



**KETCHIKAN INDIAN COMMUNITY
HOUSING AUTHORITY
EMERGENCY REHABILITATION OR
ELDER REHABILITATION
APPLICATION PACKET**

The purpose of the Ketchikan Indian Community Emergency and Elder Rehabilitation program is to provide assistance to homeowners who are low income and whose homes are in need of critical repairs. The maximum amount funded is the lesser of the actual project costs or \$5,000.

The Emergency and Elder Rehabilitation Program provides temporary financial assistance for eligible Alaska Natives and American Indians, with limited funds available. *This is not designed to be an entitlement program.* The program is funded by a grant from the U.S. Department of Housing and Urban Development (HUD) and is administered by the KICHA staff, following specific federal rules and regulations.

Eligible requirements include:

- ❖ Must be Alaska Native or American Indian.
- ❖ Family income of less than 80% of median income.

**KICHA Maximum Annual Household Income (80% of Median Income)
NAHASDA Income Limits: Ketchikan Gateway Borough**

These limits are revised annually

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
43,100	49,300	55,450	61,600	66,550	71,450	76,400	81,300

Packet Contents:

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Please submit applications to 2960 Tongass Avenue – 5th Floor – Housing Authority.

If any part of this application packet is missing, contact KICHA @ 228-5218 or visit us at www.kictribe.org.

Elder Rehabilitation Grant

If you own your home and if your household meets certain income criteria, you may be eligible to receive a grant to make necessary repairs to your home.

Program Goals

The goal of the Elder Rehabilitation Grant is to assist elder homeowners who meet certain income guidelines and are otherwise unable to afford needed home repairs.

What kind of assistance is available?

KICHA will assist in needed home rehabilitations by funding the actual amount of the repair, not to exceed a \$5,000 limit.

What if the repair is above the \$5,000 limit?

In events where needed repairs exceeds the \$5,000 grant amount, you as homeowner will be responsible for all costs above \$5,000.

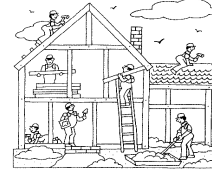
Can I qualify for more than one grant?

While there is no limit to number of rehabilitations performed in a given year there is a maximum grant amount of \$5,000 that you can receive from the KICHA in a program year.

Eligible Home Repairs

Eligible home repairs consist of work to restore heat, water, or sanitation services to the household or essential improvements for elder specific needs (i.e. grab rails, etc), Structural work to homes beyond what is needed for the restoration of the above mentioned services will **not** be eligible, this includes window, door and roof replacements or repairs. Examples of eligible repairs would be:

- ❖ The failure of a furnace or water heater, water supply, electrical, installation of grab rails, ramps, handicapped bathrooms access etc.



Do I qualify for a grant?

The Elder Rehabilitation Grant is available to income qualified households. As established by Housing and Urban Development. These limits are revised annually.

Family size/Income limits

1 person	/\$43,100
2 people	/\$49,300
3 people	/\$55,450
4 people	/\$61,600
5 people	/\$66,550
6 people	/\$71,450
7 people	/\$76,400
8 people	/\$81,300

Total annual gross income must be counted from all persons living in the house. This includes non-taxable income and permanent fund dividend checks.

You must show proof of ownership and reside in the property. Ownership of mobile homes must be established by a DMV title to the mobile home.

How does the repair work get started?

Once the completed application is received and the KICHA staff inspect your property and determine if the project qualifies for the program, they will assemble contractor bids for the work, a contractor will be selected to perform the work. This will be the lowest bidder on most cases. You will be contacted that your project has been approved and asked to enter into a Letter of Understanding.

If interested please contact the KICHA offices.

Email: housing@kictribe.org
Phone: 907-228-5292
Fax: 907-228-5286

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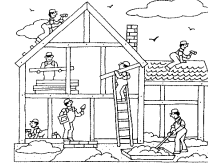
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Client Responsibilities

The Client has the responsibility to...

- ❖ Be accurate and complete as possible when providing information to a KICHA staff person.
- ❖ Provide copies of required documents in application.
- ❖ Enter into a Letter of Understanding for work performed.
- ❖ Inform staff of any changes in client information, i.e., name, address, or income changes, etc.
- ❖ Ask for clarifications regarding any services received from KIC that he/she does not understand.

Client Grievance Procedure

A procedure has been established and maintained by KICHA to assist clients in resolving any complaints or grievances arising from a real or perceiving 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 KICHA staff and outline possible solutions and/or resolutions.

An earnest effort will be made by KICHA 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 services components of the KIC Tribal Council.

