

**Home Buy-Down Loan Program
Applicant Packet**

Your first appointment with the KICHA staff is very important and the information presented is essential to the mortgage loan process. In order for KICHA to determine your eligibility for the HOME program **all** documentation and information required must be completed and returned to KICHA within thirty (30) days of the receipt of your application form. This program is funded with grants from the U.S. Government and follows Federal rules and regulations. Funding is limited and will be expended on a “first come, first served” basis. Your cooperation is appreciated.

NAME: _____ DATE: _____

Please bring the following items to your appointment with the KICHA Program.

Failure to provide the necessary documents will delay the processing of your application.

A) Application Table of contents.

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B) In addition, the following documents must be submitted with the application

- __1. Past (3) three years signed income tax forms that were submitted to the IRS.
- __2. Income verification: 30 days current income verification in the form of pay stubs, or if self employed, include schedule ‘C’ with your last three years income tax returns.
- __3. Copy of Social Security cards for each household member.
- __4. Copy of Certificate of Indian Blood (CIB) issued by the Bureau of Indian Affairs or proof of enrollment in Ketchikan Indian Community.
- __5. Copy of Birth Certificates for each child in household.
- __6. Copy of Driver’s License or State issued I.D. card for each adult or applicant.
- __7. Copy of Divorce Decree (if it applies to you).
- __8. Copy of Signed and Initialed Home Buy-Down Loan Program Policies

Summary of Program

Please initial and sign this Summary of the HOME Program once you have read it. Your initial at the end of each page and signature at the end of the Summary verify you have read and acknowledge the Summary.

The Ketchikan Indian Community Housing Authority (KICHA) HOME Program is funded by a grant from the U.S. Department of Housing and Urban Development (HUD), and administered by KICHA. There are a limited number of home loans available in this grant. Those persons who obtain primary financing and close their loans first will receive funding.

The program is designed to increase affordable housing for Alaska Natives and American Indians who are income qualified as determined by HUD.

Applicants must meet all of the following requirements to be eligible for the KICHA HOME Program:

- Applicant must be a first time homebuyer (someone who has not owned a home in the past three years) and,
- Applicant must have an annual income at or below the median income limits established and published by HUD.

Applicants must give true and complete information.

- All information provided on household composition, income and family assets must be accurate and complete to the best of the applicant's knowledge.
- Any misinformation or failure to provide complete information can result in termination from the HOME Program.

Initial:
Applicant _____

Co-Applicant_____

**All annual household income must be reported to the Ketchikan Indian
Community Housing Authority HOME Program**

Annual Income

Annual Income is the anticipated total income from all sources received by the individual or household member's (even if temporarily absent); including all net income derived from assets, for the 12 month period following the effective date of the initial determination or reexamination of income.

Income includes, but is not limited to:

- The gross amount, before any payroll deductions, of wages and salaries, overtime pay, commission fees, tips and bonuses, and other compensation for personal services including all regular pay, special pay and allowances of a member of the Armed Forces.
- Permanent Fund Dividends and Native Corporation Dividends for all household members;
- The full amount of period payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- The net income from operation of a business or profession;
- Interest, dividends and other net income of any kind from real or personal property;
- Income derived for all family assets or a percentage of the value of such assets based on current passbook savings as determined by the U.S. Department of Housing and Urban Development (HUD);
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling.

During The Application Period

If your income increases to a level, which is above the HUD limits, your application will be determined ineligible.

Initial:
Applicant _____
Co-Applicant _____

Eligibility for the HOME Program

Your application for the HOME Program may be approved for processing based upon information you have provided KICHA regarding your current income and your “first time homeowner” status. Recertification of eligibility for the program must be completed before you can close on a mortgage loan. Determination of your final eligibility will be based upon accuracy and completeness of information you have provided to us, changes in household income from the date of application, changes in the household composition a compliance with all other terms and conditions of the KICHA HOME Program.

The Lending Institution

The applicant is referred to a roster of lending institutions, which they can choose from. The lending institution will:

- Determine applicant’s credit worthiness;
- Be solely responsible for approving or denying the loan;
- Perform a credit check which is paid for by the applicant (expires in 90 days);
- Verifies your checking, savings and investment accounts at \$10.00 per account; and
- Must be willing to participate in the KICHA HOME Program.

