

- Completed NAHASDA Application
- Income Tax Copies – Please provide all pages of the last year tax copy for all adult household members. If no taxes were filed, provide a notarized statement saying such.
- Authorization for the Release of Information – execute a release for each adult living in the home.
- Photographic ID
- Tribal Enrollment Card – Provide a copy of tribal enrollment card.
- If no Tribal Enrollment - Provide an essential role letter from tribe/city.
- Award Letters – for Social Security, Disability, retirement, Public Assistance or Pension income. Award letters should reflect the amount you are currently receiving either by check or direct deposit in addition to any deductions. (Only if no tax copies are available)
- Most current pay stubs from income sources.
- W9 from rental agency, if applying for rental assistance.
- W9 from utility company, if applying for utility assistance.
- Your tribe may request additional documents upon approval.



Date & Time Application Received:

PO Box 50 Dillingham, AK 99576 (907) 842-5956 Toll free: 1-800-478-1996 fax: 907-842-2784

NAHASDA APPLICATION

Take the time to completely fill in each section and provide all requested information and signatures, this will avoid delay in determining your eligibility. It is your responsibility to update your application when changes occur.

APPLICANT

NAME: _____

MAILING ADDRESS: _____ ZIP: _____ PHONE #: _____

PHYSICAL ADDRESS: _____ EMAIL: _____

I am an enrolled tribal member of the village/Tribe of:

If not tribally enrolled, attached is a letter from the local tribe stating my family is essential to the well-being of Alaska Native families, and I personally certify that my housing needs cannot be reasonably met without NAHASDA assistance:yes___no

Please check the type of service/assistance requested:

- Homeownership Unit Down-Payment Acquisition Utility/Fuel Rental
- Home Repairs

I. HOUSEHOLD COMPOSITION: list all persons who will reside in household in the next twelve (12) months.

	NAME (Last, First Middle Initial)	Relationship to HOH	Marital Status	Birth Date	Social Security Number	Student Status	Tribe
Head		SELF					
Co-Head							
3							
4							
5							
6							
7							
8							
9							
10							

II. Are you or any household member an employee or Commissioner of BBHA or a family member or business partner of a BBHA Employee or Commissioner?yes___no

If yes, name of employee/commissioner: _____

Your answer to the above question only impacts how your application is processed, not your eligibility.

III. Do you currently own a home?yes ___no

Property Information

Lot: _____ Block: _____ Subdivision: _____

Recording District: _____

If yes, does your home have:

Heatyes ___no

Electricity.....yes___no

Water.....yes___no

Sewer.....yes___no

Is your home overcrowded? ___yes___no

Do you currently rent? Please provide current lease and W9 for landlordyes ___no

Are you currently homeless?yes ___no

If applicable, please provide current W9 for utility companies

Utility company: _____

Fuel company: _____

IV. What repairs do you need to your existing home? Skip this question if not applying for Home Repairs.

V. INCOME: Please list the details of the income received for each person in your household. Include all wages, self-employment, public assistance, social security, SSI, disability, unemployment, retirement payments/pensions, interest, babysitting, child support, alimony, annuities, dividends, APFD, Native corporation dividends or payments, trust payments, income from property, including rent and sales proceeds/installments, grants, student loans & grants, military pay/benefits, Armed Forces Reserves, and any gifts. Provide proof of the income sources received. (copies of wage statements, fishing settlements, divorce or custody payment orders, other paperwork documenting income source, etc.)

Family Member Name	Income Source	Amount	Hr/Wk/Mo/Yr/Qtr

Do all members of the household receive a PFD? ___yes___no
 If no, please explain whom and why: _____

VI. ASSET INFORMATION: Provide documentation of checking, savings, bonds, stocks, land, property, houses, boats, 4-wheelers, snow machines, etc.

Family Member	Estimated Value
1)	\$
2)	\$
3)	\$

Have you sold or disposed of any assets in the past two years? ___yes___no
 If yes describe: _____

VII. PROCESS INFORMATION:

Have you or any household member, ever been evicted from any housing?yes___no

If yes, please explain: _____

Have you or any household member ever been convicted of a drug-related crime?yes___no

If yes, please explain: _____

Have you or any household member ever been convicted of a violent crime, i.e. assault?yes___no

If yes, please explain: _____

Have you or any household member ever been convicted of a felony?yes___no

If yes, please explain: _____

Have you or any household member used any names or social security numbers other than those listed?

