

Applicant's Name (print legibly): \_\_\_\_\_

<b>KIHA Use Only:</b> Date & time signed application received by KIHA: Date: _____ Time: _____
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## **MUTUAL HELP HOMEOWNERSHIP APPLICATION PACKET**

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**INSTRUCTIONS:** COMPLETE & RETURN THIS ENTIRE APPLICATION PACKET.  
DELIVER, FAX OR MAIL YOUR COMPLETED PACKET (including this page) TO:  
KODIAK ISLAND HOUSING AUTHORITY

Attn: Housing Advocate  
3137 MILL BAY ROAD  
KODIAK, AK 99615

Telephone: (907) 486-8111      Fax: (907) 486-4432 or 486-8723      Email: info@kiha.org

**Office Hours:** 8:00 AM - 12:00 Noon & 1:00 PM - 4:30 PM Monday through Friday (Except holidays)  
(Closed 12:00 Noon to 1:00 PM for lunch)

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All vacancies are filled from a waiting list that is updated regularly. Applicants must demonstrate sufficient income to pay housing payment and utilities for the home, and must pass other admission criteria. Documentation and references are required. A \$1500 deposit may be required. You will be required to pay a prorated first month's payment prior to or at the time of move-in.

**I am applying for housing in the following village:** select the village(s) & unit size(s) you desire. You may select more than 1 option:

- AKHIOK
- KARLUK
- LARSEN BAY
- OLD HARBOR
- OUZINKIE
- PORT LIONS

**NUMBER OF BEDROOMS NEEDED:**

- 2
- 3
- 4
- 5

**Are you requesting a home that includes handicap accessibility features?**

- Yes
- No

# Mutual Help Application Checklist

The following is a list of information necessary to properly document your application file.

Some items may not apply to you.

**The sooner you provide this information, the faster we can assist you. Failure to provide the information will result in determining your application as incomplete.**

Additional items may be required. Upon availability of a home for you, our office may request updated information. We recommend that you retain all documentation so that it is easily accessible.

## Please include these items for all household members.

- ❑ **Completed, legible application, with signatures from all adult applicants**
- ❑ **Photo ID:** for all household members aged 18 or older
- ❑ **Birth certificate and Social Security Card:** for all household members, including applicant and children
- ❑ **Certificate of Indian Blood for primary applicant**
- ❑ **Most recent paystubs:** covering a 6-week period, or a printout from your employer
- ❑ **All additional sources of income:** such as Native dividends, PFD, public assistance, senior care, Social Security, VA, pensions, annuity, IRA, etc
- ❑ **Final paystub from all employers in the last 12 months:** Last paystub or printout of earnings from all other employers this year
- ❑ **Most recent money account statements:** covering a 2-month period (including checking, savings, Money market, IRA, stock, investment, etc)
- ❑ **Tax forms:** W-2's & 1099's for the past 2 years
- ❑ **Tax returns:** including all pages & schedules for the past 2 years. If you don't have these you may obtain them from your tax preparer or directly from IRS. Call IRS at 1-(800) 829-1040 to obtain a transcript or a copy. Be aware-this process takes several weeks!
- ❑ **Previous landlord(s):** Name and address and telephone number for the landlord, along with your physical address, for all prior addresses you have had for the past 24 months.
- ❑ **Custody agreements:** If you have partial, shared or temporary custody of children, you must provide documentation that addresses your custody rights
- ❑ **Immigration status documentation:** for any household member who is not a US citizen
- ❑ **Over the age of 62:** If the head of household is 62 or older and you have un-reimbursed medical insurance premiums or medical expenses, please provide evidence of your expenses
- ❑ **Child care/Disabled person(s):** Documentation for expenses to provide care for children or for a disabled family member

**Kodiak Island Housing Authority  
Program Limits**

The minimum income is \$1000 per month or \$12000 per year for NAHASDA assisted rental programs. The following income limits are the maximum for each program. Your total yearly gross income may not exceed these limits to be eligible.

The Guidance provides the latest published HUD Income Limits applicable to the Indian Housing Block Grant (IHBG) program, effective May 5, 2026.

