



# Kodiak Island Housing Authority

3137 Mill Bay Rd. | 2625 Mill Bay Rd. Kodiak, AK 99615

(907) 486-8111 | Fax: (907) 486-4432

haf@kiha.org

## Homeowner Assistance Fund Application

This Homeowner Assistance Fund (HAF) Application is intended to provide Alaska Native and American Indian homeowners assistance in Kodiak. By completing this application and providing supporting documentation, Alaska Native and American Indian residents will be able to apply for financial assistance. Please be sure to read through 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 to allow KIHA to verify 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 displacement 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  
KODIAK ISLAND HOUSING AUTHORITY BY **August 11, 2022**

### Eligibility

1. Are you enrolled in a federally recognized American Indian or Alaska Native tribe and live in the Kodiak Region? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach proof of membership.
2. Do you own and occupy the home as your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide proof of ownership.
3. Have you experienced financial hardship after January 21, 2020, 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? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is your household income at or below the 150% area median income level? Yes \_\_\_\_\_ No \_\_\_\_\_

Household Size	1	2	3	4	5	6	7	8
Income	113,850.00	130,100.00	146,350.00	162,600.00	175,650.00	188,650.00	201,650.00	214,650.00

5. Are you delinquent or need assistance on your mortgage, homeowners' insurance, property taxes, utilities, lot rent, land contract, mobile or manufactured home loan, and/or Home Association payments after January 21, 2020? Yes \_\_\_\_\_ No \_\_\_\_\_



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## Applicant Information

Applicant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_ Cell Phone \_\_\_\_ Landline

Email: \_\_\_\_\_ Are you 65 and older? Yes \_\_\_\_ No \_\_\_\_

Borough: \_\_\_\_\_

Housing Type:

\_\_\_\_ Single Family Home Attached      \_\_\_\_ Single Family Home Detached      \_\_\_\_ Condominium

\_\_\_\_ Manufactured Housing      \_\_\_\_ Other: \_\_\_\_\_

Is there a Co-Owner/Co-Borrower? Yes \_\_\_\_ No \_\_\_\_

If yes, please fill out information below:

Co-Applicant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_ Are you 65 and older? Yes \_\_\_\_ No \_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Preferred Method of Contact:

Phone \_\_\_\_ Email \_\_\_\_

Are you a member of a Native American Tribal Nation? Yes \_\_\_\_ No \_\_\_\_

If yes, please enter the name of the Native American Tribal Nation you belong to:

\_\_\_\_\_



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## Household Member Information/Income

Household income is income received by everyone within the household over the age of 18. Follow the instructions below to add all sources of income for each household member reporting income. If a household has zero income, then a "Certification of Zero Income Form" will be available. Complete this form and submit with your application.

List all household members, **starting with yourself as the primary applicant (homeowner).**

### Primary Household Member

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digit of SSN: \_\_\_\_\_

#### Demographics

Race:

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ White  
\_\_\_\_ Black or African American      \_\_\_\_ Other Multi-Racial      \_\_\_\_ Decline to Answer

Ethnicity: Hispanic \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ Decline to Answer \_\_\_\_

Annual/Monthly Income: \$ \_\_\_\_\_ Income Source: \_\_\_\_\_

### Household Members

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digit of SSN: \_\_\_\_\_

#### Demographics

Race:

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ White  
\_\_\_\_ Black or African American      \_\_\_\_ Other Multi-Racial      \_\_\_\_ Decline to Answer

Ethnicity: Hispanic \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ Decline to Answer \_\_\_\_

Annual/Monthly Income: \$ \_\_\_\_\_ Income Source: \_\_\_\_\_



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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digit of SSN: \_\_\_\_\_

## Demographics

Race:

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ White  
\_\_\_\_ Black or African American      \_\_\_\_ Other Multi-Racial      \_\_\_\_ Decline to Answer

Ethnicity: Hispanic \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ Decline to Answer \_\_\_\_

Annual/Monthly Income: \$ \_\_\_\_\_ Income Source: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digit of SSN: \_\_\_\_\_

## Demographics

Race:

