT CONFLICT OF INTEREST DISCLOSURE

(For Applicant: _____)

Check and disclose all that apply. TNHA will determine any additional processing steps.

PRINT NAME & RELATIONSHIP to You, the Applicant

Name of TNHA individual related to applicant. State if s/he is employed by TNHA; is a Commissioner , or is a close family member of TNHA employee or Commissioner.	Person is: Spouse, Mother, Father, Son, Daughter, Brother, Sister, Half-Brother, Half-Sister, Stepparent, Stepchild, Culturally Adopted parent or child	Person is a Nephew, Niece, First Cousin, Uncle, Aunt, In-laws (brother, sister, father, mother), Grandparent	Person is: Live-in domestic partners (same or opposite sex); Household Member; Business Partner, Boyfriend, Girlfriend, or OTHER

APPLICANT CERTIFICATION

The information provided above is true and complete, to the best of my knowledge. I understand that this disclosure will be relied upon by TNHA in determining what conflict of interest procedures must be completed as part of any admission, and that any failure to fully disclose related persons on this form may result in termination or denial of eligibility or admission. I agree to update this disclosure upon request by TNHA, and at the time I am eligible for selection.

Date: _____

Signature of Applicant

TNHA REVIEW

I have explained the purpose of this conflict of interest disclosure to the Applicant, and I am not aware of any relationships between applicant and TNHA employees or Commissioners, except those relationships that are disclosed above.

Date: _____

TNHA Occupancy Specialist

UPDATES

Additional Names (with position at TNHA, if known)	List Type of Relationship (for list, see above)	Applicant Signature, Occupancy Specialist Initials & Date of Update

Compliance with Selection Criteria and Conflict of Interest must be recertified by applicant and TNHA (Housing Director) not less than 30 days prior to admission.

FINAL TNHA CERTIFICATION SIGNATURE:

Date: _____ By: _____
TNHA CEO

****THIS FORM IS TO BE ATTACHED AS ADDITIONAL INFORMATION REGARDING APPLICANT. ATTACH ADDITIONAL PAGES AS NEEDED FOR UPDATE AND FINAL SELECTION REVIEW****