



# EMERGENCY RENTAL ASSISTANCE

ASSISTING HOUSEHOLDS IMPACTED BY COVID-19

## APPLICATION INSTRUCTIONS AND CHECKLIST

*Applications will be accepted until September 2nd, 2022, or until all funds are spent. Preference will be given to Tribal renter households who are enrolled at the Native Village of Kotzebue. The application period and household eligibility requirements may be expanded, depending on available funds.*

Please use this checklist to prepare and complete the application package. Be sure to gather and submit ALL required documents. Failure to do so will delay processing of your application. Funding is not guaranteed, and all documentation will be verified to determine eligibility.

- Completed Application Form – Filled out completely, signed and dated.
- Release of Information – Signed and dated by each household member 18 years or age.
- Proof of Identification – Photo ID (Government or State Issued) for all household members 18 years of age and older.
- Household Income Documentation - Includes, but is not limited to, the last 30 days of pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), bank statements, 2021 Tax Returns, and/or documentation of any other household income received by all household members 18 years of age or older.
- Household COVID-19 Impact Documentation – Includes, but is not limited to, a notice or email from your employer documenting a job loss, furlough, closure, reduction in hours, or other documentation that supports the impact your household has experienced due to COVID-19.
- Landlord Documentation – Current lease agreement (if available), current statement (if available) and any late payment and / or eviction notices.
- Utility Documentation - Current utility bills and/or statements, late payment notices and/or disconnect notices.
- Other Household Expenses Documentation – Includes reasonable accrued late fees, (limited) internet service, relocation expenses, etc.

Please submit your complete application to using one of the following methods:

Email: [arpa@gira.org](mailto:arpa@gira.org)  
Fax: 1-907-442-2162  
Mail: Native Village of Kotzebue  
PO Box 296,  
Kotzebue, AK 99752

Should you have any questions,  
please call:

ARPA Team  
907-442-3467 ext. 218



# The Native Village of Kotzebue

PO Box 296, Kotzebue, AK 99752  
 907-442-3467, Email: arpa@qira.org

## Emergency Rental Assistance - Assisting Households Impacted by Covid-19

### APPLICATION FOR ASSISTANCE

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*The Emergency Rental Assistance Program provides financial assistance to eligible Tribal Members (priority will be given to Kotzebue IRA Members).*

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**APPLICANT NAME:** \_\_\_\_\_

You are eligible for this program if:

1. Do you or your household receive any other federally funded rental assistance? (e.g. Low-Income Housing Credit, Public Housing, or Indian Housing Block Grant)
  - Yes Contact: \_\_\_\_\_
  - No
2. You or a member of your household is a Tribal member of:
  - Native Village of Kotzebue/Kotzebue IRA Members
  - Tribal Members of other Tribes with permanent residency in Kotzebue, AK
3. You or a member of your household meets at least one of the following criteria:
  - Qualifies for or is currently receiving unemployment benefits
  - Has experienced a reduction in household income
  - Has incurred high costs due to the COVID-19 pandemic
  - Has directly or indirectly experienced financial hardship due to the COVID-19 pandemic
4. You or a household member can demonstrate a risk of homelessness or housing instability. To do so, at least one of the following statements must be true:
  - Has received a rental eviction notice
  - Has received past-due rent or utility notice(s).
  - Is at an increased risk of exposure to COVID-19 due to overcrowding
  - Is delaying the purchase of essential goods/services to pay rent or utilities
  - Is relying on credit cards or payday lenders to pay for rent or utilities
5. Your household income is at or below 80 percent of the area median income (based on household size). See income limits below:

Alaska – FY 2022 Low – Income (80%) Limit (LIL)							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
57,250	65,400	73,600	81,750	88,300	94,850	101,400	107,900

