

# **NINILCHIK INDIAN HOUSING PROGRAM**

15910 Sterling Hwy.

P.O. Box 39070

Ninilchik, AK 99639

PH: 907 567-3313 / FX: 907 567-3308

E-mail: [bob@ninilchiktribe-nsn.gov](mailto:bob@ninilchiktribe-nsn.gov)

## **SNOW-REMOVAL PROGRAM**

<b>Snow Removal Guidelines</b>	<b>Pg. 2</b>
<b>NAHASDA Median Income Limits</b>	<b>Pg. 3</b>
<b>Snow Removal Application</b>	<b>Pg. 4</b>
<b>Snow Removal Application Check List</b>	<b>Pg. 5</b>
<b>Income Sources</b>	<b>Pg. 6</b>
<b>Verification Form</b>	<b>Pg. 7</b>
<b>Clients Rights &amp; Responsibility's</b>	<b>Pg. 8</b>
<b>Grievance Procedures</b>	<b>Pg. 8</b>
<b>Applicant Certification</b>	<b>Pg. 9</b>
<b>Release of Information</b>	<b>Pg.10</b>
<b>Things You Should Know</b>	<b>Pg.11</b>



**NINILCHIK INDIAN HOUSING SNOW-REMOVAL PROGRAM**

**FY-2012 NAHASDA INCOME LIMITS FOR ALASKA**

**Kenai Peninsula Borough Median Family Income \$74,400.00**

**Effective 12/01/2011**

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**You must be at or Under the 80% Median Income to Qualify for This Program**

1. Person Household: \$41,650
2. Person Household: \$47,600
3. Person Household: \$53,550
4. Person Household: \$59,500
5. Person Household: \$64,300
6. Person Household: \$69,050
7. Person Household: \$73,800
8. Person Household: \$78,550

\* Applicant's must be under the 80% Median Income to Qualify for this program. Applicant's that are over the 80% but less then the 100% of the Medium Income, must be reviewed and be approved by the Tribal Council. Please refer to the NIHP policies for further clarification.



**Ninilchik Indian Housing Program**  
**Snow-Removal Program**

**Application Checklist**

**Please Provide All Information Below.**

**Remember applications will NOT be started until ALL Information is provided.**

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- ❖ Application form - completely filled out and signed.
- ❖ Past 1 year signed income tax forms w/ 1099's & W-2's that were submitted to IRS. Or letter from the IRS, stating that you didn't have to file for each of the last 3 years.
- ❖ CIB- Certification of Indian Blood (issued by the Bureau of Indian Affairs).
- ❖ Picture ID, Drivers License or Passport.
- ❖ Original Social Security Cards or CLEARLY shown on Drivers license or State ID card for Applicant & Co-Applicant or any household member.
- ❖ If Disabled- Proof of Disability from the Social Security Administration.
- ❖ Proof of income for entire household for last 12 months.
- ❖ Proof of income for entire household for last 30 days. *Pay stubs, Pensions, Social Security, Disability Payments, VA payments, ATAP-AFDC-FS-AAP printout, Unemployment Benefits payment stubs, Child Support, Alimony.*
- ❖ Native Dividends check stub. Any payments received monthly, semi annual, or yearly.

Please remember, if information is not brought with you it will only delay the approval process.

If you have questions or if you need to make an appointment please call Bob at (907) 567-3313

**I have read and supplied the above information and understand that providing false information will disqualify me and can result in legal action.**

\_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*Applicant's Signature* *Date*

\_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*Spouse/Co-Habitants Signature* *Date*

**Ninilchik Indian Housing Program**  
**Snow-Removal Program**  
**Income Sources**

Please fill in the dollar amount for the type of income you have received for the last 30 days. The annual income, fill in the dollar amount you have received for the last 12 months. Ask for assistance if you do not understand. Verification must be provided.

