



Gwichyaa Zhee Gwich'in Tribal Government
(Formerly known as the Native Village of Fort Yukon, IRA)
P.O. Box 126 3rd & Alder
Road Fort Yukon, AK 99740
Phone: (907) 662-2581 or 1-800-478-6839
Fax: (907) 662-2222 Website: www.fortyukon.org

Homeowner Assistance Application Check List

Please provide a copy of the following for all listed on this application;

- Photo ID for identity verification.
- Proof of Membership to an Indian Tribe for each household member.
- Provide supporting documentation for your income. Supporting documents can be one of the following: Recent paystubs, IRS form 1040, W2, or 1099, 2020 federal tax return, and bank statements. This information must be provided for your application to be complete.
- Utility bills, Mortgage, and unemployment verification

You cannot duplicate any other federally funded homeowner assistance program provided to one household, Initial _____

By signing this application, you certify all these answers are true. Misleading or fraudulent statements can lead up to a requirement to pay back all monies.

Initial _____

If approved, mortgage and/or utility relief payments will be made directly to your lienholder and utility companies.

Applicant Signature: _____ Date: ____/____/____

Homeowner Assistance Application

This Homeowner Assistance Fund (HAF) Application is intended to provide Fort Yukon residents and Tribal Members with homeowner assistance. By completing this application and providing supporting documentation, Fort Yukon residents and tribal members will be able to apply for financial assistance. All information provided will be held confidential by Gwichyaa Zhee Gwich'in Tribal Government, further known as GZGTG. Please be sure to read through to the very end, fill out all sections that apply to you, initial where indicated, and sign and date the form. Further, Applicants must sign a release of information form allowing GZGTG to verify any and all information required to participate in the Homeowner Assistance programs funded by the US Department of Treasury.

The HAF program is intended to mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible homeowners for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020, through qualified expenses related to mortgages and housing.

If an Applicant is approved for participation in the HAF Program, they must submit information and supporting documentation each month for which they seek continued HAF Program Funds, unless such payments are to be provided for a 12-month period, for which the Applicant must provide such information for the 12-month period.

PLEASE COMPLETE AND SIGN THIS APPLICATION AND SUBMIT REQUIRED DOCUMENTS TO THE GZGTG ADMINISTRATION BY SEPTEMBER 30, 2021

Applicant Information

Primary Applicant Name: _____ Date: _____
 Date of Birth: _____ SSN: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

Are you or is a member of your household a member of an Indian Tribe? Yes ___ No ___ If yes, attach proof of membership of an Indian Tribe for each household member.

Household Member Information

Name	Date of Birth	Last 4 digits of SSN	Annual or Monthly Income	Income Source
(Self)				

Eligibility

1. Have you experienced financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? (check all that apply)
 - A reduction in household income
 - Increase in living expenses
 - Loss of Employment/Temporary Layoff/or Furlough
 - Increased costs due to healthcare or need to care for a family member
 - Other financial hardship (describe here): _____

If you checked any of the boxes above, **attach supporting documentation for each hardship**, if any is available (e.g., paystubs, Form W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income).

2. Are you and/or your family at risk of experiencing homelessness or housing instability?
 Yes _____ No _____ If yes, please describe. _____.
3. Do you have an annual household income at or below 150 percent of the area median? Yes _____
 No _____

Applicant must attach and submit: (1) a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer, or (2) a written attestation as to household income that GZGTG may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household’s geographic area.

150% HUD INCOME LIMITS							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$86,350	\$98,650	\$111,000	\$123,300	\$133,200	\$143,050	\$152,900	\$162,800

Please provide the following information regarding your income and expenses:

1. Do you have a 1040 tax form that was filed this year or last year? If yes, write the \$ amount shown in the "gross adjusted income" space here: \$ _____
2. If you have no recent tax form, add up ALL income received last year, from everyone in the household. Include government assistance, include all taxable wages. \$ _____
3. How many people are residing in the household that are under 18 years of age, and are full-time students? _____
4. Is the head of the household an elder or disabled? Yes _____ No _____

5. Did you spend any money on child care or elder care so that you or another member of the family could work or go to school? If yes, write amount here: \$ _____
6. Did you get any financial assistance from the State of Alaska (i.e., STATE and TANF)? If yes, write the amount here: \$ _____
7. Did you get any Social Security benefits (benefits paid for retirement, widows and children, and survivor benefits)? If yes, write the amount here: \$ _____

Qualifying Expenses

The HAF Program provides financial assistance to eligible homeowners for the below types of qualified expenses that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship. At least one of the below statements must be true (check all that apply) since the start of the pandemic (January 21, 2020). Check all that apply.

