



Ninilchik Traditional Council

Indian Housing Programs

P.O. Box 39070

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

3308 Email: Hcooper@NinilchikTribe-nsn.gov

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

COVID-19 Income Based Homeowner Assistance Application

In order to meet the immediate and critical needs of all income eligible residents that own a primary 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 provides funding to eligible individuals for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020, through qualified expenses related to home ownership.

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

- i. Homeowner has a job loss, reduction in household income, incurred an increase in living expenses, within the household has a reduction in household income, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak; please provide a handwritten or typed letter explaining how COVID-19 impacted and placed you in this predicament.
- ii. Homeowner has mortgage delinquencies, default, foreclosure, loss of utilities or home energy services, and displacement within the household can demonstrate a risk of experiencing homelessness or housing instability; and
- iii. the homeowner has a household income at or below 150% 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 mortgage companies or vendors and not to the household.

Funding may be used for arrears that have been accrued, but any arrears prior to January 20, 2020, cannot be assisted.

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

150% 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
100%	\$104,200	\$104,200	\$104,200	\$111,600	\$120,550	\$129,550	\$138,400	\$147,350
150%	\$117,200	\$133,950	\$150,700	\$167,400	\$180,800	\$194,200	\$207,600	\$221,000

- ❖ *If you are at the 100% or lower income limit or socially disadvantaged (see definition), you need to bring this to our attention, as we will prioritize your application for assistance.*



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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 mortgage default or foreclosure notices.

Please include receipts of payments made, bank statements - checks showing payments made establishing mortgage payments and amount.

Risk of experiencing homeowner delinquencies, foreclosures, loss of utilities or displacement.

The Act requires that the applicant of the primary residence demonstrate a risk of experiencing homelessness or housing instability, which may include (i) a mortgage default or foreclosure, (ii) a past due utility, loss of utilities or home energy services, or (iii) delinquent property taxes or home insurance, or (iv) any other evidence of homeowner needs, as determined by the grantee, or case worker. Applications will be evaluated on a case-by-case basis.

Please attach copies of utility and/or heating bills if applying for utility or heating assistance and copies of property tax or home insurance delinquency notices if applying for taxes or insurance assistance.

Payment for utilities and home energy cost include separate stated electricity, gas, water, sewer, and energy costs such as fuel oil, propane, natural gas. Payment for property taxes and home insurance cost include separate stated documentation. All 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



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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-19 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:	

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
Total Household Size				Total Household Income		

TYPE OF ASSISTANCE

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

Mortgage Assistance Utility Heating Home Insurance Property Taxes

Applying for what months during 2026

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

Jan Feb March April May June

July Aug Sept Oct Nov Dec

VENDOR INFORMATION (if applicable)

Mortgage Provider		Phone	
Address			
City	State	Zip Code	
Utility Provider		Phone	
Address			



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City		State		Zip Code	
Other Provider				Phone	
Address					
City		State		Zip Code	

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 Homeowner Assistance to meet my family's basic needs.

Signature: _____ Date: ____/____/2026

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	
_____ Mortgage Agreement		
_____ 80% Low Income	_____ 100% 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
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Printed Name

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