Lending institution considerations:

- The lending institution at no cost may provide a “Good Faith Estimate” with the loan amount you may qualify for to the applicant.
- The applicant may begin searching for a home within the loan amount quoted in the “Good Faith Estimate.”
- The home must meet all HOME Partnership Program requirements and pass the Housing Quality Inspection.
- Some lenders can offer subsidized interest rates for those who qualify.

Initial:
Applicant _____

Co-Applicant _____

Earnest Money Agreement

It is recommended that language similar to the following be added as an “additional term and condition” in any earnest money agreement entered into.

This offer is contingent upon the property qualifying under HUD Quality Standards, and continued compliance with the HOME Program, and continued availability of HOME program funds.

Before signing an Earnest Money Receipt and agreement to Purchase, the HOME Program recommends the applicant have the Earnest Money Agreement reviewed by an attorney. The HOME Program *does not* pay for costs of this review.

Termination from the HOME program for providing false, inaccurate or incomplete information may result in the loss of your earnest money. You may be liable to the seller of the unit for any costs incurred by this agreement.

The HOME program requires that the applicant contribute a minimum of \$1,000.00 in earnest money. This will reduce the amount of the required down payment by \$1,000.00 (see next page).

NOTICE: It is the responsibility of the applicant to provide a copy of any Earnest Money Agreement entered into to the KICHA HOME Program staff. Failure to provide a copy may delay closing on your home due to availability of Program Funding.

Appraisal

The appraisal is ordered by the lending institution and paid for by the buyer.

Housing Quality Inspection

The Housing Quality Inspection is ordered by the lending institution, paid for by the HOME program and performed by the ICBO Inspector. The home selected by the applicant must pass the Housing Quality Inspection before closing the mortgage loan.

Initial:
Applicant: _____

Co-Applicant _____

Home Program Buy Down

Once the Primary lender has approved the applicant, the HOME Program can provide a second mortgage loan of up to \$20,000. The commitment of this funding and issuance of a letter to the primary lender is contingent upon program funding availability.

] **Example:** The total purchase price of a home is \$200,000.

- ❖ Example: You find a home for a total purchase price of \$200,000.
- ❖ Example: The applicant pays \$3,000 down at closing, \$1,000 in the form of earnest money.
- ❖ Additionally, up to \$2,000 in closing costs will be paid by the HOME program.
- ❖ The HOME program's \$20,000 down will bring the cost of the first mortgage to \$175,000.

\$200,000.	Total Purchase Price	.
\$ 20,000.	HOME Program second mortgage loan.	
\$ 2,000.	Home Program Closing Cost assistance.	
<u>\$ 3,000.</u>	From Buyer.	
\$175,000.	Amount to be financed by primary lender.	

Closing Costs

The homebuyer will pay any closing costs over and above the \$2,000.00 provided by KICHA.

Initial:
Applicant: _____

Co-Applicant _____

Second Loan Documents

The applicant must be willing to sign a first and second mortgage. KICHA is the mortgagee of the second mortgage on the home. KICHA recommends the applicant to have the Second Loan Documents reviewed by an attorney. KICHA does not pay for the cost of this review.

Owner Occupancy

To be eligible for the HOME Partnership Loan, the applicant must certify that the subject property will be owner occupied.

Resale Restrictions

If the homebuyer decides to sell the home or defaults on the loan, KICHA HOME Program has the first option to purchase the home.

If the homebuyer remains in the home for five full years, the HOME Program will forgive the closing costs. If the homebuyer remains in the home for the full fifteen years, the HOME Program will forgive the total second mortgage amount.

If the homebuyer decides to sell the home or defaults on the loan within the first five years, the homebuyer must repay the full amount of the loan provided by the HOME Program at a minimum of four percent (4%) interest. If the homebuyer decides to sell the home or defaults on the loan after the first five years but before the first 15-year second mortgage term ends, homebuyer must pay remaining loan amount on pro-rated schedule at a minimum of four-percent (4%) interest.

Initial:
Applicant: _____
Co-applicant _____

I have read and understood this bulletin:

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

APPLICANT (S) CERTIFICATION FORM

Giving True and Complete Information

I/we certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my/our knowledge. I/we have reviewed the application form and the HUD Form and certify that the information on my/our application form is true and correct.