Step 1: Submit a complaint in writing to the Housing Director where the grievance occurred. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Director shall, within 10 days after the receipt of the complaint, issue a written decision and inform the client of the opportunity to further appeal the matter outlined in Step 2 below.

Step 2: If unsatisfied with the written decision by the Director, submit an appeal, in writing within thirty (30) days of step 1, to the Ketchikan Indian Community General Manager, 2960 Tongass Avenue, Ketchikan, Alaska 99901. A hearing will be scheduled with an arbitration committee, made up of three Tribal members who are appointed to review the case on behalf of the Tribal Council. The committee will render its confidential written recommendation, to the Tribal Council, within ten (10) days of receipt of complaint.

Application

Confidential

Review the attached instructions and program guidelines. Answer all questions on all pages. Incomplete applications may be returned for completion. Call KICHA if you are not sure how to complete any part of the application. **Submit complete signed application and copies of required documents to KICHA.**

Circle the program that you are applying for on behalf of your household:

Elder Rehabilitation

Emergency Rehabilitation

Last Name
Applicant Head of Household

First Name

Last Name
Co-Applicant

First Name

Last Name
Adult Household Member

First Name

Mailing Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Street Address (Number, Street Name, Apt. # / Space #, etc.)

Legal Property Description (Lot, Block, Subdivision, Tract, etc.)

Please explain, in general terms, the rehabilitation work needed on your home in the box.

_____ _____ _____ _____

Please list all Persons in your household

NAME	Relationship to Applicant	Birth Date	Gender	Social Security No	See below	KIC Enrollment no. or BIA card no.
	Self				<input type="checkbox"/> DD <input type="checkbox"/> SN	
					<input type="checkbox"/> DD <input type="checkbox"/> SN	
					<input type="checkbox"/> DD <input type="checkbox"/> SN	
					<input type="checkbox"/> DD <input type="checkbox"/> SN	
					<input type="checkbox"/> DD <input type="checkbox"/> SN	
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					<input type="checkbox"/> DD <input type="checkbox"/> SN	
					<input type="checkbox"/> DD <input type="checkbox"/> SN	
					<input type="checkbox"/> DD <input type="checkbox"/> SN	

Please check **DD** box if individual is *Developmentally Disabled* or **SN** box if individual is *Special Needs*. You must provide adequate verification documents.

List accessibility modification needs and write which resident(s) would benefit from them or write N/A. Attach another page if necessary.

Income Verification

This must be completed with all income information before application will be considered, if you are not employed be sure to put N/A. Income earned by **all** household members must be reported. Submit copies of proof of all gross income received in the past 30 days. The proof must include the recipient's name.

Applicant Employer:
Position:
Employer Address:
Work Phone Number:
Date Started:
Gross Monthly Earnings \$
Co-Applicant Employer:
Position:
Employer Address:
Work Phone Number:
Date Started:
Gross Monthly Earnings \$
Adult Member Employer:
Position:
Employer Address:
Work Phone Number:
Date Started:
Gross Monthly Earnings \$

Other Income List all other sources of income such as Social Security (SSA or SSI), Pensions, Unemployment Benefits, Native and Alaska (PFD) dividends, Public Assistance (PA), TANF, VA, Survivor benefits, Child Support, Alimony, Workman's Compensation etc...

Applicant: Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____

Co-Applicant: Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____

Adult Household Member: Source: _____ Monthly Income \$ _____

Please use additional sheet if necessary.

If your household has not applied for assistance from other sources, explain why not:

Describe any improvements to the structure funded by an assistance program in the past, indicate when and what work was done. Attach another page is necessary.

STRUCTURE: (circle all that apply)

Apartment Duplex Multi-family building (3 or more units), Total units: _____
Cabin Condo Mobile home (at least 40' long), Serial #: _____
Modular House Other*: _____

* Some structures cannot be served, such as buses, recreational vehicles, boats, tents, yurts, temporary residences, parts of buildings used for businesses. Other restrictions may apply. If you are not sure your home can be served, call KICHA @ 228-4941.

How long has your household lived in this structure full-time? _____

Explain why anyone is not a permanent or year around household member:
(for example, shared custody, at college, foster care, live-in aide, just moving in, etc.)

SUBMIT A COPY OF PROOF OF OWNERSHIP. Acceptable proofs are copies of recorded deeds, patents, etc. for land ownership and mobile home Vehicle Titles for trailers. If you do not have one of these proofs, contact the Title Company that processed your title to the land or the State of Alaska Records Office, or the DMV (for lost or duplicate mobile home Vehicle Titles).

