

# NINILCHIK INDIAN HOUSING PROGRAM

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P.O. Box 39070

Ninilchik, AK 99639

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## **Emergency Assistance Program**

When signing with the E-signature you will be agreeing to all areas requiring a signature. You are required to sign the Release of Information Page and submit that to the Housing Programs Office.

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**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Guidelines**

The Ninilchik Traditional Indian Housing Program has a limited amount of Emergency Assistance Vouchers. The Vouchers are:

1. Targeted toward people who are in danger of becoming homeless, NOT those who are already homeless. Applicants who are in temporary living quarters qualify only if they have been homeless for 30 days or less.
2. For housing related expenses such as: Rent, Security Deposits, Mortgage Payments, Utilities, etc.
3. All payments are made to third party vendors only. No direct cash payments will be made.
4. Processing of an approved request takes approximately ten (10) days after a complete application has been turned in.

**Eligibility Requirements Include:**

- ❖ Must be Alaska Native or American Indian with BIA Certificate Degree of Indian Blood.
- ❖ **Income at or below the 80% of the current established Federal Median Income for the Kenai Peninsula. Current Income Levels are listed on the NTC website under Housing.**
- ❖ In imminent danger of homelessness. (Proof of imminent danger of homelessness usually means an eviction notice or foreclosure notice).
- ❖ Reside within the Ninilchik Traditional Councils Tribal Boundaries. “South side of the Kasilof Bridge to Homer’s East End Road.” Must reside within the boundary area a minimum of 30 days.
- ❖ Must have income sources secured for the following month and rent cannot be higher than income.
- ❖ Must be able to show how and why you need assistance by providing copies of bills,
- ❖ Must include bank statements of all checking and savings accounts including Pay Pal account for the prior 90-days period.

**Federal definition of homelessness**

- ❖ An individual or family who lacks a fixed, regular and adequate nighttime residence that is:
- ❖ A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness).
- ❖ An institution that provides a temporary residence for individuals intended to be institutionalized; or:
- ❖ A public or private place not designed for, or ordinarily used as a regular sleeping accommodations for human beings.

**Priority**

- ❖ Priority will be given on a first come first serve basis, depending on verification of eligibility and available funding.

**Recipient’s Responsibilities**

- ❖ If requested, participate in counseling (including financial, employment, substance abuse, legal, etc.) employment barrier assessment, job search activities, or other mandated activities if required by the Housing Department for future emergency assistance.

**Ninilchik Indian Housing Program**  
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**Emergency Assistance 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 3 year signed income tax forms w/ 1099's & W-2's that were submitted to IRS for everyone over the age of 18. Or letter from the IRS, stating that you did not make enough to have filed 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 of Applicant & Co-Applicant.
- ❖ Birth Certificates of each child.
- ❖ If Disabled- a disability which makes you not able to work and dependent upon Social Security for income. Therefore you have been found eligible and are receiving SSDI from the Social Security Adm. Proof of Disability must be a copy of your yearly benefit letter or copy of most resent SSDI check.
- ❖ Proof of income for entire household over the age of 18, for the last 12 months.
- ❖ Proof of income for entire household over the age of 18, 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 stubs. Any payments received monthly, semi annual, or yearly.
- ❖ Copy of Rental Agreement or Mortgage Statement showing Monthly payments on Home.
- ❖ Eviction Notice, Foreclosure Notice, or Property Tax Foreclosure Notice.
- ❖ Shut off notices for utilities (*does not include long distance charges or cable television.*).
- ❖ If applying for heating fuel oil or propane an old bill can serve as proof as long as it states the size of the tank.
- ❖ For septic tanks getting pumped – an old bill stating the size of the septic tank.
- ❖ Copies of all bills for the consecutive prior 60-days.
- ❖ All bank checking, savings and Pay Pal account printouts or statements for the prior consecutive 90-days.

**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.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Emergency Assistance Policies and Procedures**

The Purpose of the Emergency Assistance Program is to provide assistance to qualified applicants in the communities which the Ninilchik Indian Housing Program serves, (Kasilof to Homer), for prevention of homelessness. This program is targeted at, but not limited to, the following:

- ❖ Welfare to work families.
- ❖ Illness and family crisis.
- ❖ Domestic violence.
- ❖ Financial hardships due to lack of work, lack of income and job layoffs.
- ❖ Disaster situations, including economic disasters or Acts of God, e.g. fires, earthquakes and tidal waves.
- ❖ Substance abuse treatment clients.

**Part A: Policies**

**Eligibility**

Eligibility recipients must fall into all of the following categories:

- ✓ Verifiable income showing at or below the current 80% Federal median income level for the Kenai Peninsula.
- ✓ Alaskan Native or American Indian, as evidenced by a CIB or BIA cards or Tribal Enrollment Identification.
- ✓ In imminent danger of homelessness (using federal definition) or evidence of another verifiable housing emergency.
- ✓ Current resident of the Ninilchik Tribal jurisdiction, which includes south side of Kasilof Bridge to Homer.
- ✓ Only one individual in a household may participate in the program. Limits on amounts and frequency of assistance apply to the entire household, not just the individual making an application. NTC Housing Program staff shall maintain all eligibility documents in participant files.

**Amount and Frequency of Assistance Provided**

- ❖ Assistance shall be a Maximum Total of Three (3) Assists (Separately Paid Vendors) per individual or household per year
- ❖ AND a limit of \$2,000.00 **Accumulated Total** on **All** Emergency Assistance within Two (2) Years.

**Requirement to Verify Incident and /or Crisis**

The program shall be considered a grant to the recipient. It is intended for temporary assistance for qualified applicants who are in imminent danger of becoming homeless or who possess evidence of another verifiable housing emergency. The NIHP Emergency Assistance Program agrees to provide services for the prevention of homelessness in the following ways:

- ❖ Provide supplemental utility payments when in jeopardy of a shut down in the amount of the delinquent amount only.
- ❖ Utilities are defined as water, sewer, electricity, propane and heating fuel oil or primary heating source.

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- ❖ Basic telephone services, excluding: long distances, late fees, all enmities such as call waiting, call forwarding etc...
- ❖ Cable television is not considered an eligible utility.
  
- ❖ Provide assistance with monthly mortgage payments or rental payments when in jeopardy of eviction, ejection, or foreclosure. As a part of establishing eligibility a copy of the original rent agreement should be made as part of the client file. This will establish the reasonableness of the claims made by 3<sup>rd</sup> parties. This includes payment of property taxes and related housing cost that would cause homelessness to qualified applicants.
- ❖ Provide assistance with first's months rent, security and or utility deposits when assisting applicants who can verify sustainable income to obtain new housing or a change of housing.

**ALL PAYMENTS WILL BE MADE DIRECTLY TO THIRD PARTIES, OR THROUGH VOUCHERS. PAYMENTS TO RELATED 3<sup>RD</sup> PARTIES ARE PROHIBITED.**

**Informing Eligibility**

NIHP staff shall inform each applicant of his/her eligibility within approximately 10 days of receiving completed application packet by mail. No phone call in regards to funding will be accepted prior to the 10 day except on an emergency basis decided on by NIHP staff. Incomplete applications will not be funded.

**Verification**

Copies of eligibility criteria, as documented above, must be kept in the applicant's file. Annual income, as established by the Department of Housing and Urban Development, includes:

- ❖ Wages, Salaries, Tips, Commissions, etc.
- ❖ Self-employment income
- ❖ Farm self-employment income
- ❖ Interest, dividends, net rental income, or income from estate or trusts
- ❖ Social security or railroad retirements
- ❖ Supplemental Security income, Alaska Temporary Assistance Program (ATAP), or other public assistance or public welfare programs.
- ❖ Retirement, survivor or disability pensions
- ❖ Indian quarterly, semi or annual dividends
- ❖ Alaska Permanent Fund Dividend
- ❖ Alaska Senior Benefit Program
- ❖ Any other source of income received regularly, including Veteran's (VA) payments/benefits, unemployment compensation, child support, alimony, etc.

NIHP staff must obtain and copy documentation of applicant's income.  
Applicants re-applying must submit new income documentation.

I have read and understood the Guidelines and Policies.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**NINILCHIK INDIAN HOUSING EMERGENCY ASSISTANCE PROGRAM**

**NAHASDA INCOME LIMITS**

**For the Kenai Peninsula are listed on our website at:**

**[NinilchikTribe-nsn.gov/housing](http://NinilchikTribe-nsn.gov/housing)**

Please note that the “*Minimum Income Limits*” only applies to the Homeownership Program. You must be at or Under the 80% Median Income to Qualify for This Program

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The Ninilchik Indian Housing Programs, Emergency Assistance Voucher Program is designed to meet emergency housing /home related needs: fuel (oil, electric, coal, wood, etc.); shelter (rent, or house payment). Maximum of three (3) assists per person/household per year and or up to a combined total of \$2000.00 maximum limit every two- (2) years. After reaching the \$2000.00 limit applicants can not apply for assistance again until two (2) years after the last assist. Applicants must reside within the Ninilchik Tribal Boundary Area.

**Applicant Narrative**  
*(Must Be Completed By Applicant)*

\_\_\_\_\_  
Applicant Name (Please Print)

Description/Type of Assistance \_\_\_\_\_ Amount of Assistance Requesting: \_\_\_\_\_

Description/Type of Assistance \_\_\_\_\_ Amount of Assistance Requesting: \_\_\_\_\_

Description/Type of Assistance \_\_\_\_\_ Amount of Assistance Requesting: \_\_\_\_\_

<u>Please Check All Types of Assistance That You Are Requesting</u>	
<input type="checkbox"/> Rent for the Month of: _____ <input type="checkbox"/> Temporary Housing (Motel) <input type="checkbox"/> First Months Rent <input type="checkbox"/> Security Deposit <input type="checkbox"/> Lights	<input type="checkbox"/> Water/ Sewer <input type="checkbox"/> Fuel Oil/ Stove Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Foreclosure
<input type="checkbox"/> Other. Please Specify: _____	

Please describe the circumstances which has created the crisis that places you in imminent danger of becoming homeless:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans for the next month to improve this situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Emergency Assistance Application**

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

Other Names Used: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Village: \_\_\_\_\_ Tribe: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_

Are you receiving Social Security Income? \_\_\_ Yes \_\_\_ No  
 If so, how much? \_\_\_\_\_  
 Are you receiving Social Security Disability? \_\_\_ Yes \_\_\_ No  
 If so, how much? \_\_\_\_\_  
 Are you a Veteran? \_\_\_ Yes \_\_\_ No      Date of Service: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_

Please list all persons in you're household.  
 If an individual is (Developmentally Disabled) or SN of an individual is (Special Needs) please note below with DD or SS and provide proof that family member has a Developmental Disability.  
 Special Needs Child is:

- a) In Child Protective Care.
- b) An Indian Child Welfare Case.
- c) Physically or mentally challenged. (Physically or mentally incapacitated children are those that have a physical or mental impairment that acts as a significant barrier to education and or employment.
- d) Homeless.

If you need additional space, please enclose another page with application.

<b>Household Members Starting with Yourself</b>	<b>DD/ SS or NA (Not Applicable)</b>	<b>Last 12 Months Income</b>	<b>AK Native /Am Indian Or Other</b>



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**Income Sources (Interim Assistance)**

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>Last 30 Days</b>	<b>Last 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		
<i>Are You A Vet?</i> Yes / No		
VA Payments Received		
Other		

**Monthly Expenses –Please fill in ALL expenses that apply to your household.’**

<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		

**Ninilchik Indian Housing Program**  
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**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.

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**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.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

Ninilchik Indian Housing Programs  
15910 Sterling Highway  
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)

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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 Senior Benefits Program
- ❖ NTC Tribal Services
- ❖ Any and All Banking and Financial Institutions
- ❖ Other (Please Name) : \_\_\_\_\_

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

Applicants Signature	Date	Social Security Number
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Printed Name

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

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

U. S. Department of Housing and Urban Development  
Office of Inspector General

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.

\*\*\*\*\*

**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).

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- Assets:**
- \* All bank accounts, savings bonds, pay pal accounts, 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 valve.

\*\*\*\*\*

**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.).**

\*\*\*\*\*

**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.

\*\*\*\*\*

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

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>
_____ <i>Spouse/Co-Habitants Signature</i>	_____ <i>Date</i>

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Recipient's Responsibilities**

The Ninilchik Traditional Indian Housing Program requires applicants to participate in counseling (including financial, employment, substance abuse, legal, etc.) employment barrier assessment, job search activities, or other mandated activities if the Housing Program Department requires of you to attend as a condition of assistance.

Recipient may be required to participate in a financial counseling program to receive future assists. The Ninilchik Indian Housing Program staff when verifying application information will make this determination. If recipient is required to participate in a counseling program proof of participation will be required.

Recipient agrees to participate in a counseling program if required by the Ninilchik Indian Housing Programs.

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>
_____ <i>Spouse/Co-Habitants Signature</i>	_____ <i>Date</i>