Reporting on Prior Housing Assistance

I/we certify that I/we have disclosed where I/we received any previous Federal housing assistance and whether or not any money is owed. I/we certify that we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

Owner-Occupancy Property

I/we certify that the house will be my/our principal residence and that I/we will not live anywhere else without notifying KICHA HOME Program immediately in writing. I/we will not sublease my/our property unless the KICHA Home Program has approved it.

Cooperation

I/we know that I/we am/are required to cooperate in supplying all information needed to determine my/our eligibility. I/we understand failure or refusal to do so may result in delays or termination of this case for eligibility determination.

Reminder: Determination of your eligibility cannot be made until *all written* verifications are returned to KICHA. Verbal determination of your eligibility **cannot** be made.

Criminal and administrative actions for False Information

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination from the HOME program.

Earnest Money Receipt and Agreement to Purchase

Termination from the HOME program for providing false, inaccurate or incomplete information may result in loss of your earnest money (Earnest Money Receipt and Agreements to Purchase). I/we may be liable to the seller of the unit for any cost incurred by the agreement.

Signature and Date of Household Adults

1) _____ 3) _____

2) _____ 4) _____

THINGS YOU SHOULD KNOW

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification 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 your application contains false or incomplete 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 form contains false or incomplete information, you may be:

- Fined up to \$10,000.00;
- Imprisoned for up to 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 family receives (wages, public assistance payments, alimony, social security, pension, 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, etc).
- Earnings from 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 is owned by you and any adult member of your family/household who will be living with you.

Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

**Family/
Household** 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.

**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 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 your report with various Federal, State, or private agencies to verify that it is correct.

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.
- Get a receipt for any money you pay.

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 (KICHA). 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, and 451 Seventh Street, S.W., Washington, D.C. 20410

I HAVE READ AND UNDERSTAND THIS BULLETIN:

(Signature) (Date)

(Signature) (Date)

APPLICATION

Please read and completely fill-out *all* questions to enable KICHA to process your application. Use additional paper if necessary. PRINT or TYPE.

Applicant Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Co-Applicant: _____ Home Phone: _____

Other Names Used: _____

Mailing Address: _____
_____ City State Zip Code

Employer Name (Applicant): _____
_____ From: _____ To: _____
_____ Address City State Zip Code

Co-Applicant or Other Adult employment information:
_____ From: _____ To: _____
_____ Address City State Zip Code

Have you been a Homebuyer/Homeowner? Or received assistance for a home purchase in the last three (3) years? YES___ NO___ . Have you sold any real estate within the last three (3) years? YES___ NO___

If yes, please describe below.

APPLICANT HOUSEHOLD COMPOSITION

Please list all persons who will be living in your home.

NAME	Relationship to applicant	Date of Birth	Social Security Number	Tribal Enrollment Number
First: Last:	Applicant			
First: Last:	Co-Applicant			
First: Last:				
First: Last:				
First: Last:				
First: Last:				
First: Last:				
First: Last:				
First: Last:				

INCOME:

Please list all income for all family members from any source, before any deductions (gross income).

MONTHLY INCOME AND ESTIMATED INCOME FOR THE NEXT 12 MONTHS.

Gross monthly income	Applicant	Co-Applicant	Other household members	Total Estimated for the next 12 months
Base Pay				
Overtime				
Commissions				
Bonuses				
Native Corp.				
Alaska Perm. Fund				
All Other				
TOTAL				

Please fill in this section as completely as possible. Your lender also requires this information. By completing this portion now, you will be better prepared when you fill out the lenders application.

Applicant Income
 (From tax returns)

Co-Applicant Income
 Or other household member

2008 \$ _____

2008 \$ _____

2009 \$ _____

2009 \$ _____

2010 \$ _____

2010 \$ _____

INCOME:

OTHER INCOME:

Applicants Base Pay \$ _____/Month

\$ _____/Month

Co-Applicant \$ _____/Month

\$ _____/Month

Assets:

Current Monthly Expenses:

Cash in Savings	\$	Rent	\$
Stocks & Bonds	\$	Utilities	\$
Life Insurance	\$	Debt Payments	\$
Cash Value	\$	Student Loan	\$
Mobile Home	\$	Insurance	\$
Other Assets	\$	Telephone	\$
Other Assets	\$	Child Care	\$
		Car Payments	\$
		Other (Food, clothing Etc.)	\$
TOTAL	\$	TOTAL	\$

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that the HOME program is federally funded through KICHA.