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ White  
\_\_\_\_ Black or African American      \_\_\_\_ Other Multi-Racial      \_\_\_\_ Decline to Answer

Ethnicity: Hispanic \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ Decline to Answer \_\_\_\_

Annual/Monthly Income: \$ \_\_\_\_\_ Income Source: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digit of SSN: \_\_\_\_\_

## Demographics

Race:

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ White  
\_\_\_\_ Black or African American      \_\_\_\_ Other Multi-Racial      \_\_\_\_ Decline to Answer

Ethnicity: Hispanic \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ Decline to Answer \_\_\_\_

Annual/Monthly Income: \$ \_\_\_\_\_ Income Source: \_\_\_\_\_



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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digit of SSN: \_\_\_\_\_

## Demographics

Race:

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ White  
\_\_\_\_ Black or African American      \_\_\_\_ Other Multi-Racial      \_\_\_\_ Decline to Answer

Ethnicity: Hispanic \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ Decline to Answer \_\_\_\_

Annual/Monthly Income: \$ \_\_\_\_\_ Income Source: \_\_\_\_\_



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## COVID-19 Impact

1. Has the homeowner or other members of the homeowner's household lost income and/or had increased expenses due to the COVID-19 pandemic? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Please check each condition that applies to the homeowner or household who has lost income and/or had increased expenses due to the COVID-19 pandemic (check all that apply):

### INCOME LOSS

\_\_\_ Have been laid off temporarily or permanently

\_\_\_ Have had hours reduced

\_\_\_ Are self-employed, and their business is no longer supplying them with income, or such income has been reduced.

\_\_\_ Are independent contractors or gig workers who have not been able to earn fees, or whose fees have been reduced.

\_\_\_ Have become sick themselves or have been advised by a governmental or medical professional to self-quarantine.

\_\_\_ Have had to leave a job or reduce hours in order to care for a person who is sick.

\_\_\_ Have had to leave a job or reduce hours to care for a dependent whose ordinary situations (such as school or daycare) have been disrupted.

### INCREASED COSTS

\_\_\_ I had unexpected COVID related medical or funeral expense

\_\_\_ I had unexpected COVID related childcare or elderly care expenses

\_\_\_ OTHER conditions resulting in loss of income or increased expenses due to the COVID-19 pandemic. (Please describe below.)

If you selected "Other," please describe the situation below.

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I certify that the COVID-19 Impact information provided above is true and complete to the best of my/our knowledge. I agree to provide any documentation that may be requested to verify eligibility.

Applicant Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_



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## 1<sup>st</sup> Mortgage Assistance Request

1. Are you requesting Mortgage Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has your household received a foreclosure notice from your mortgage company? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide a copy of the foreclosure notice.
3. Have you applied to your mortgage loan servicer for assistance with your delinquency?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain why you have not contacted them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please check all options you were offered to help resolve your mortgage loan delinquency:

\_\_\_\_ Repayment Plan      \_\_\_\_ Deferral or Partial Claim      \_\_\_\_ Modification  
\_\_\_\_ Reinstatement (lump sum)

If yes, indicate what options you've accepted:

\_\_\_\_ Repayment Plan      \_\_\_\_ Deferral or Partial Claim      \_\_\_\_ Modification  
\_\_\_\_ Reinstatement (lump sum)

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. What type of loan is your primary mortgage? \_\_\_\_\_
5. What is your current monthly mortgage payment? \$ \_\_\_\_\_
6. Does your mortgage payment include (check all that apply):  
\_\_\_\_ Property Taxes      \_\_\_\_ Homeowner's Insurance      \_\_\_\_ Mortgage Insurance  
\_\_\_\_ Homeowner/Condo Association Fees
7. What is your mortgage loan number? \_\_\_\_\_
8. What is your total mortgage amount past due (reinstatement amount)? \$ \_\_\_\_\_
9. Are you requesting financial assistance for a principal reduction of your mortgage to make your monthly mortgage payment more affordable? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Are you currently working with your mortgage company to reduce your monthly mortgage payment through principal reduction? Yes \_\_\_\_\_ No \_\_\_\_\_





