



Mailing: P.O. Box 988, Kenai, AK 99611
Physical: 1001 Mission Ave., Suite A, Kenai, AK 99611
Phone 907-335-7231 * Fax 1-855-335-8865
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COVID-19 Housing Application

The Kenaitze/Salamatof Tribally Designated Housing Entity has a program for qualified Alaska Native and American Indian people to help with COVID-19 prevention through affordable, safe and sanitary housing.

The maximum request for assistance is up to \$1,000 per qualified applicant and is limited to the heads of household in the Tribe's service area. The program offers:

- Mortgage Assistance - provides mortgage payment assistance to qualified applicants
- Rental Assistance - provides rental payment assistance to qualified applicants
- Utility Assistance - provides utility payment assistance to qualified applicants

Waiting List Preferences (in order of importance):

1. Kenaitze/Salamatof Elder - Disabled
2. Kenaitze/Salamatof Elder
3. Kenaitze/Salamatof Member - Disabled
4. Kenaitze/Salamatof Member
5. Alaska Native
6. American Indian

Program Requirements:

All required documents must be submitted before eligibility may be determined.

- Application form completely filled out, signed and dated (all adults)
- Certificate of Indian Blood or proof of Tribal Membership
- Copy of Photo I.D.'s (all adults)
- Copy of Birth Certificates (all minors)
- Copy of Social Security Cards (for all occupants 6 years +)

For Mortgage Assistance:

- Proof of Home Ownership
- Mortgage/Loan Statement
- W-9 tax form from Mortgage Company

For Rental Assistance:

- Lease Agreement
- W-9 tax form from Landlord

For Utility Assistance

- Current Utility Statement/s

Completed applications and ALL required documentation must be received by the Housing Department no later than 5 p.m. Alaska Time, July 13, 2020. Late submission may result in ineligibility for program participation.

Regarding General Information request below, the beneficiary is considered “Head of Household.”

General Information

Head of Household First name	Last	Primary Phone:			
		Secondary Phone:			
Co-Head of Household First name	Last	Primary Phone:			
		Secondary Phone:			
Current Physical Address	City	State	Zip		
Mailing Address	City	State	Zip		
Please check all that apply:					
<input type="checkbox"/> Kenaitze Indian Tribe Member <input type="checkbox"/> Salamatof Tribal Member <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian					
Are you or any member of the family over the age of 55? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you or any member of the family suffering from a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent					
Please list all persons who will be living in your home:					
Name	SSN	Marital Status	Gender	Date of Birth	Relationship



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Consent for Release of Confidential Information
Required for all household members 18 and older

I, _____, authorize the mutual exchange of information and communication for

- Myself
- My Child: _____ (Child Legal Name)
- As Legal Guardian/Power of Attorney on Behalf of: _____

between Kenaitze/Salamatof TDHE

AND: _____
Name (if applicable) and Agency

I authorize the communication to be exchanged in writing, verbally, electronically. **Initial** each type of information **highlighted** you would like to be shared.

- | | |
|--|--|
| _____ History | _____ Lease/Rental Agreements |
| _____ Income statements | _____ Treatment plan/case plan |
| _____ Financial statements | _____ Certificate of Birth/Death |
| _____ School records/performance | _____ Medical records |
| _____ Verification of Indian Ancestry (CIB or Tribal Card) | _____ Verification of Native Dividends |
| _____ Other | |
- (Specify): _____

The above information is to be exchanged for the purpose of: Housing Services

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

I understand that some of my records are protected under the federal regulations governing Confidentiality of Protected Health Information (HIPAA and 42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires one year from date signed unless otherwise stated as follows:

Signature of Applicant: _____

Date: _____



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Things you should know

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 you knowingly omit information or give false information.

Penalties for committing fraud: The United States Department of Housing and Urban Development places high priority on preventing fraud. If your application forms contain false or incomplete information, you may be:

1. Evicted from your house
2. Required to repay all overpaid housing assistance you received.
3. Fined up to \$10,000.00
4. Imprisoned for up to five years
5. Prohibited from receiving future assistance

Your state and local government may have other laws as well.

Completing the application: When you give your answers to application questions, you must indicated the following information:

1. The names of all people 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 forms, you are claiming that they are complete to the best of your knowledge and/or misleading information. Information you give on your application will be verified by your Mortgage Company or Property management or Utility Company.

Beware of fraud: You should be aware of the following schemes:

1. Do not pay any money to file application
2. Do not pay any money to move up on the application list
3. Do not pay anything not covered by your lease
4. Get a receipt for any money you pay
5. Get a written explanation if you are required to pay any money other than what your contract covers

I have read and understand this bulletin:

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____