Applicant

Co-Applicant

If applicable:

I certify that my income was too low to require filing a Federal Income Tax Return for the previous calendar year:

Printed Name Signature Today's Date

Provide Present Landlord Contact Information:

Name Address Phone# Fax#

Provide 3 References: (Include past landlord if renting for less than 1 year)

Name Address Phone# Relationship Yrs. Known

Closest Relative Not Living With You:

Name: _____ Relationship _____

Address: _____ Phone # _____

TRIBAL AFFILIATION

Ketchikan Indian Community Housing Authority (KICHA) requests information concerning your Tribal affiliation. Please list your Regional and Village Corporation below. This information is helpful to KICHA when applying for future HOME program funds.

Regional Corporation _____

Village Corporation _____

American Indian Tribe _____

Example:

Regional is Corporations such as Sealaska

Village is Corporations such as Hydaburg, Shaan Seet

American Indian Tribes such as Cherokee

Employer's Income Verification

YOUR NAME: _____

DATE: _____	SSN: _____
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EMPLOYER: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

In compliance with Federal law, Ketchikan Indian Community Housing Authority (KICHA) is required to verify income of applicants applying for federally funded programs. Below is the signed release for this information. If you have any questions, please contact the HOME Program at (907) 228-5218, you can fax this back to 907-228-5286. I hereby consent to release to the Ketchikan Indian Community information they need regarding my income.

 Signature of Applicant (Date)

(Bottom portion to be completed by employer)

Date employed: _____ **Present Position:** _____

Employment: () Permanent () Temporary () Seasonal

Current Gross Pay \$ _____ Hourly Wage \$ _____

Pay periods: () Monthly () Weekly () Biweekly () Other _____

If hourly, average hrs. Per week: _____ Regular Overtime: _____ Hrs. per wk. _____

*Estimated Gross Income Including Bonuses (Next 12 Months) \$ _____

Earnings: Total Last Year: \$ _____ YTD: _____

Anticipated Increase: () Yes () No Effective date: _____ \$ _____ per hour _____
(Date)

Last Pay Increase: _____ \$ _____ per hour.

For Military Personnel Only: Pay Grade: _____ Monthly Base Pay: _____

Reserve Duty: () Yes () No Pay Grade: _____ Monthly Base Pay: _____

Completed by: _____

 (Signature) (Printed name) (Title) (Date)

Note: This form should be completed and signed by a bona fide representative of the employer such as the timekeeper, bookkeeper, and accountant. In no event should the employee complete it. Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

Bank Account Verification

Bank: _____

Account # _____

Your Name: _____

Date: _____

Ketchikan Indian Community Housing Authority (KICHA) is required to verify the total assets of individuals applying for federally funded programs. To comply with this requirement, KICHA asks your cooperation in supplying the information requested as outlined below. This information will be used only to determine the eligibility for the person authorizing the release. Your prompt return of this verification will be appreciated. If you have any questions, please call the HOME Program staff at (907) 228-5218, you can mail this back to Ketchikan Indian Community Housing Authority of fax to 907-228-5286.

Signature of applicant

Date

(Bottom portion to be completed by bank)

Savings Account Balance: _____ Interest rate: _____

Interest Earned (year-to-date) _____ Average balance: _____

Other Accounts: _____ Balance: _____
(Acct type)

Interest Earned (year-to-date) _____ Interest Rate: _____

Signature

Date

Printed name

Phone number

NATIVE CORPORATION VERIFICATION OF PAYMENTS

DATE: _____

CORPORATION: _____

YOUR NAME: _____ **SSN:** _____

Ketchikan Indian Community Housing Authority is required to verify the total income of individuals applying for KICHA programs. To comply with this requirement, KICHA requests your cooperation in supplying the information requested as outlined below. This information will be used only to determine the eligibility for the person(s) authorizing the release.

I authorize KICHA to obtain information regarding the payments from my Native Corporation as requested below.

Your prompt return of this verification will be appreciated. If you have any questions, please feel free to contact the HOME Program at (907) 228-5218.

Signature of Applicant

Date

(Bottom portion to be filled out by Native Corporation)

Please verify the amount of payments from the Native Corporation paid to the individual(s) identified above for the past three years.