**COMPLETED APPLICATIONS ARE DUE SEPTEMBER 2, 2022**



# The Native Village of Kotzebue

## Emergency Rental Assistance Assisting Households Impacted by Covid-19

### APPLICATION FOR ASSISTANCE

#### SECTION 1: APPLICATION INFORMATION

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
 Please check all that apply: \_\_\_\_\_ Alaska Native/American \_\_\_\_\_ Native Hawaiian/Other Pacific  
 \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Caucasian Other: \_\_\_\_\_  
 Enrolled to Native Village of Kotzebue \_\_\_ YES \_\_\_ NO  
 Regional Corporation: \_\_\_\_\_ Shareholder \_\_\_ Descendent \_\_\_  
 Village Corporation \_\_\_\_\_ Shareholder \_\_\_ Descendent \_\_\_  
 Tribal Affiliation: \_\_\_\_\_

#### SECTION 2: FINANCIAL ASSISTANCE REQUESTED

Which type(s) of eligible assistance are you applying for? (check all that apply)  
 Rent \_\_\_\_\_ Utilities \_\_\_\_\_  
 Other Housing related expenses (please describe)

#### SECTION 3: HOUSEHOLD INFORMATION

FULL NAME OF HOUSEHOLD MEMBER	RELATION TO APPLICANT	DOB	GENDER	SOCIAL SECURITY NUMBER
	SELF			

**REQUIRED DOCUMENTATION:** Please attach the following documents for each household member 18 and over : PHOTO ID, SOCIAL SECURITY CARDS, and CIB or Tribal Enrollment for each member.

#### SECTION 4: SOURCE OF INCOME FOR HOUSEHOLD

Household Member	Source of Income	Monthly Gross Income

DID EACH HOUSEHOLD MEMBER RECEIVE A 2021 PFD? \_YES\_ \_NO (even if garnished)  
 If NO, PLEASE EXPLAIN:  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED INCOME DOCUMENTATION:** Please attach all supporting documents for the income listed above. This would include the last two pay stubs, previous 30 days' bank statements, and any other source of income.

**SECTION 5: HOUSEHOLD COVID-19 IMPACT:**

Please describe how COVID-19 has impacted your household. If you need additional space, please attach a separate page.


**SECTION 6: Conflict of Interest**

This program is funded by the Department of Treasury and administered by The Native Village of Kotzebue. The program is subject to conflict of interest rules intended to ensure all applicants are treated fairly and no one, by their position, unduly influences the selection or assistance approval process. Applicants must declare whether they or any household member has a potential conflict by checking one of the statements below.

I am not an employee or council member of the Native Village of Kotzebue, nor am I an immediate family member of nor have any business ties with any such person.

As described in the space below, I have a potential conflict of interest. (Please note, having a potential conflict does not automatically disqualify you from the program. However, the application will require additional review to determine that no conflicts exist, that a conflict exists and that an exception may be made, or that the applicant is conflicted and may not be assisted.

Please describe a potential conflict of interest (if applicable):


**SECTION 7: LANDLORD INFORMATION**

LANDLORD NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
MONTHLY RENT AMOUNT: \_\_\_\_\_ DO YOU HAVE ANY PAST DUE RENT/BILLS?:  YES  NO

**REQUIRED LANDLORD DOCUMENTATION:** *Please attach a copy of your lease agreement (if available), current statements (if available) and any late payment and/or eviction notices.*

**SECTION 8: Utility Provider Information** Please Note: **Cable television and phone service are not eligible** under this program. If necessary, please list additional providers on a separate page.

UTILITY PROVIDER ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 ESTIMATE MONTHLY BILL: \_\_\_\_\_ DO YOU HAVE ANY PAST DUE?  YES  NO (IF YES PLEASE)  
 EXPLAIN: \_\_\_\_\_

Heating Fuel  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIRED UTILITY DOCUMENTATION:** Please attach a copy of your current utility bills and/or Statements, late payments and/or disconnect notices.

**Section 9: Other Household Assistance Expenses:** Includes reasonable current late fees, (limited) internet services, etc.

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  YES  NO

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Are you current on your payments?  YES  NO

**REQUIRED UTILITY DOCUMENTATION:** Please attach any supporting documentation for the above-listed expenses.

**Section 10: Duplication of Benefits:** A DOB occurs when a household or other entity receives financial assistance from multiple sources for the same purpose. The total assistance received for that purpose is more than the total need for assistance.

