Bering Straits Regional Housing Authority
PO Box 995, Nome, Alaska 99762 (907) 443-8600-Office (907) 443-8652-Fax

Emergency Utility Assistance Program

Accepted and Adopted by
BSRHA Board of Commissioners
Resolution #2013-01-31-01 Date: January 31, 2013

A. Guidelines: As prescribed by the Indian Housing Plan (IHP), Bering Straits Regional Housing Authority (BSRHA) has ten (10) Emergency Utility Assistance Vouchers per village that elected BSRHA as the Tribally Designated Housing Entity (TDHE). Priority will be given on a first come, first serve basis, depending upon verification of eligibility and funding.

The vouchers are for Tribal members utility services heat, electricity, water & sewer that is disconnected, or about to be disconnected. BSRHA pays approved third-party vendors, no direct cash payments are made to the applicant. Staff may take five (5) days to process an application once it is received in the office. BSRHA does not pay phone or cable services.

B. Eligibility Requirements: Applicant must have BSRHA as their TDHE in the IHP. Be both a Tribal member and resident of the Bering Strait Region with a family income at or above 35% of the currently annually published by HUD Alaska ONAP for the Bering Strait region. Their utility services must be disconnected or soon to be disconnected, please provide a warning or utility shut-off notice with your application.

C. Recipient's Responsibilities: Applicant may be required to participate in counseling: financial, employment, substance abuse, legal, etc., or do an employment barrier assessment, job search activities, or other activities.

Required Application Documents Checklist

___ Complete & signed application.
___ Copy of your Tribal enrollment card.
___ Include a written physician statement of disability or other legal source stating disability.
___ Copy of income for the last 30 days for entire household over the age of 18 years.
___ Copy of rental agreement or mortgage statement showing monthly payments.
___ Current utility bill with a disconnection or warning notices.

A BSRHA Homebuyer with a re-certification on file within the past three years submits only a current utility bill, disconnection or warning notices, and a complete signed application.

Contact the Housing Management Department if you have questions:
Glenda (Tuna) Sherman: 907.443.8600 / Email tsherman@bsrha.org:
Hannah Katongan: 907.443.8617 / Email hkatongan@bsrha.org:
Linda Gologergen: 907.443.8611 / Email lgologergen@bsrha.org:
Shirley Bell: 907.443.8608 Cell 907.434.1637 / Email sbell@bsrha.org:

Brevig Mission, Council, Elim, Gambell, Golovin, King Island, Koyuk, Little Diomede, Nome Low Rent, Savoonga, Shaktoolik, Shishmaref, Solomon, St. Michael, Stebbins, White Mountain, Teller, Wales, Unalakleet.

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Emergency Utility Assistance Program Application

Name:_____ Date:_____
Address:_____ City:_____State:_____ Zip:_____
Phone Number:_____ Email:_____
Tribal Affiliation: _____ Amount Assistance Requested: _____

Are you or any family members related to any BSRHA Board of Commissioners or employees?
☐ Yes ☐ No
If yes, explain:_____

FAMILY COMPOSITION: *List on a blank sheet if you need additional space*.

Full Name	Relation to Head	SSN	Last 12 Months Income	Ak Native/American Indian Other-List
1)	Self			
2)				
3)				
4)				
5)				

TOTAL INCOME: *Provide copy of income received by all family members.*

Family Member Name	Employer Name/ Income Source	Last 30-Day Income	Last 12-Month Income
1)			
2)			
3)			
4)			
5)			

Periodic or Sporadic Income: *Provide documentation for all boxes checked.*
☐ # family members who received the Alaska Permanent Fund Dividend
☐ # family members who received Corporation dividends Amount $_____#_____
☐ Bonus, amount $_____#_____
☐ Fishing, amount $_____#_____
☐ Other, amount $_____ #_____

Monthly Expense:

Shelter Expense	Amount	Miscellaneous Expense	Amount
House Payment		Car/Transportation Payment	
Electricity		Groceries	
Heat		Childcare	
Water & Sewer		Insurance	
Phone		Other	

Describe what happened to cause this emergency: _____
_____

What plan do you have to improve your situation? _____
_____

Applicant Certification:

I hereby certify that all information provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspended from BSRHA Energy Assistance Program Participation and services. I further understand that eligibility and service delivery decisions are subject to the sole discretion of the BSRHA President/CEO, without right of appeal.

_____ _____
Applicant Signature Date

_____ _____
Spouse/Co-Applicant Signature Date

For BSRHA Use Only	
Employee:	Date & Time Received:
Payment to:	Date of Approval or Denial:
Utility Amount Assisted:	Total Remaining for Tribe: