SNOW-REMOVAL PROGRAM

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Last Revised 01/14/2014
SNOW-REMOVAL GUIDELINES

- Must be Alaskan Native or American Indian. (Need to have CIB or BIA card)
- Must be 62 or older.
- Or, have a disability (Read Qualifications Below), which makes you dependent upon Social Security. Proof of Disability must be a copy of your most recent SSD check.
- Must own home and be living in the home.
- Must be at or below the 80% bracket of the most recent Federal Median Income for the Kenai Peninsula.
- Must have been assisted with a prior Housing Program other than the Snow Removal Program.
- Must turn in a complete program application with all required information.
- Limit is $700.00 per home/household per year.
- If living in area outside of the NTC’s currently awarded Plow driver’s service area, and you know of a local Plow driver that is interested then you must contact Debra Henderson, Procurement Officer at the NTC office for approval. Verification of insurance from the vendor is a requirement.

Qualifications for the Elderly and Disabled Snow Removal Program as Disabled.

- Applicant must be within the NIHP Disable Policy, and therefore has been found eligible and is receiving SSDI from the Social Security Adm.
- The Disabled party must be either the Applicant or Co-Habitant,
- In households where there is, or are able-bodied person/s capable of conducting the snow removal, applicant must provide proof or sound reason as to why they cannot have the snow removal done by these or that able-bodied person/s. (Prior to verification of application, this letter will be reviewed and approved by the NTC Executive Director, and may be subject to Tribal Council approval.)

By signing below, I contest that I have read the above statement and understand and agree to all terms made by the Ninilchik Indian Housing Programs.

_________________________________________    _____/_____/ 20______
Applicant’s Signature                                                                  Date

_________________________________________    _____/_____/ 20______
Spouse or Co-Habitants Signature                                                Date
NINILCHIK INDIAN HOUSING SNOW-REMOVAL PROGRAM

FY-2014 NAHASDA INCOME LIMITS FOR ALASKA

Kenai Peninsula Borough Median Family Income $65,800.00

Effective 01/18/2013

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

1. Person Household: $42,650
2. Person Household: $48,750
3. Person Household: $54,850
4. Person Household: $60,900
5. Person Household: $65,800
6. Person Household: $70,650
7. Person Household: $75,550
8. Person Household: $80,400

* 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
Snow-Removal Program Application

Date: _________________________________

Other Names Used: ____________________________________________________________________
Physical Address: ______________________________________________________________________
Mailing Address: ______________________________________________________________________
City, State, Zip Code: ___________________________________________________________________
Telephone: ___________________________________________________________________________
E-mail Address: _______________________________________________________________________
Village: ___________________________ Tribe: ___________________________
Emergency Contact: __________________________________________________________________

High School Graduate? ______Yes ______ No         GED? _____Yes ______ No
Month/ Year Graduated: ___________________________________________
Name of School: _________________________________________________
Location: _______________________________________________________
Are you a Veteran? ______Yes _____ No             Date of Service: ___________ Branch: ___________
Type of Discharge: _____________________________________________________________________

Please list all persons in your household.
Please circle DD if an individual is (Developmentally Disabled) or SN of an individual is (Special Needs).
Developmentally Disabled- Most 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

<table>
<thead>
<tr>
<th>Household Members Starting with Yourself</th>
<th>DD/ SS or NA (Not Applicable)</th>
<th>Last 12 Months Income</th>
<th>AK Native / Am Indian Or Other</th>
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<tbody>
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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.

- 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.
- 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
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.

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

Monthly Expenses

<table>
<thead>
<tr>
<th>Shelter Expense</th>
<th>Amount</th>
<th>Misc. Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Payment/ Rent</td>
<td></td>
<td>Car Payment</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
<td>Car Insurance</td>
<td></td>
</tr>
<tr>
<td>Heating</td>
<td></td>
<td>Groceries</td>
<td></td>
</tr>
<tr>
<td>Phone (Base Charge Only)</td>
<td></td>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Home Insurance</td>
<td></td>
<td>Other</td>
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<tr>
<td>Other</td>
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<td>Other</td>
<td></td>
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</tbody>
</table>

Current Employment and /or Education/ Training Activity

<table>
<thead>
<tr>
<th>Application Information</th>
<th>Applicant</th>
<th>Spouse/Co Habitant</th>
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<tbody>
<tr>
<td>Job Title/ Course of Study</td>
<td></td>
<td></td>
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<tr>
<td>Employer / Training Institute</td>
<td></td>
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<tr>
<td>Address</td>
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<tr>
<td>Contact Person</td>
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Residency

Residency Verified By: AK Perm Fund ___ Fishing Lic. ___ AK. Lic. ___ Other ___
Other Being: ____________________________________________________________
Staff: ______________
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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Per</th>
<th>Verified By</th>
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Ninilchik Indian Housing Program
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 to 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
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.

Applicants Signature                                          Date                                          Social Security Number

Printed Name

Spouse/ Co- Habitant Signature                                          Date                                          Social Security Number

Printed Name
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).

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.

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**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.

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**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.

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**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: ________________