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11. Has your mortgage company provided you with the principal reduction amount needed to make your monthly mortgage payment more affordable? Yes \_\_\_\_ No \_\_\_\_

a. Amount needed for principal reduction: \$ \_\_\_\_\_

12. Can you afford your monthly mortgage payment after receiving HAF assistance? Yes \_\_\_\_ No \_\_\_\_

## Mortgage Company

1. Mortgage Company Name: \_\_\_\_\_

a. Other Mortgage Company Names: \_\_\_\_\_

2. Mortgage Company Address: \_\_\_\_\_

3. Mortgage Company Phone Number: \_\_\_\_\_

4. Mortgage Company Email: \_\_\_\_\_



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## 2<sup>nd</sup> Mortgage Assistance Request

1. Do you have a Second mortgage on your home? Yes \_\_\_\_ No \_\_\_\_  
Please note that HELOC and other line of credits on mortgage are ineligible.
2. Are you requesting Second Mortgage Assistance? Yes \_\_\_\_ No \_\_\_\_
3. Has your household received a foreclosure notice from your second mortgage service provider?  
Yes \_\_\_\_ No \_\_\_\_

If yes, please provide a copy of the foreclosure notice.

4. What is your current monthly Second mortgage payment? \$ \_\_\_\_\_
5. Have you applied to your mortgage loan servicer for assistance with your delinquency?  
Yes \_\_\_\_ No \_\_\_\_ If not, please explain why you have not contacted them. \_\_\_\_\_

If yes, please check all options you were offered to help resolve your mortgage loan delinquency:

\_\_\_\_ Repayment Plan      \_\_\_\_ Deferral or Partial Claim      \_\_\_\_ Modification  
\_\_\_\_ Reinstatement (lump sum)

If yes, indicate what options you've accepted:

\_\_\_\_ Repayment Plan      \_\_\_\_ Deferral or Partial Claim      \_\_\_\_ Modification  
\_\_\_\_ Reinstatement (lump sum)

If not please explain: \_\_\_\_\_

6. What is your 2<sup>nd</sup> mortgage loan number? \_\_\_\_\_
7. What is your total 2<sup>nd</sup> mortgage amount past due (reinstatement amount)? \$ \_\_\_\_\_
8. Are you requesting financial assistance for a principal reduction of your mortgage to make your monthly mortgage payment more affordable? Yes \_\_\_\_ No \_\_\_\_
9. Are you currently working with your mortgage company to reduce your monthly mortgage payment through principal reduction? Yes \_\_\_\_ No \_\_\_\_
10. Has your mortgage company provided you with the principal reduction amount needed to make your monthly mortgage payment more affordable? Yes \_\_\_\_ No \_\_\_\_
  - a. Amount needed for principal reduction: \$ \_\_\_\_\_
11. Can you afford your monthly mortgage payment after receiving HAF assistance? Yes \_\_\_\_ No \_\_\_\_



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## Second Mortgage Company

12. Second Mortgage Company Name: \_\_\_\_\_

a. Other Mortgage Company Names: \_\_\_\_\_

13. Second Mortgage Company Address: \_\_\_\_\_

14. Second Mortgage Company Phone Number: \_\_\_\_\_

15. Second Mortgage Company Email: \_\_\_\_\_



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## Land Contract/Mutual Help Home Assistance

### Land Contract/Mutual Help Home Assistance Request

1. Are you requesting land contract/mutual help home payment assistance? Yes \_\_\_\_ No \_\_\_\_

If yes, which assistance:

\_\_\_\_ Land Contract (LC)

\_\_\_\_ Mutual Help Home (MH)

2. If you are requesting LC/MH payment assistance, you must provide your most recent loan payment statement, balance due, or past due notice. The amount of past-due assistance requested must match the amount owed shown on your statement.

