

2024 UTV Checklist for Nahasda Voucher

- 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.

UTV ALSO requires the Additional documents listed below

- 1) 2024 UTV Nahasda Program Policy - sign and return w/ BBHA packet
- 2) 2024 UTV No Prior Certification - Applicant must sign and also have 2 witnesses sign & then return w/ BBHA packet
- 3) For Rental Assistance - UTV needs a signed copy of your lease agreement that is current and in force at the time of your BBHA application
- 4) For Rental Assistance - UTV needs a current W-9 from your landlord filled out completely and signed by your landlord for UTV finance & BBHA App
- 5) If you did not make enough income to file taxes then call us because there is a BBHA form we will send out to you. UTV office 907.338.7611

UGASHIK TRADITIONAL VILLAGE



UGASHIK, ALASKA

**2525 Blueberry Road, Suite 205
Anchorage, Alaska
Phone (907) 338-7611
Fax (907) 338-7659**

Date: January 2024

To: NAHASDA Applicant, New Tribal Enrollment
From: Ugashik Traditional Village (UTV) Council

Re: Certification of No-Prior 2024 NAHASDA Program Assistance Applied For/Received

Dear Tribal Member,

Thank you for your application through the Bristol Bay Housing Authority (BBHA) for NAHASDA Program Assistance. In order to ensure that UTV is complying with federal and BBHA regulations and policies, we request that you complete and certify the following in order to receive funding under this program through UTV:

I, _____, affirm and certify that I have not applied for or
Print (First Name) (M.I.) (Last Name)
received funding through any other tribe or source for the year beginning January 1, 2024 to December 31, 2024. I understand that I can only apply to one tribal organization per year for NAHASDA Program Assistance Funds.

_____ I have not applied for funds from another tribe for 2024 NAHASDA Program Assistance Funds.

_____ I do have an application pending with another tribe, or have received for 2024 NAHASDA Program Assistance funds, and ask to cancel my application with the Ugashik Traditional Council.

I understand that if what I say is not true, I will be required to pay back all funds illegally gained through my mis-statement of facts, plus legal fees and costs; and further that in committing fraud, I may be dis-enrolled from the Ugashik Traditional Village without further notice.

Applicant:

Signature Date

**Witnessed By:
(Two Adult Witnesses Required)**

Signature Print Name Date

Signature Print Name Date

UGASHIK TRADITIONAL VILLAGE



UGASHIK, ALASKA

**2525 Blueberry Road, Ste. 205
Anchorage, Alaska 99503
Phone (907) 338-7611
Fax (907) 338-7659**

January 2024

To All NAHASDA Applicants:

This letter is to inform you of changes to Ugashik Traditional Village's NAHASDA program and policies. **The NAHASDA funds are NOT to be used for any security deposits or pet damage deposits.** These funds are to be used for monthly rent, electric, heating firewood and/or heating oil/gas.

- The NAHASDA funds are for tribally enrolled members of the Ugashik Traditional Village who are 18 years or older.
- A utility bill must be submitted with the check request, and the funds will be paid to the vendor and not to the applicant. **Nahasda funds are for the current month and will not pay past due utility payments.**
- A current lease agreement must be on file in the Anchorage UT office and the rent payment will be sent to the vendor lending agency. **Nahasda funds are for current month's rent and will not pay past due rent.**
- An approval from Bristol Bay Housing Authority (BBHA) must be on file before any funds are dispersed.
- NAHASDA funds are limited to \$1500.00 per qualified individual/household. **It is possible you may NOT receive all of the \$1500.00 if UTV runs out of funds for the applicable fiscal year of application. All funds are subject to availability.**
- **Nahasda max household allowance allowed per fiscal year is \$3000.00. This amount includes original fiscal year payments and also any readvertised left over fiscal year payments based on first come/first served written dated requests.**

In order to be eligible for the NAHASDA funds, please sign this form stating that you understand and agree to the conditions as stated in this letter.

Applicant Signature

Date

Printed Name



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:

Heat.....yes ___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 landlord*yes ___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? yes___no
 If yes, please explain whom & why: _____

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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2024 Income Limits
Mutual Help/Low Rent
State of Alaska - ALL Census Areas
Effective Date: April 1, 2024

TOGIAK AND NEW STUYAHOK ELDERS 202								
INCOME LIMIT	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
50%	\$ 35,500.00	\$ 40,550.00	\$ 45,600.00	\$ 50,650.00	\$ 54,750.00	\$ 58,800.00	\$ 62,850.00	\$ 66,900.00

NAHASDA (80%)								
CENSUS AREA	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
DILLINGHAM	\$ 56,800.00	\$ 64,880.00	\$ 72,960.00	\$ 81,040.00	\$ 87,600.00	\$ 94,080.00	\$ 100,560.00	\$ 107,040.00
BRISTOL BAY	\$ 61,040.00	\$ 69,760.00	\$ 78,480.00	\$ 87,120.00	\$ 94,160.00	\$ 101,120.00	\$ 108,080.00	\$ 115,040.00
LAKE & PEN	\$ 56,800.00	\$ 64,880.00	\$ 72,960.00	\$ 81,040.00	\$ 87,600.00	\$ 94,080.00	\$ 100,560.00	\$ 107,040.00

Low Income Housing Tax Credit & Rural Development 515
Forest View-Dillingham Togiak View-Togiak Manokotak View-Manokotak
Taiga View East-King Salmon Muklung Manor-Dillingham Southwest Elders Home-Naknek

DILLINGHAM CENSUS AREA								
INCOME LIMIT	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
50%	\$ 35,500.00	\$ 40,550.00	\$ 45,600.00	\$ 50,650.00	\$ 54,750.00	\$ 58,800.00	\$ 62,850.00	\$ 66,900.00
60%	\$ 42,600.00	\$ 48,660.00	\$ 54,720.00	\$ 60,780.00	\$ 65,700.00	\$ 70,560.00	\$ 75,420.00	\$ 80,280.00

BRISTOL BAY BOUROUGH CENSUS AREA								
INCOME LIMIT	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
50%	\$ 38,300.00	\$ 43,750.00	\$ 49,200.00	\$ 54,650.00	\$ 59,050.00	\$ 63,400.00	\$ 67,800.00	\$ 72,150.00
60%	\$ 45,960.00	\$ 52,500.00	\$ 59,040.00	\$ 65,580.00	\$ 70,860.00	\$ 76,080.00	\$ 81,360.00	\$ 86,580.00

LAKE AND PENINSULA BOUROUGH CENSUS AREA								
INCOME LIMIT	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
50%	\$ 35,500.00	\$ 40,550.00	\$ 45,600.00	\$ 50,650.00	\$ 54,750.00	\$ 58,800.00	\$ 62,850.00	\$ 66,900.00
60%	\$ 42,600.00	\$ 48,660.00	\$ 54,720.00	\$ 60,780.00	\$ 65,700.00	\$ 70,560.00	\$ 75,420.00	\$ 80,280.00