Native Corporation (Regional or Village): _____

Number of Shares in Corporation: _____

Dividends paid in the last three years:
Corporations

Other payments from Native

(i.e. Director compensation)

Year	Amount
2008	_____
2009	_____
2010	_____

Year	Amount
2008	_____
2009	_____
2010	_____

Does your Regional or village corporation anticipate providing a dividend in the year 2008? YES NO Amount \$ _____ (if known)

Prepared By Title

Date Printed Name

**State of Alaska Department
Of Health and Social Services Benefits**

To: State of Alaska Department of Health and Social Services
2030 Sea Level Drive Suite 330
Ketchikan, Alaska 99901

FOR: _____
Name

Address

Social Security Number

In compliance with Federal law, KICHA is required to verify income for federally funded programs. Below is the signed release for this information.

I hereby give my permission for you to release to the Ketchikan Indian Community Housing Authority information they need regarding my income.

Date

Applicant Signature

(Bottom portion to be completed by State of Alaska)

Type of Assistance: _____ (AFDC, OAA, APA IA, Temp)

Gross Amount of Grant: \$ _____ Effective _____

Amount of Other Income \$ _____ and Source _____

\$ _____ and Source _____

Remarks:

Prepared by Title Date

Printed Name Telephone Number

Child Support Enforcement Agency Benefits

To: Child Support Enforcement Agency
 4th Floor, Hunt Building
 550 W. 7th Avenue
 Anchorage, Alaska 99501

FOR: _____
 Name _____
 Address _____
 Social Security Number _____

Child's name	Date of Birth	Social Security Number

Payee's Name _____
 Address _____

In compliance with Federal Law, KICHA is required to verify income for government programs. Below is the signed release for this information.

I hereby give my permission for you to release to the Ketchikan Indian Community Housing Authority information they need regarding my income.

 Signature Date

(Bottom portion to be completed by Child Support Office)

Gross Monthly child Support Per Month: \$ _____

If Child Support payments are sporadic, please provide a printout of all payments received by the person named above during the last twelve (12) months.

Prepared By: _____ Title _____ Date _____

Printed Name _____

PENSION/RETIREMENT INCOME VERIFICATION

To: _____ From: _____
_____ Date: _____
_____ SSN: _____
DOB: _____
ID # _____

If you are a survivor annuitant, give name of deceased spouse and his/her Social Security Number: _____

In compliance with Federal law, KICHA is required to verify income for federally funded programs. Below is the signed release for this information.

I hereby give my permission for you to release to the Ketchikan Indian Community information they need regarding my income

Signature of Applicant Date

(Bottom portion to be completed by Payee)

Date of Initial award: _____

Current gross Monthly Amount: \$ _____

Remarks:

Prepared by Title Date

Telephone Number

**SeniorCare Program
Division of Public Assistance Benefits**

To: SeniorCare Program
Division of Public Assistance
855 W. Commercial Drive
Wasilla, Alaska 99654

FOR: _____
Name

Address

Social Security Number Date of Birth

In compliance with Federal law, we are required to verify income for KICHA programs. Below is the signed release for this information, which will be used for KICHA purposes only.

I hereby give my permission for you to release to Ketchikan Indian Community Housing Authority information they need regarding my income.

Signature of Applicant Date

(Bottom portion to be completed by State of Alaska)

Gross amount received per month: \$ _____
Amount of deduction (if any) \$ _____

Your prompt return of this verification is appreciated. A self-addressed postage paid envelope is enclosed for your convenience. If you have any questions, please call KICHA staff at (907) 228-5218

Signature Title

PRINTED NAME Date

LANDLORD STATEMENT

Landlord's Name: _____
Mailing Address: _____
Phone Number: (907) _____ (907) _____
Tenant's Name: _____
Physical Address: _____

RENT

Rent amount charged per month including tax: \$ _____ Date rent is due: _____
Tenant Rented from: _____ to _____ is account Current: Yes ___ No ___
Past Due Rent: _____ No. of late charges ___ Satisfactory Account: Yes ___ No ___
Is tenant working off any portion of the rent? Yes _____ No _____
If yes, give amount: \$ _____
How is rent paid: Cash ___ Check ___ Money Order ___