3. LC/MH Holder Name: \_\_\_\_\_

4. LC/MH Holder Address: \_\_\_\_\_

5. LC/MH Holder Phone Number: \_\_\_\_\_

6. LC/MH Holder Email Address: \_\_\_\_\_

7. Account Number (if any): \_\_\_\_\_

8. Monthly Payment Amount Due: \$ \_\_\_\_\_

9. Does your monthly payment include (check all that apply)?

\_\_\_\_ Property Taxes      \_\_\_\_ Homeowner's Insurance      \_\_\_\_ Mortgage Insurance

\_\_\_\_ Homeowner/Condo Association

10. Enter the amount of past due assistance requested. This amount must match the amount on the statement or past due notice provided. \$ \_\_\_\_\_



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## Mobile/Manufactured Home Assistance

### Mobile/Manufactured Home Assistance Request

1. Are you requesting mobile/manufactured home payment assistance? Yes \_\_\_\_ No \_\_\_\_
2. If you are requesting payment assistance, you must provide your most recent loan payment statement or past due notice. The amount of the past-due assistance requested must match the amount owed shown on your statement.
3. Lender Name: \_\_\_\_\_
4. Lender Address: \_\_\_\_\_
5. Lender Phone Number: \_\_\_\_\_
6. Lender Email Address: \_\_\_\_\_
7. Account Number: \_\_\_\_\_
8. Monthly Payment Amount due: \$ \_\_\_\_\_
9. Enter the amount of past due assistance requested. This amount must match the amount on your statement or past due notice provided. \$ \_\_\_\_\_



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## Other Assistance

### Property Tax Assistance

1. Are you requesting Property Tax Assistance? Yes \_\_\_\_ No \_\_\_\_
2. Name of Property Tax Authority: \_\_\_\_\_
3. Property Tax Authority Address: \_\_\_\_\_
4. Parcel Number: \_\_\_\_\_
5. Amount of Property Tax assistance requested: \$ \_\_\_\_\_

### Homeowners Insurance Assistance

1. Are you requesting Homeowners Insurance Assistance? Yes \_\_\_\_ No \_\_\_\_
2. Name of Homeowners Insurance provider: \_\_\_\_\_
3. Homeowners Insurance provider address: \_\_\_\_\_
4. Homeowners Insurance Account Number: \_\_\_\_\_
5. Amount of Homeowners Insurance Assistance requested: \$ \_\_\_\_\_

### HOA Fees Assistance

1. Are you requesting Homeowner Association (HOA) Fees Assistance? Yes \_\_\_\_ No \_\_\_\_
2. Name of Homeowners Association: \_\_\_\_\_
3. HOA Address: \_\_\_\_\_
4. HOA Account Number: \_\_\_\_\_
5. HOA Assistance Requested: \$ \_\_\_\_\_



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## Water & Sewer Assistance

### Water & Sewer Assistance Requested

1. Are you requesting Water/Sewer utility assistance? Yes \_\_\_\_ No \_\_\_\_
2. If you are requesting Water/Sewer Assistance, you must provide a recent water/sewer utility statement.  
The amount of the past-due assistance requested must match the amount owed shown on your statement.  
The statement must also show the time period (month & year) for which your account is delinquent.
3. Have you received a Water/Sewer disconnect notice? Yes \_\_\_\_ No \_\_\_\_
4. Water/Sewer Company Name: \_\_\_\_\_
5. Water/Sewer Company Address: \_\_\_\_\_
6. Account Number: \_\_\_\_\_
7. Enter the amount of past due Water/Sewer Assistance requested. This amount must match the amount on your uploaded statement. \$ \_\_\_\_\_

## Electric Assistance

### Electric Assistance Requested

1. Have you applied for Energy Assistance? Yes \_\_\_\_ No \_\_\_\_
2. Are you requesting Electric Utility Assistance? Yes \_\_\_\_ No \_\_\_\_
3. If you are requesting Electric Assistance, you must provide a recent Electric Utility statement. The amount of the past-due assistance requested must match the amount owed shown on your statement. The statement must also show the time period (month & year) for which your account is delinquent.
4. Have you received an Electric disconnect notice? Yes \_\_\_\_ No \_\_\_\_
5. Electric Company Name: \_\_\_\_\_
6. Electric Company Address: \_\_\_\_\_
7. Account Number: \_\_\_\_\_
8. Enter the amount of past due Electric Assistance requested. This amount must match the amount on your uploaded statement. \$ \_\_\_\_\_



