

North Pacific Rim Housing Authority

APPLICATION FOR DOWN PAYMENT/MORTGAGE REDUCTION ASSISTANCE

PRELIMINARY PROGRAM APPLICATION

NPRHA has developed a program that can provide down payment and mortgage reduction assistance to eligible families who wish to purchase or construct their own home. Eligible families for this program are Alaska Native or American Indian families who do not currently own their own home, can qualify for private financing for a significant portion of the cost of the home, meet other NPRHA admission criteria and have total household income below 80% of median income in the community that they live.

This initial application is to provide NPRHA with basic information about your family in order to determine initial eligibility for the program. All information contained on this form will be kept confidential and only used by NPRHA to determine eligibility. Applicants must also apply, and be approved, for financing from a private financial institution for the balance of the purchase price of the home prior to final acceptance into the program. All information will be verified prior to selection for the program.

Please check all of the following that you are requesting assistance with:

- | | |
|--|--|
| <input type="checkbox"/> Down Payment Assistance | <input type="checkbox"/> Land Donation (Valdez Only) |
| <input type="checkbox"/> Mortgage Reduction | <input type="checkbox"/> Closing Cost Assistance |
| <input type="checkbox"/> Obtaining private financing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Existing Home Purchase |

Mailing Address: _____

Physical Address: _____

Contact Phone No(s). _____

I. Composition of Household

Name	Relation	Sex	DOB	Birth Place	S.S.#
	1	Head			
	2				
	3				
	4				
	5				
	6				
	7				
	8				

II. Employment Information

Fill out for each member of the Household over the age of 18.

If there is not enough space for multiple jobs, attach an additional sheet.
 If employment is expected to change this year, attach explanation.

Adult One	Position:	Adult Two
	Employer	
	Street Address	
	City, State & Zip	
	Phone Number	
	Rate of Pay	
	Hrs. per week	
	Overtime?	
	Last Year's W2 Amt	

Attach copy of Last Year's W-2

Attach copy of Last Year's W-2

III. INCOME FROM OTHER SOURCES FOR ALL FAMILY MEMBERS

Ex: Self-employment, AFDC, Social Security, Retirement, Native Corporation Dividends, Unemployment, etc. If self-employed NPRHA needs a copy of three (3) years tax returns.

Family Member Name	Source	How Often	\$\$Amount
All Members	Permanent Fund	Annually	() Members
	Corporation Div	Annually	() Members

IV. ASSETS

List Assets you own i.e., land, real estate, boats, permits, stocks & bonds, etc.

Do not include vehicles for personal use.

When listing self-employment assets, state value from depreciation or amortization schedule.

- 1.) _____ Market Value: _____
- 2.) _____ Market Value: _____
- 3.) _____ Market Value: _____
- 4.) _____ Market Value: _____

**V. CHECKING, SAVINGS, CERTIFICATES
With Balances over \$2,000.00**

	Bank	Account #	Balance	Address
1				
2				
3				

Please provide the following expense information. Be sure to include income from all members of your household:

House Payment/ Rent: \$_____

Monthly Utilities (Fuel, Electricity, Water and Sewer Only): \$_____

Vehicle Payment(s) \$_____

Credit Card(s) Total Balance _____ Monthly Payment \$_____

Other expenses (Identify) _____ \$_____

Total monthly expenses \$_____

Have you ever declared bankruptcy? YES NO If Yes, When _____

Do you owe any amounts to the IRA or Child Support Enforcement Division?
 IRS YES NO Amount \$_____
 CSED YES NO Amount \$_____

Do you have any past due debts? YES NO

If yes, please explain below:

Do you know of any items that would affect your credit rating or ability to obtain a mortgage?

Please provide the following information about your home and family:

Do you own or rent the home you are living in? _____ Rent _____ Own
If you lease, who is the landlord? _____

Number of adults in your household Male ___ Female ___

Number of minors (under 18) in your household Male ___ Female ___

Number of Bedrooms in your home _____

Number of Bathrooms in your home _____

**ALL YES ANSWERS WILL REQUIRE ADDITIONAL VERIFICATION
THIS WILL REQUIRE ADDITIONAL TIME TO DETERMINE YOUR ELIGIBILITY.**

Please Circle One.

1.) Is any member of the family age 60 or older? YES NO

2.) Do you pay for childcare for a child under the age of 13
in order for a family member to go to work or school? YES NO

3.) Do you have verifiable medical expenses that exceed 3%
of your family's gross annual income? YES NO

4.) Do you have verifiable expenses that exceed 3% of your
family's gross annual income associated with the care of a
handicapped or disabled family member? YES NO

5.) Are you living in substandard housing? YES NO

6.) Are you paying more than 50% of your monthly income for
housing? YES NO

7.) Are you involuntarily displaced (homeless)? YES NO

ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I understand that I must update this application whenever any changes in family composition, income, or other changes that may occur to remain eligible.

Signature

Date

Signature

Date

North Pacific Rim Housing Authority

Adult Member One

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of all information regarding my credit, income and assets to the North Pacific Rim Housing Authority. I understand that this information will be kept confidential. I accept that a photocopy of this authorization will be accepted as the original.

Printed Name

Signature

Date

Adult Member Two

North Pacific Rim Housing Authority

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of all information regarding my income and assets to the North Pacific Rim Housing Authority. I understand that this information will be kept confidential. I accept that a photocopy of this authorization will be accepted as the original.

Printed Name

Signature

Date

**DECLARATION OF ALASKAN
NATIVE CORPORATION STOCKS**

- 1.) _____ I DO NOT OWN ANY STOCK
- 2.) _____ I OWN THE FOLLOWING _____
- 3.) _____ I AM CUSTODIAN FOR _____

Write in the number of shares for each corporation.

_____ **SHARES IN THE REGIONAL CORPORATION:**

_____ **SHARES IN THE REGIONAL CORPORATION:**

_____ **SHARES IN THE VILLAGE CORPORATION:**

_____ **SHARES IN THE VILLAGE CORPORATION:**

Signature

Date

Printed Name

North Pacific Rim Housing Authority
8300 King Street
Anchorage, AK 99518-3066
Phone (907) 562-1444/ Fax (907) 562-1445 Toll free 1-888-274-1444

North Pacific Rim Housing Authority is required to check past landlord references.
Please list your current landlord and information for two previous landlords.

Current Landlord: _____

Address: _____

City, State & Zip Code: _____

Daytime Phone: _____

2.) Previous Landlord _____

Address: _____

City, State & Zip: _____

Daytime Phone: _____

3.) Previous Landlord _____

Address: _____

City, State & Zip: _____

Daytime Phone: _____