UTILITIES

What is the unit's primary heat source? Elect. ___ Oil ___ Wood ___ Gas ___ Other ___
Is the heat included in the rent? Yes _____ No _____
What other utilities are the tenant responsible for paying separate from his/her rent?
Oil ___ Electricity ___ Gas ___ Water ___ Sewer ___
Telephone ___ Garbage ___ Other _____

Please list all persons who are, to the best of your knowledge residing in the unit:

Landlord's Signature: _____ Date: _____

UNEMPLOYMENT BENEFITS
Request to Release Confidential Records/Information

I, _____, Social Security No. _____.
(print your name)

do hereby request the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

Recipient: _____ Ketchikan Indian Community Housing Authority _____
(Print recipient's name) (Please use an extra sheet of paper if needed)

Whose address, telephone number, and fax number are:

Street Address: _____ 2960 Tongass Avenue _____

Mailing Address: _____ Same _____

City: _____ Ketchikan _____ State: _____ Alaska _____ Zip Code: _____ 99901 _____

Telephone: (____ 907 ____) 228-5218 _____ Fax: (____ 907 ____) 228-5286 _____

Records/Information to Release: (Please specifically describe the records and/or information you are requesting to be released to the recipient):

_____ **Unemployment Benefits** _____

Purpose: If approved by the Employment Security Division, the specific purpose(s) for which the requested records or information about me are to be released is/are (described or explained what you intend the records to be used for by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

___ **Determine income eligibility for housing program pending Federal grant assistance.** ___

Authorization: (Please sign your name below to authorize release of records and/or information to recipient name above for the purpose stated above)

Signature Date

My Authorization for release of records/Information expires on _____
Date

Please return the original signed copy of this request Release Confidential Records/Information form to:

Alaska Department of Labor
and Workforce Development
Employment Security Division
P.O. Box 115509
Juneau, Alaska 99811-5509
Attn: UI Support Unit/ Custodian of Records

You may fax a copy of this signed request form to the UI Support Unit.
Fax: (907) 465-2741

VERIFICATION OF SUPPORT

TO: _____ FROM: _____
_____ NAME: _____
DATE: _____
SSN: _____

In compliance with Federal law, KICHA is required to verify income for federally funded programs. Below is the signed release for this information.

I hereby give my permission for you to release to the Ketchikan Indian Community Housing Authority information they need regarding my income.

Date Signature of Applicant

(Bottom portion to be completed by person providing payments)

For Cash Money Contributed:

I, _____, do hereby swear or affirm that I
contribute the sum of \$ _____ per _____
TO: _____

FOR: () Support
() Support of his/her child(ren), whose names are:

Remarks:

Prepared By/Name Date Printed Name

Address Telephone

WARNING!
Title 18, Section 1001 of the United States Codes, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the States.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I, _____ authorize Ketchikan Indian Community Housing Authority (KICHA) to receive information to verify my application for participation in KICHA programs. I understand this authorization and the information obtained may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I understand the following information will be provided:

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility.

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the KICHA may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or 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; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and state welfare and food stamp agencies.

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 with the Ketchikan Indian Community Housing Authority and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Applicant's Social Security Number

Co-Applicant's Social Security Number

Applicant's Signature

Date

Print Applicant's Name

Date

Co-Applicant's Signature

Date

Co-applicant's Name

Date

Note:

This general consent may not be used to request a copy of a tax return. IRS form 4506, "Request for copy of tax form" must be prepared and signed separately.

Required Documents Check Off List – KICHA Home Buy Down Program

- Complete Application – Initial & Dated on Each Page (Date Stamped upon Completion. **(Please sign all verification sheets)**)
- Copy of Certificate of Indian Blood
- Copy of Driver’s License of State Issued ID card for each Adult
- Home Choice Certificate – receive prior to closing on home.
- Copy of (3) Three Years of Prior Tax Returns for Each Adult (2007, 2008 & 2009)
- Copies of Current 30 Day Consistent Income– Pay Stubs for Each Adult (if self-employed include Schedule “C” with your last three years income tax returns)
- Copy of Recent Bank Statement
- Copy of Birth Certificate for each child in household
- Copy of Divorce Degree and/or Child Support Agreement (if it applies to you)
- Signed and dated Home Partnership Program Policies for the program
- Letter from approved lender stating you have pre approval of a mortgage loan