<b>Type of Income Received</b>	<b>30 Days</b>	<b>12 Months</b>
Earned Income		
Unemployment Benefits		
TAN / ATAP		
General Assistance (GA)		
General Relief (GR)		
Social Security Income		
Child Support Income		
Foster Care Payments		
Food Stamps Received		
Alaska Permanent Dividend		
Native Corporation Dividends		
Native Corporation Dividends		
Are You A Vet? Yes / No VA Payments Received		
Other		

**Monthly Expenses**

<b>Shelter Expense</b>	<b>Amount</b>	<b>Misc. Expenses</b>	<b>Amount</b>
House Payment/ Rent		Car Payment	
Electricity		Car Insurance	
Heating		Groceries	
Phone (Base Charge Only)		Child Care	
Home Insurance		Other	
Other		Other	

**Current Employment and /or Education/ Training Activity**

<b>Application Information</b>	<b>Applicant</b>	<b>Spouse/Co Habitant</b>
Job Title/ Course of Study		
Employer / Training Institute		
Address		
Contact Person		

**Residency**

**Residency Verified By:** AK Perm Fund \_\_\_ Fishing Lic. \_\_\_ AK. Lic. \_\_\_ Other \_\_\_

**Other Being:** \_\_\_\_\_

**Staff:** \_\_\_\_\_

**Ninilchik Indian Housing Program**  
**Snow-Removal Program**  
**To Be Filled Out By Staff Official**  
*Please Review to Make Sure All Information is Supplied.*

**Verification of Identity**

Head ( ) Drivers License/ State ID # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 ( ) Birth Certificate – State of Issue: \_\_\_\_\_  
 ( ) Other – Describe: \_\_\_\_\_

Spouse ( ) Drivers License/ State ID # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 ( ) Birth Certificate – State of Issue: \_\_\_\_\_  
 ( ) Other – Describe: \_\_\_\_\_

Other ( ) Drivers License/ State ID # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 ( ) Birth Certificate – State of Issue: \_\_\_\_\_  
 ( ) Other – Describe: \_\_\_\_\_

**Verification of Indian Blood**

BIA Card ( ) Tribe: \_\_\_\_\_ Roll # \_\_\_\_\_  
 Tribe Card ( ) Tribe: \_\_\_\_\_ Roll # \_\_\_\_\_  
 Other ( ) Describe: \_\_\_\_\_ Roll # \_\_\_\_\_

**Verification of Homeownership**

Warranty Deed: \_\_\_\_\_ Quit Claim: \_\_\_\_\_ MHOA: \_\_\_\_\_  
 Tax Valuation or Appraised Value: \$ \_\_\_\_\_ Balance Owing? Yes \_\_\_ No \_\_\_  
 Statement from Lending Institution showing current balance owing: \$ \_\_\_\_\_  
 Name of Lending Institution: \_\_\_\_\_ Ph: \_\_\_\_\_

**Verification of Other Assets**

Type of Asset: \_\_\_\_\_  
 Current Balance: \$ \_\_\_\_\_ Interest Rate: \$ \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
 Current Balance: \$ \_\_\_\_\_ Interest Rate: \$ \_\_\_\_\_

**Verification of Income**

Source	Amount	Per	Verified By

**Ninilchik Indian Housing Program**

**Snow-Removal Program**  
**CLIENT RIGHTS/RESPONSIBILITIES**

**Rights**

*The Client has a right to...*

- ❖ Be treated with respect.
- ❖ Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference or age.
- ❖ Be treated without regard to disability unless treatment being provided makes treatment hazardous to the individual.
- ❖ Have all personal information treated in a confidential manner.
- ❖ Review his/her file with an appropriate staff present.
- ❖ Be fully informed regarding any and all fees associated with his/her services received from NIHP.

**Responsibilities**

*The Client has the responsibility to.....*

- ❖ Treat NIHP staff with respect.
- ❖ Be accurate and complete as possible when providing information to NIHP.
- ❖ To carry out NIHP program rules and regulations related to the program he/she is applying for.
- ❖ Actively participate in decision and perform those activities made in the decision making process regarding any services received from NIHP.
- ❖ Inform NIHP staff of any changes in address, income, etc.

**CLIENT GRIEVANCE PROCEDURE**

A procedure has been established and maintained by Ninilchik Indian Housing Programs to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights.

No specific form is necessary to file a grievance, however a grievance must be in writing. You must clearly state the problem(s) by detailing the action taken or not taken by NIHP staff and outline possible solutions and / or resolutions.