If yes, please explain whom & why:yes___no

VIII. Voluntary Self-Identification

These questions in this section are voluntary. Please check all that apply to you or to any member of the applicant household.

Does anyone in the household meet the definition of disabled?yes___no
 (please see the Person with Disabilities" definition latter).

Does anyone in the household require the features of an accessible unit?yes___no
 If yes, please list: _____

Does anyone in the household request any reasonable accommodations/modifications?yes___no
 If yes, please list: _____

For this application, a person with a disability is any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment



Please fill in if it applies:

Regional Corporation: _____
Shareholder Descendent _____
Village Corporation: _____ Shareholder Descendent _____

IX. PERSONAL CERTIFICATION:

I understand that BBHA may verify all of the information provided by me on this application. I hereby certify under penalty of perjury that all of the information contained in this document is true and complete to the best of my knowledge, information and belief. I understand that I will not be admitted to a program, and can be disqualified or terminated from a program, for giving false or inaccurate information on this application.

_____ Applicant's Signature	_____ Date	_____ Other Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date	_____ Other Signature	_____ Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature on this form authorizes Bristol Bay Housing Authority (BBHA) to obtain information on household income, finances and personal history to determine eligibility for BBHA assistance in compliance with NAHASDA. This authorization and the information obtained in this application may be given to any Federal, State, or local program that is enforcing relevant housing rules and regulations. Persons and/or organizations that may be contacted by BBHA for verification and information include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, and school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Your consent authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

**Applicant's
Acknowledgement**

By signing below I acknowledge receipt and understanding of the information stated in this document. And consent to BBHA's use of the information I have provided. I understand that should I be determined eligible for NAHASDA assistance the relevant tribe(s) will be notified. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for BBHA assistance.

I agree that a copy of this Authorization may be used for all purposes, and that the original authorization will be on file at BBHA and stay in effect for one (1) year and (1) month from the date signed. I understand that I have a right to review my file and ask to correct or supplement information on file.

Applicant (Please print)	Signature	Date
Other Adult Print	Signature	Date
Other Adult Print	Signature	Date
Other Adult Print	Signature	Date

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FY 2022 INCOME LIMITS FOR ALASKA

Effective
July 1,
2022

Community Name	INCOME LIMIT - 1 PERSON	INCOME LIMIT - 2 PERSONS	INCOME LIMIT - 3 PERSONS	INCOME LIMIT - 4 PERSONS	INCOME LIMIT - 5 PERSONS	INCOME LIMIT - 6 PERSONS	INCOME LIMIT - 7 PERSONS	INCOME LIMIT - 8 PERSONS	EA ADDED FAMILY MEMBER
Anchorage Municipality Low Income Limit	81,500	93,000	104,700	116,300	125,700	135,000	144,300	153,600	9,304
Aleutians East Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Aleutians West Census Low Income Limit	74,400	85,000	95,600	106,200	114,700	123,200	131,700	140,200	8,496
Bethel Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Bristol Bay Borough Low Income Limit	76,500	87,400	98,300	109,200	118,000	126,700	135,500	144,200	8,736
Denali Borough Low Income Limit	82,400	94,100	105,900	117,600	127,100	136,500	145,900	155,300	9,408
Dillingham Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Fairbanks North Star Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Haines Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Hoonah-Angoon Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Juneau Borough Low Income Limit	84,700	96,700	108,900	120,900	130,600	140,300	150,000	159,600	9,672
Kenai Peninsula Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Ketchikan Gateway Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Kodiak Island Borough Low Income Limit	75,900	86,700	97,600	108,400	117,100	125,800	134,500	143,100	8,672
Lake and Peninsula Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Matanuska-Susitna Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Nome Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
North Slope Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Northwest Arctic Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Petersburg Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Prince of Wales-Hyder Census Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Sitka City & Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Skagway Municipality Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Southeast Fairbanks Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Valdez-Cordova Census Low Income Limit	77,200	88,200	99,200	110,200	119,100	127,900	136,700	145,500	8,816
Wade Hampton Census Area Low Income Limit (KUSILVAK)	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Wrangell City and Borough Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Yakutat City & Borough Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
Yukon-Koyukuk Census Area Low Income Limit	71,600	81,800	92,000	102,200	110,400	118,600	126,800	135,000	8,176
2022 DOE Poverty Income Levels-FINAL	33,980	45,780	57,520	69,380	81,180	92,980	104,780	116,580	11,800