



**Chevak Traditional Council**  
 P.O. Box 140 | 200 Aurora Street  
 Chevak, Alaska 99563  
 P 907-858-7428 | F 907-858-7812  
[info@chevaktc.gov](mailto:info@chevaktc.gov) | [www.chevaktc.gov](http://www.chevaktc.gov)

**HOUSING APPLICATION**

**HEAD OF HOUSEHOLD INFORMATION**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ SSN # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

**SPOUSE INFORMATION**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SSN # \_\_\_\_\_  
 Phone \_\_\_\_\_

**FAMILY COMPOSITION**

List all residents and dependents residing in the household (except applicant and spouse).

	Name	SSN #	DOB
<input type="checkbox"/> Adult <input type="checkbox"/> Child	_____	_____	_____
<input type="checkbox"/> Adult <input type="checkbox"/> Child	_____	_____	_____
<input type="checkbox"/> Adult <input type="checkbox"/> Child	_____	_____	_____
<input type="checkbox"/> Adult <input type="checkbox"/> Child	_____	_____	_____
<input type="checkbox"/> Adult <input type="checkbox"/> Child	_____	_____	_____
<input type="checkbox"/> Adult <input type="checkbox"/> Child	_____	_____	_____
<input type="checkbox"/> Adult <input type="checkbox"/> Child	_____	_____	_____

Does anyone in the household have a disability, a severe health problem, handicap, or permanent disability?  Yes  No

**INCOME INFORMATION**

List all income (employment, unemployment, social security, retirement, disability, child support, etc.) starting with the applicant and spouse. Provide the most recent copies of income tax returns, W-2 forms, pay stubs, etc. for verification as applicable.

Name	Employer/Source of Income	Annual Income	PFD?
<b>Applicant</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Spouse</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**HOUSING INFORMATION**

Provide a description of the problems you are experiencing with your home.

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Is the family at risk of homelessness?  Yes  No

Does your current residence have the following amenities:

Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathtub	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sink	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MORTGAGE COMPANY**

If any member of the application will be utilizing a finance company to mortgage or finance housing, please include that information below:

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*I certify that the information provided is true, complete, and correct to the best of my knowledge and belief. Furnishing the information request is voluntary but failure to do so may result in the denial of your application.*

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature \_\_\_\_\_  
Date

**ACTION**

APPROVED  DENIED Reason if Denied \_\_\_\_\_

\_\_\_\_\_  
Approving Authority \_\_\_\_\_  
Date