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## Heating Fuel Assistance

### Heating Fuel Assistance Requested

1. Are you requesting Heating Fuel Assistance? Yes \_\_\_\_ No \_\_\_\_
2. If you are requesting Heating Fuel Assistance, you must provide a recent Heating Fuel utility statement.  
The amount of the past-due assistance requested must match the amount owed shown on your statement.  
The statement must also show the time period (month & year) for which your account is delinquent.
3. Have you received a Heating Fuel disconnect notice? Yes \_\_\_\_ No \_\_\_\_
4. Heating Fuel Company Name: \_\_\_\_\_
5. Heating Fuel Company Address: \_\_\_\_\_
6. Account Number: \_\_\_\_\_
7. Enter the amount of past due Heating Fuel Assistance requested. This amount must match the amount on your uploaded statement. \$ \_\_\_\_\_

### Home Repair Assistance Request

#### Eligible Repairs:

Per the US Department of Treasury, repairs that are necessary to maintain the habitability of a home or prevent homeowner displacement and are required to remedy an issue posing a threat to health and safety are eligible. However, eligibility is subject to contractor approval and availability. Examples may include faulty heating, electrical, plumbing, or other mechanical systems; major flooding due to a collapsed roof, and water and septic systems that have failed. Home improvements that are necessary to improve accessibility and help senior resident age in place such as grab bars or handrails, handicapped accessibility ramps, will also be eligible.

1. Are you requesting Home Repair? Yes \_\_\_\_ No \_\_\_\_  
If yes, please complete Home Repair Request Packet





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## Required Documents

All applicants must sign and provide KIHA with the Borrower Consent Sharing Agreement form on the next page.

\_\_\_\_ Borrower Consent Sharing Agreement

\_\_\_\_ Valid Photo ID for all adult household members (18 years of age or older)

Acceptable form of Photo ID include:

- Driver License or
- State issued Identification card or
- Passport

\_\_\_\_ 2020/2021 Tax Return or 4506-T IRS Request for Transcript of Tax Return Form

\_\_\_\_ Proof that you are enrolled in a federally recognized American Indian or Alaska Native Tribe.

\_\_\_\_ Proof of Homeownership

\_\_\_\_ Proof of homeowner related expenses e.g., utility bills, homeowner association fees, etc.

\_\_\_\_ Most recent Mortgage Statement

\_\_\_\_ Most Recent Property Tax Statement

\_\_\_\_ Most Recent Insurance Statement

\_\_\_\_ Most Recent HOA Statement

\_\_\_\_ Most Recent Utility Statement

\_\_\_\_ Most Recent Statement for Other Assistance (Lot Rent, Manufactured Home Loan Payment, Land Contract, Mutual Help Home)

\_\_\_\_ Foreclosure Notice(s)

\_\_\_\_ Zero Income Form – if applicable

\_\_\_\_ Signed Application and Disclosures

\_\_\_\_ Signed Release of Information



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## Attestation

\_\_\_\_ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Kodiak Island Homeowner Assistance Fund Program.

\_\_\_\_ I understand that willful false statements or misrepresentations concerning income, asset, or liability information related to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment. I/we further understand that any willful misstatement of information will be grounds for disqualification.

\_\_\_\_ I certify that the application information provided is true and complete to the best of my/our knowledge.

\_\_\_\_ I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

\_\_\_\_ I certify that I have not received any Emergency Rental Assistance Program and/or Homeowner Assistance funds. If I have received any of these funds, I agree to disclose the amount received so the total of treasury funds does not exceed \$20,000.

\_\_\_\_ I/We certify that the dwelling for which I/we am/are requesting assistance is my/our principal residence.

