



**Regional Housing Authority**

Tlingit-Haida  
Regional Housing Authority

**HOME REPAIR APPLICATION**

Is this an emergency repair?

Yes

No

Do you own or rent your home (please check one)?

Rent

Own

Primary Application Information:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth

Marital Status: Married

Unmarried (Single, Widowed, Or Divorced)

Mailing Address

Main Phone	Secondary Phone
<input type="text"/>	<input type="text"/>

Email Address	Tribal Enrollment	Enrollment #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Information: *List all household members that are applying to live in this apartment with you.*

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Birth Date <i>Month, Date, Year</i>	Social Security Number



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Yes  No

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship

Explanation

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Yes  No

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship

Explanation

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Yes  No

3. Do you have full custody of your child(ren)?  
*(If no, obtain proof of amount of time child{ren} will be living in unit.)*

Explanation

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Yes  No

4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*

Explanation

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Yes  No

5. Do you or any household members require any special accessibility features

Explanation

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Yes  No

6. Are you an Honorably Discharged Veteran?  
*(If so, please provide a copy of your DD214.)*

Explanation

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Yes  No

7. Is your household currently receiving Section 8 rental assistance?

Name of Agency:

Contact Number:

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Information About Your Home:

Address of Property to be Repaired <i>(Must be home owners physical address)</i> :	What year was your home built?

Description of Repairs Needed *(In the space below, please list the repairs that are needed for your home)*




Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**

Do YOU or ANYONE in your household receive OR expect to receive income from:

Yes  No

8. Employment wages or salaries?

*(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Phone Number

Yes  No

9. Self-Employment?

*(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Type of Business	Amount

Yes  No

10. Regular pay as a member of the Armed Forces/Military?

Household Member	Base Name & Branch	Amount



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Yes  No

11. Unemployment benefits or workman's compensation?

Household Member	Case Worker	Amount

Yes  No

12. Public Assistance, General Relief, AFDC, or Temporary Assistance for Needy Families (TANF)?

Household Member	Case Worker	Amount

Yes  No

13. Child Support or Alimony? *(IF YES, answer 13A and 13B.) We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

Household Member	Payor	Amount

13-A. How is the support received? *(Check all that apply)*

- Child Support Enforcement Agency
- Court of Law
- Directly from Individual
- Other

13-B. If support/alimony is court-ordered but not actually received, are you taking legal action to remedy *(If yes, obtain court papers)*

Explain




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Yes  No

14. Social Security, SSI or any other payments from the Social Security Administration?

Household Member	SSA Officer	Amount

Yes  No

15. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Source of Benefit	Amount

Yes  No

16. Regular payments from a severance package?

Household Member	Source of Benefit	Amount

Yes  No

17. Regular payments from any type of settlement?  
*(For example, insurance settlements.)*

Household Member	Source of Benefit	Amount

Yes  No

18. Regular gifts or payments from anyone outside of the household?  
*(This includes anyone supplementing your income or paying any of your bills.)*

Household Member	Source of Benefit	Amount

Yes  No

19. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Amount



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Yes  No

20. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Amount

Yes  No

21. Do any household members belong to any Native corporations?

Household Member	Name of Corporation	Amount

22. Do you or any other household members expect any changes to your income in the next 12 months?

Explain


Income Information

**Income Verification**

*(Must be provided individually for every adult member in the household if applicable):*

Current Income

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- ✓ W2
- ✓ Tax Return *(if self-employed, must provide the past 3 years of tax returns)*
- ✓ Pay Stub
- ✓ Zero Income Affidavit
- ✓ Social Security Award Letter
- ✓ Bank Statement—if sole source of income is Social Security
- ✓ TANF Verification
- ✓ Child Support Verification

**Applicant Checklist:**

- ✓ Income Verification
- ✓ Copy of Tribal ID
- ✓ Complete Application



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### Disclaimers & Certifications:

- I certify that all the information provided in this application are true and complete to the best of my knowledge and belief;
- I certify that this application is submitted for the sole purpose of obtaining home repair assistance;
- I certify that I am the owner/occupant of the property to be repaired, is my principal residence, and is not being offered for sale;
- I understand that any discrepancy or omission in the information provided may result in the disqualification of participation in THRHA's Home Repair Program;
- I understand that all home assessments must be completed by a professional contractor who is licensed and bonded;
- I understand that home repair funding is dependent on the availability of grant funding.

### All Adult household members must sign below:

Signature	Date



### For Internal Use Only:

Yes  No  Is the application complete?

Yes  No  Has applicant's income been verified?

### Which program does applicant qualify:

- Emergency Repair  
  ICDBG  
  Healthy Homes  
  FHLB  
  Weatherization?

None  
 Reason