1. Are you behind in your mortgage payments? Yes ___ No ___ Amount \$ _____
2. Do you require financial assistance to avoid foreclosure, delinquency, or default? Yes ___ No ___ Amount \$ _____
3. Do you require financial assistance to get current on a second mortgage? Yes ___ No ___ Amount \$ _____
4. Do you require financial assistance to reduce mortgage interest rates? Yes ___ No ___ Amount \$ _____
5. Do you require financial assistance to:
 - a. Pay for homeowner’s utilities? Yes ___ No ___ Amount \$ _____ *(includes electric, gas, home energy (including firewood and home heating oil), water, and wastewater)*
 - b. Pay for homeowner’s internet? Yes ___ No ___ Amount \$ _____
 - c. Pay for homeowner’s insurance (of any type)? Yes ___ No ___ Amount \$ _____
 - d. Pay for homeowner’s association fee? Yes ___ No ___ Amount \$ _____
6. Pay for delinquent property taxes? Yes ___ No ___ Amount \$ _____
7. Pay for home repairs? Yes ___ No ___ Amount \$ _____
8. Pay for homeowner counseling services? Yes ___ No ___ Amount \$ _____

To qualify, expenses must be related to the dwelling that is your **primary residence**.

Arrearages of qualified expenses are eligible for purposes of HAF regardless of the date they were incurred, including if they arose before January 2020.

Please attach any and all supporting documentation you have regarding each of the items where you wrote “Yes” above.

Demographic Information:

Primary Applicant Full Name: _____

Alaska Native? _____ or American Indian? _____

Gender, Race and Ethnicity of primary applicant: _____

You cannot duplicate any other federally funded homeowner assistance provided to such household, Initial _____

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

Attestation

I, _____, the Applicant, do hereby attest that I experienced Financial Hardship after January 21, 2020, in the form of (*describe the nature of your financial hardship e.g. job loss, reduction in income, or increased costs due to healthcare or the need to care*

for a family member): _____
_____.

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 150 percent of the Area Median Income for the household.

By my signature below, ***I hereby certify and attest*** that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify GZGTG of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if GZGTG determines it is appropriate to do so. In addition, I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose. I understand that GZGTG is relying on these representations and commitments as the basis for providing the assistance requested.

Applicant Name: _____ Date: ____/____/____

Applicant Signature: _____

Updated August 12, 2021



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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, request and authorize the Gwichyaa Zhee Gwich'in Tribal Government to obtain any and all information to determine my eligibility for assistance. For example: IRS tax return, Bank financial information, Cash Assistance of any kind (ASAP/ GA/ SSI/ SSDI/ APA), wage information, State of Alaska Department of Labor Unemployment, and any other information the Gwichyaa Zhee Gwich'in Tribal Government needs for eligibility purposes and data collection for the funding opportunities. Please release my confidential information from my file to:

NAME: Temporary Intake Coordinator

ORGANIZATION: Gwichyaa Zhee Gwich'in Tribal Government

ADDRESS: PO Box 126, Fort Yukon, AK 99740

Purpose of disclosure: Eligibility Determination for Homeowner Assistance

My signature indicates I have read this form and/or have had it read to me. I know and consent (including owner of a mobile or manufactured home) that any and all information is to be disclosed for determining my eligibility.

This consent form does not expire unless revoked by me in writing. I am able to revoke this consent (in writing) at any time.

Applicant's name (printed): _____

Applicant's signature: _____ Date: _____