



Bering Straits Regional Housing Authority

PO Box 995, Nome, Alaska 99762 (907) 443-8600-Office (907) 443-8625-Fax

HOUSING PRESERVATION GRANT APPLICATION

Your Name: _____
Street Address _____

Village: _____ State: _____ Zip code: _____

Phone # _____ Fax # _____ Email _____

Have you ever participated in a BSRHA housing program? Yes No

Family Composition: (Start with head of household or applicant)

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER	SOCIAL SECURITY #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Social Security number is required for all household members over the age of 6 years.

Are you an enrolled member of the _____ Tribe? Yes No
(Attach a copy of your Tribal enrollment card or certification)

Are you an elected official of a tribe? Yes No

Are you a member of the BSRHA Board of Commissioners? Yes No

Are you a U.S. military veteran? Yes No

Are you or your spouse a person with a disability?
(Provide documentation from a medical professional) Yes No

Are there any other persons with a disability in your household?
(Place a "D" next to the name of person(s) with a disability, on the table above) Yes No

Our mission is to promote self-sufficiency and believe that housing is a fundamental right for a successful life and to treat everyone with dignity, respect, and cultural sensitivity



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Do you have fire, hazard, and liability insurance on your home? Yes No
(Attach a copy of your policy)

You must own the house that you are applying to have work performed on. Attach a copy of your deed, mortgage, the will that bequeaths the house to you, or other documentation that proves you are the owner of the house. The State Recorder's website, at <http://dnr.alaska.gov/ssd/recoff/searchRO.cfm>, may have the documents you need to prove ownership. If you cannot produce documentation of ownership, contact BSRHA for assistance.

The house to be renovated must be the applicant's primary residence. Attach a copy of a recent utility bill with your name and address on it.

BSRHA cannot assist you if you are receiving funds from another housing assistance program. Please read the following statement, and if it is true, sign and date it below:

I, _____ am not receiving any housing assistance from HUD or any other housing program.

Your Signature

Date

Estimated total household income for the next 12 months: _____

Send your tax returns, pay stubs, 1099s, W-2s, Social Security statements, public assistance statements, unemployment statements, etc. Income includes wages, retirement benefits, alimony, child support, Native Corporation dividends, PFDs, or any other regular source of income.

Irregular income, such as gifts, undependable child support payments, child employment, foster child payments, inheritances, insurance payments, reimbursement for medical expenses, income of a live-in aide, student scholarships, combat pay, and other irregular payments are not considered income.)

Describe the condition of your house and/or the work you want done to it. Keep in mind that construction is expensive and \$30,000 may not be enough to fix every problem in your house. Start with the most urgent repairs, especially if they are repairs that address issues of life, health and safety.

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Please provide photographs of your house's exterior (street view, back and sides), photos of the living room, kitchen, bathroom(s), bedroom(s), utility room and photos of damaged areas in need of repair, if possible. We also need a close-up photo of your electrical meter showing the meter serial number. These photos must be submitted with this application.

If you can, provide an estimate of how much the labor, materials and shipping will cost. _____

Can you perform any or all of the work you want done to your house? ___ Yes ___ No

Do you want to hire a contractor to do the work on your house? ___ Yes ___ No

Do you want BSRHA to do the work on your house? ___ Yes ___ No

Certification:

I understand that this application is not a contract and is not binding in any manner. I hereby authorize BSRHA to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform BSRHA if there is any change in my family status, along with reporting any changes in income, living conditions and change of address.

I have read, and I understand the Housing Preservation Loan Policy.

Applicant's Signature

Date

Signature of Application Reviewer

Date