An earnest effort will be made by NIHP staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Ninilchik Indian Housing Program:

1. Submit a complaint in writing to the NIHP Housing Director. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Housing Director shall, within 10 days after the receipt of the complaint, issue a written decision and inform the opportunity to further appeal the matter outlined in Step 2 below.
2. If unsatisfied with the written decision by the Housing Director, submit an appeal, in writing too the Ninilchik Traditional Council, C/O Executive Director, P.O. Box 39070, Ninilchik, AK 99639. A hearing will be scheduled within 30 days of receipt of the appeal. The Executive Director will issue a written response within 10 days of the hearing with the Ninilchik Traditional Council.

**Ninilchik Indian Housing Program**  
**Snow-Removal Program**

**Applicant Certification**

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I may receive a \$10,000 fine, imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any NTC program participation and services.

\_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*Applicant's Signature* *Date*

\_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*Spouse/Co-Habitants Signature* *Date*

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### RELEASE OF INFORMATION

I/We, the undersigned, hereby authorize the release of any information via **fax** or hard copy concerning me, to the Ninilchik Indian Housing Programs / Ninilchik Traditional Council, located at 15910 Sterling Highway, P.O. Box 39070, Ninilchik, Alaska 99639. The requested information shall be used solely in the administration of NIHP programs, and a reproduction of this release is as valid as the original. **Contacts may include, but not be limited to:**

- ❖ Public Assistance
- ❖ Department of Labor
- ❖ Social Security Administration
- ❖ Veterans Administration
- ❖ Division of Vocational Rehabilitation (DVR)
- ❖ Employers
- ❖ Native Corporations
- ❖ Child Support Enforcement Agency
- ❖ Bureau of Indian Affairs
- ❖ Private Individuals
- ❖ Alaska Perm. Dividend Fund
- ❖ Alaska Longevity Fund
- ❖ NTC Tribal Services

Other (Please Name): \_\_\_\_\_

*This authority shall continue until revoked in writing by the undersigned.*

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Applicants Signature	Date	Social Security Number
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Printed Name

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Spouse/ Co- Habitant Signature	Date	Social Security Number
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Printed Name

May 1988 p-88-2

### Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and rectification forms.

**PURPOSE** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**PENALTIES FOR COMMITTING FRAUD** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or rectification forms contain false or incomplete information, you may be:

- \* Evicted from your apartment or house:
- \* Required to repay all overpaid rental assistance you received:
- \* Fined up to \$10,000.00:
- \* Imprisoned for up or 5 years; and/or
- \* Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

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**ASKING QUESTIONS** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

\*\*\*\*\*

**COMPLETING THE APPLICATION** When you give your answers to application questions, you must include the following information:

**Income:**

- \* All sources of money you and any "adult" member of the family receive (wages, welfare payments, alimony, social security, pensions, etc.).
- \* Any money you receive on behalf of your children (child support, social security for children, etc.).
- \* Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, AK Perm Dividend, etc.).
- \* Earnings from a second job or part time job.
- \* Any anticipated income ( such as a bonus or pay raise you expect to receive).

**Assets:**

- \* All bank accounts savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you or any adult member of your family/household who will be living with you.
- \* Any business or asset you sold in the last 12 months for less than its full value, such as your home to your children.

**Family/Household Members:**

- \* The names of all of the people ( adults and children) who will actually be living with you whether or not they are related to you.

\*\*\*\*\*

**Signing the Application**

- \* Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- \* When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- \* Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

\*\*\*\*\*

**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must rectify. You must report on rectification forms:

- \* All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- \* Any family/household member who has moved in or out.
- \* All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

\*\*\*\*\*

**Beware of FRAUD**

You should be aware of the following fraud schemes:

- \* **Do not pay any money to file an application.**
- \* **Do not pay any money to move up on the waiting list.**
- \* **Do not pay for anything not covered by your lease.**
- \* **Get a receipt for the money you pay.**
- \* **Get a written explanation if you are required to pay any money other than rent (such as maintenance charges, etc.).**

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD hotline at **(202) 472-4200**. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, D.C. 20410.

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**I have read and understand this bulletin:**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Habitants: \_\_\_\_\_ Date: \_\_\_\_\_