Does your household own or rent the home? (Circle one)

Fee simple Ownership Life estate Leasehold Ownership Rent
Assisted Living Home Rent-to-own Other: _____

If an Assisted living home, how many beds does it have? ____ Is it state-licensed?

Yes No

What is the name of the ALH Business? _____

If BIA, HUD, or a housing Authority built the home, has it been paid off?

Yes No N/A

If your household owns the home, what do you own? (circle one)

Structure only

Structure and Land

If the legal owner of the home does not live in it, provide the information below.

First and Last Name(s) of Owner(s)

Mailing Address

City

State

Zip Code

Day Phone

Fax Phone

Message Phone

Does your household pay rent?

Yes

No

If yes, how much per month? \$ _____

If your household does not pay rent, are any residents related to the owner?

Please explain: _____

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Ketchikan Indian Community (KICHA) any information needed to complete and verify my application for assistance under the KICHA Housing Programs. I further authorize and direct KICHA to release information to other entities for the purpose of determining my household's eligibility for KICHA's programs and/or to assist my household with making application to other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by KICHA and the State of Alaska-Department of Health and Social Services in administering and enforcing program rules and policies.

Information Covered

I understand that previous and current information regarding me and my household may be needed. Verifications and inquiries that may be requested include but are not limited to assets (including real estate), property ownership and residency, employment and income, disability, and public assistance payments.

Resources

The groups or individuals that may be asked to release the above information to KICHA or who may require the above information from KICHA to access their programs, include but are not limited to:

- | | |
|--|---|
| Banks and other Financial Institutions | Employers, Past and Present |
| Public Assistance Agencies | State Unemployment Agencies |
| Child Care Providers | Family and/or State-Appointed Guardians |
| Recording Offices and Title Companies | Utilities and Fuel Providers |
| Child Support and Alimony Providers | Workers Compensation Provider |
| Retirement Systems | |
| Social Security Administration | |

Computer Matching Notice and Consent

I understand and agree that KICHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. KICHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State welfare and food stamp agencies, and Social Security.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file at KICHA I understand I have the right to review my file and correct any information that is incorrect.

Signatures Required: (if any adult is unable to sign this authorization, call KICHA for instructions.)

Applicant's Signature	Printed Name of Applicant	Social Security No.	Date
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Adult member's Signature	Printed Name of adult member	Social Security No.	Date
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Adult member's Signature	Printed Name of Adult member	Social Security No.	Date
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The HEAD OF HOUSEHOLD must certify the application. (If the Head of Household is not able to sign and date below, call KICHA.)

I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have submitted the following (as required) to complete my household's application: proofs of ownership, age, disability, and income.

I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, U. S. Code, Section 1001, et. seq. and liability for monetary damages to KICHA, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.

I certify that the above-named property is my household's current primary, permanent residence.

Permission is granted to perform rehabilitation work on my residence. I understand that funds for rehabilitation assistance are being provided by KICHA. Therefore, they may monitor dwellings on a random basis for the sole purpose of determining that rehabilitation was accomplished and that program funds were properly expended. This monitoring does not include an inspection or in any way address compliance with fire, building, or any other safety codes. According to the terms of the contract between KICHA and recipient, responsibility for rehabilitation work performed on my dwelling must comply with existing applicable codes and/or manufacturers' instruction as appropriate. KIC is solely responsible to assure this compliance. This responsibility in no way extends to work or conditions not associated with the performance of rehabilitation work. Accordingly, I understand that it is the dwelling occupant/owner's responsibility to discover and correct unsafe or out-of-compliance conditions which might otherwise exist.

I certify that no household member listed in this application holds a Temporary Resident Status granted under section 245A or 210A of the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Pub. L. 99-603).

I further certify that all information furnished in support of this application is true and correct to the best of my knowledge, and that my household meets the Income Guidelines of the KICHA Program.

I hereby declare that the preceding credit representations are accurate and complete to the best of my knowledge and belief, and are submitted for the purpose of obtaining housing rehabilitation assistance from KIC. I have no other indebtedness to KIC at this time and it is understood that upon presentation, this application becomes the property of KIC. This office is hereby authorized to obtain such information as may be required to corroborate the foregoing statements, including but not limited to, a credit report.

The applicant and co-applicant agree that should any of the above information change, the applicant or co-applicant will notify this office of these changes before final agreements are signed between applicant, this office, and the contractor.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS; USC TITLE 18, SECTION 1001 provides that:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."

Applicants Signature Date

Adult member's Signature Date

Adult member's Signature Date