



Ninilchik Traditional Council

Indian Housing Programs

P.O. Box 39070

Ninilchik, AK 99639 PH: 907-567-3313 *FAX: 907-567-3308

Email: bcrosby@NinilchikTribe-nsn.gov

Website: <http://www.NinilchikTribe-nsn.gov>

COVID-19 Income Based Emergency Housing Assistance Application

In order to meet the immediate and critical needs of all income eligible residents that rent or lease a living residence within the Ninilchik Traditional Councils (NTC) Service area. "From the South side of the Kasilof Bridge to the head of Kachemak Bay". This program can provide up to 12 months of housing and utility assistance, based upon income eligibility and verification to individuals and families affected by the COVID-19 pandemic on 3-month recertification intervals, and depending upon available funding.

To be eligible, a household must be obligated to pay rent on a residential dwelling, and it must be determined that:

- i. one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak;
- ii. one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and
- iii. the household has a household income at or below 80% of area median income.

All applications are processed in the order that they are received. It is the responsibility of the applicants to submit the required documents in a timely manner, proving their need, and compliance within the program's requirements. Payments are made directly to the Landlord or vendors and not to the household.

Funding may be used for arrears that have been accrued, but any arrears prior to March 13, 2020 cannot be assisted.

These funds cannot be used with other Federal funded rental assistance or subsidized housing programs. Such as: Low Income Housing Credits, Public Housing, Rental Vouchers or Indian Housing Block Grant assisted programs.

80% Median Income limits for the Kenai Peninsula, you must be at or below this income limit.

Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
❖ 30%	19,400	22,150	27,450	33,130	38,810	44,490	50,170	55,850
❖ 50%	32,250	36,850	41,450	46,050	49,750	53,450	57,150	60,800
80%	51,600	59,000	66,350	73,700	79,600	85,500	91,400	97,300

- ❖ *If you are at the 50% or lower income limit or have been unemployed for at least 90 days, you need to bring this to our attention, as this will give you a preference in obtaining assistance through us sooner.*



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APPLICATION INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____ Gender: _____

Race: Alaska Native or American Indian Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Are you Hispanic or Latino? Yes No

Phone: _____ Cell : _____ Text: _____

Primary Email Address: _____

Preferred Contact Method: Phone Email Text

Please attach proof of identity.

Driver's License, State ID, Valid Tribal ID, or passports, are required for all adults in the home over 18 years of age and over. Birth Certificates for all children under 18 years of age living in the home.

Please attach lease of household if applying for rental assistance.

If no there is no lease then a rental agreement, receipts of payments made, bank statements - checks showing payments made establishing rental payments and amount.

Risk of experiencing homelessness or housing instability

The Act requires that one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which may include (i) a past due utility or rent notice or eviction notice, (ii) unsafe or unhealthy living conditions, or (iii) any other evidence of risk, as determined by the grantee, or case worker. Unsafe or dangerous living conditions will be evaluated on a case by case basis.

Please attach copies of utility bills, fuel bills if applying for utility assistance or fuel assistance.

Payment for utilities and home energy cost include separate stated electricity, gas, water and sewer, trash removal and energy costs such as fuel oil, propane, natural gas. All home energy costs will be supported by a bill, invoice or evidence of payment to the provider for the utility or home energy service.

Please attach proof of income for all household members, 18 years of age and older.

This may include, but is not limited to, the following: 3 months of income, 2 current pay stubs and other income earned for the month, Public Assistance, Native Corporation Dividends, Senior benefits, Child Support, Veteran Benefits, Pension Benefits, and Social Security. Applicants who are unemployed must provide proof of applying for unemployment or a certification from their past employer.

How have you been affected by the COVID-10 pandemic? Please check all of the boxes that apply.

<input type="checkbox"/>	Loss of Job	<input type="checkbox"/>	Furloughed
<input type="checkbox"/>	Reduced work hours	<input type="checkbox"/>	Incurred additional / unexpected costs
<input type="checkbox"/>	Other:		



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HOUSEHOLD MEMBERS: List ALL PEOPLE living in your House or Apartment.

Name	Date	of	Birth	Relation To Head of household	Age	Sex	Social Security #	Monthly Income
				Self				
Total Household Size					Total Household Income			

TYPE OF ASSISTANCE

Please check the item/s that you and your household need assistance with:

Rental Assistance
 Utility Assistance
 Fuel Assistance

Applying for what months during 2021

Please check the three (3) month/s that you and your household are applying for:

March
 April
 May
 June
 July
 Aug
 Sept
 Oct
 Nov
 Dec

VENDOR INFORMATION (if applicable)

Landlord Provider		Phone	
Address			
City	State	Zip Code	
Utility Provider		Phone	
Address			
City	State	Zip Code	
Fuel Provider		Phone	
Address			
City	State	Zip Code	



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Has anyone in your household applied for COVID-19 Housing or Utility Assistance through any other Federal, State, or Tribal program?		Yes		No
If yes, please explain. State what program you are receiving assistance through.				
If yes, how much did / are you receiving?	\$	How Many Months:		

Please provide documentation of the type, amount, and program that you are receiving assistance through. This can be a confirmation letter from the Federal, State, or Tribal program or the receipt of funding.

By signing, I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I do hereby certify that I have experienced hardship and / or been economically affected by the COVID-19 pandemic and have incurred expenses related to housing, utilities, and other public health and safety needs and services. I am applying for COVID-19 Income Based Emergency Assistance to meet my / my family's basic needs.

Signature: _____ Date: ____/____/2021

Print Name: _____

CERTIFICATION		
On the basis of the determination set forth above, the applicant named herein is found to be:		
_____ Eligible	_____ Ineligible	
_____ Signed Release Form	_____ Household Income	
_____ 18 and above ID	_____ Children's Birth Cert	
_____ Lease Rental Agreement		
_____ 50% Low Income	_____ 80% Low Income	_____ Unemployment



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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.

Applicants Signature

Date

Social Security Number

Printed Name

Spouse/ Co- Habitant Signature

Date

Social Security Number

Printed Name