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

Please submit complete application, forms, and documentation to [HAF@kiha.org](mailto:HAF@kiha.org) or deliver to the address below:

Kodiak Island Housing Authority

Attn: HAF Program

2625 Mill Bay Road

Kodiak, AK 99615



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Phone: 907-486-8111 | Fax: 907-486-4432 | Email: haf@kiha.org

## HOMEOWNER ASSISTANCE FUND PROGRAM

### BORROWER CONSENT FORM AND GENERAL RELEASE AND INFORMATION SHARING THRID PARTY AUTHORIZATION

I have applied for assistance through the Kodiak Island Housing Authority Homeowner Assistance Fund Program. I hereby authorize persons, organizations, employers, financial institutions, mortgage companies, loan services, property owners, federal, state, or local agencies, governmental entities, utility companies, legal service providers, or establishment to obtain, share, release, and/or discuss with each other my public and non-public personal information.

This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balance, program eligibility, and payment activity of the applicant listed below. I also understand and consent to the disclosure of my personal information and the term of any application, agreements, or other communication under the Kodiak Island Housing Authority for Homeowner Assistance Fund Program by Loan Servicer, the State of Alaska and/or its program administrators to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

A photo, fax, or email copy, of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. I understand that this Borrower Consent Form and General Release and Information Sharing Third Party Authorization document is valid until it is revoked in writing.

**APPLICANT STATEMENT:** I understand and agree with the terms of this Borrower Consent form and General Release and Information Sharing Third Party Authorization. My electronic signature may also serve as my original signature.

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Kodiak Island Housing Authority**  
3137 Mill Bay Rd. | 2625 Mill Bay Rd. Kodiak, AK 99615  
(907) 486-8111 | Fax: (907) 486-4432  
haf@kiha.org

**Homeowner Assistance Fund Program  
Authorization for Release of Information**

Name of applicant(s): \_\_\_\_\_

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Kodiak Island Housing Authority (KIHA) any information or materials needed to complete and verify my application for, or participation in, the KIHA Homeowner Assistance Fund Program (HAF Program). Verification and inquiries that may be requested include, but are not limited to

- Identity and marital status
- Residence and homeownership status
- Income from any source
- Assets of any kind, including assets disposed of within the last two (2) years
- Mortgage and homeowner's insurance status
- Utility account status
- Medical or disability-related expenses
- Childcare expenses

**Groups or Individuals That KIHA May Contact:**

- |  |                                     |
|--|-------------------------------------|
| • Banks and financial institutions         | • Past and present employers        |
| • Internal Revenue Service                 | • Utility companies                 |
| • Department of Health and Social Services | • State of Alaska Departments       |
| • Public records                           | • Social Security Administration    |
| • Pension or retirement systems            | • Courts and post offices           |
| • Schools and colleges                     | • Utility companies                 |
| • Veterans Administration                  | • Retirement Systems                |
| • Payees                                   | • Trustees, Conservators, Guardians |

**Authorization and Consent:** I acknowledge and authorize Kodiak Island Housing Authority to verify information regarding my application for the Homeowner Assistance Fund Program. I understand that this authorization will not be used for any information that is not pertinent to my application for HAF Program assistance. I consent to verification and give permission for a photocopy of my signature below to be used and accepted as though it were an original signature. This authorization will expire 24 months from the date signed.

Signature of Applicant/Head of Household: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Applicant/Head of Household: \_\_\_\_\_

Adult Household Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Adult Household Member: \_\_\_\_\_

Adult Household Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Adult Household Member: \_\_\_\_\_



# Kodiak Island Housing Authority

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## Homeowner Assistance Fund Program Zero Income Certification

Name of applicant(s): \_\_\_\_\_

I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment including tips, fees, bonuses, etc.
- Interest or dividends from assets/Native Corporation
- Income from the operation of a business
- Social Security payments, insurance policies, retirement funds, pensions, death benefits, or annuities
- Unemployment or disability payments
- Periodic allowances such as alimony, child support, or gifts from persons outside the household
- Self-employment income
- Any other source not listed above

\_\_\_\_\_ I currently have no income and am currently seeking employment

\_\_\_\_\_ I currently have no income and will not be seeking employment at this time.

I will be using the following sources of funds to pay for household expenses and other necessities: \_\_\_\_\_

\_\_\_\_\_

**Under penalty of perjury**, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in a determination of ineligibility for Kodiak Island Housing Authority's Homeowner Assistance Fund Program.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_