Have you or any household member received or anticipate receiving rental or utility assistance from any other source(s)?  YES  NO  
 If yes, please indicate below the amount allocated from any and all funding sources.

Assistance Provider Name:	
Purpose/Specific Use	
Amount	

Assistance Provider Name	
Purpose/Specific Use	
Amount	

Assistance Provider Name	
Purpose/Specific Use	
Amount	

**Section 11: Applicant Intent to Participate and Agreement Must be signed by all household members ages 18 and over.**

- I hereby certify that the information provided in this application to The Native Village of Kotzebue is true and correct. I understand that this is not a contract and does not bind either party.

**Additionally:**

- I certify that the assistance I am applying for under this program, if awarded, will be used for my primary residence. If my living situation changes, I will notify NVOK immediately.
- I certify that any assistance received through this program will not be duplicated from any other assistance provided for the same cost.
- I understand that it is my responsibility to supply all information and required documents to determine my eligibility, and failure or refusal to do so may result in process delays and/or termination of eligibility determination.
- I understand that knowingly supplying false or inaccurate information is punishable under Federal and/or State Criminal law and is grounds for termination from the program. If any information is found to be false or misleading, I understand that I will be disqualified from the program, or other action may be taken against me.
- I understand that NVOK will only determine eligibility once my application is complete.
- I understand that the funds are limited, and if the required information is not supplied in a timely manner, I may not receive assistance.
- I agree that if determined to be eligible to receive assistance under this program, by signing this document, I agree to:
  - Notify NVOK immediately whenever changes in household composition or income occur and provide NVOK with the necessary information for reexamination for continued program participation, and
  - Abide by all program guidelines necessary for participation. - I certify that I have read and understood the provision in this document and wish to process the application for the Emergency Rental Assistance Program.

I acknowledge the following:

*I, the undersigned applicant, hereby certify under penalty of perjury, that all information in this Application is true and correct to the best of my knowledge, information and belief.*

*I understand that all funds I receive as a result of this application must be used for COVID-19 related needs as stated above. I understand that I will be required to reimburse the Tribe or U.S. government for any misuse of funds or payments made to me based on inaccurate statements or material omissions. The Tribe reserves all rights under law to recover funds paid by mistake of law or fact. I agree to assist the Tribe in obtaining any further verification of submitted information upon reasonable request. I understand if my application is denied I may request a copy of the Dispute Resolution procedure from the Tribe.*

<b>Applicant</b>		
Signature:	Print Name:	Date:
<b>Other Adult Household Members (ages 18 and older)</b>		
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

*For additional family members, please document on a separate piece of paper.*



# Emergency Rental Assistance

*Assisting Households Impacted by Covid-19*

## *Release of Information*

Applicant's Name:
Address: _____ City: _____ State: _____ Zip Code: _____

*In signing this consent form, I am authorizing The Native Village of Kotzebue (NVOK) to request and obtain income information for the purpose of verifying my eligibility for the Emergency Rental Assistance Program administered by the Department of Treasury. I am also authorizing NVOK to:*

- Contact my landlord and/or Property owner to request information including, but not limited to, rent and payment information, and I hereby authorize my landlord to release such information; I also authorize NVOK to release my information to my landlord, which is deemed necessary to complete my application.
- Contact my utility providers to request billing and payment information, and I hereby authorize my utility providers to release information. I also authorize NVOK to release my information to my utility providers, which is deemed necessary to complete my application.

I authorize my information to be transmitted via any method, including U.S Postal Service, fax, and email.

I further authorize the Native Village of Kotzebue to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with the grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program. The information will be handled confidentially in compliance with all applicable state and federal laws.

\_\_\_\_\_  
*Print Name and Signature of Applicant/Head of Household*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number of Head of Household*

\_\_\_\_\_  
*Printed Name and Signature-Other Household Member over age 18*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Signature-Other Household Member over age 18*

\_\_\_\_\_  
*Date*