This Guidance replaces Program Guidance 2026-01. Updated 6/1/2026

	<b>2026 Median Family Income \$106,800</b>				<b>United States</b>			
	1 Person	2 Persons	3 Persons	<b>4 Persons</b>	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$59,850	\$68,400	\$76,950	\$85,450	\$92,300	\$99,150	\$106,000	\$112,800
100%	\$74,760	\$85,440	\$96,120	\$106,800	\$115,344	\$123,888	\$132,432	\$140,976

**How do you file a housing application?**

You are required to complete an application form. Do not leave any section blank. Mark “N/A” if the section does not apply. The head of household and other adults must sign the application when it is complete. We will assist you with any questions or concerns you may have in completing your application. An incomplete application will delay your eligibility.

**What information is verified or checked for my housing application?**

The following information will be verified: Family income, assets, social security numbers, immigration (alien) status, identity of adults, age and relationship of person listed on application if questionable, preference status (if claimed), and /or Alaska Native/American Indian Status (if claimed for preference in admission.)

Other information that may be checked includes:

- \*Criminal History
- \*Prior landlord references
- \*Personal references
- \*Past participation in Federal Housing
- \*Credit History

**When will I hear on my application?**

You will be notified of your eligibility. Questions about your application can be answered by calling 486-8111 or 1-800-478-5442.

Verbal and/or written notification of offer will be provided. We require a face-to-face interview with applicant prior to move in.

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**KODIAK ISLAND HOUSING AUTHORITY  
APPLICATION  
MUTUAL HELP HOMEOWNERSHIP PROGRAM**

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**Instructions:** Please print legibly. Complete all information, or indicate N/A if it does not apply. Failure to provide information may cause your application to be delayed or denied.

**1. Applicant Information (head of household):**

Full legal name: \_\_\_\_\_  
Sex: M\_\_\_\_ F\_\_\_\_ Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Are you a U.S. Citizen? \_\_\_\_Yes \_\_\_\_No Are you a Native American? \_\_\_\_Yes \_\_\_\_No  
Marital Status: \_\_\_\_\_ If you are married, is your spouse the co-applicant? \_\_\_\_Yes \_\_\_\_No  
Current mailing address: \_\_\_\_\_  
Current Physical residence address: \_\_\_\_\_  
Daytime phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Name of current Employer: \_\_\_\_\_  
Employer's phone number: \_\_\_\_\_  
Current Landlord name: \_\_\_\_\_  
Current landlord telephone number: \_\_\_\_\_  
Name of your nearest living relative: \_\_\_\_\_  
Telephone number of relative named above: \_\_\_\_\_  
List other names you have used in the past 10 years, including nicknames: \_\_\_\_\_  
Email Address \_\_\_\_\_

**2. Co-applicant Information:** Full legal name: \_\_\_\_\_

Sex: M\_\_\_\_ F\_\_\_\_ Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Are you a U.S. Citizen? \_\_\_\_Yes \_\_\_\_No Are you a Native American? \_\_\_\_Yes \_\_\_\_No  
Current mailing address: \_\_\_\_\_  
Current Physical residence address: \_\_\_\_\_  
Daytime phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Name of current Employer: \_\_\_\_\_  
Employer's phone number: \_\_\_\_\_  
Current Landlord name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of your nearest living relative: \_\_\_\_\_ Telephone: \_\_\_\_\_  
List other names you have used in the past 10 years, including nicknames: \_\_\_\_\_  
\_\_\_\_\_

**3. List all other people who will live in the home with you. Use additional paper if necessary.  
Print legibly:**

First & last name	Date of birth	Sex: M or F	Social security number	Relationship to head of household

**4. Applicant & co-applicant: Provide the following information regarding your previous addresses and landlords. Begin with your last address & go back 3 years. Use additional paper if necessary:**

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_ did you (check one): Own Rent  
 Address of property including city & State: \_\_\_\_\_  
 Name of landlord or Mortgage servicer: \_\_\_\_\_  
 Telephone number including area code: \_\_\_\_\_  
 What was your name when you lived here: \_\_\_\_\_

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_ did you (check one): Own Rent  
 Address of property including city & State: \_\_\_\_\_  
 Name of landlord or Mortgage servicer: \_\_\_\_\_  
 Telephone number including area code: \_\_\_\_\_  
 What was your name when you lived here: \_\_\_\_\_

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_ did you (check one): Own Rent  
 Address of property including city & State: \_\_\_\_\_  
 Name of landlord or Mortgage servicer: \_\_\_\_\_  
 Telephone number including area code: \_\_\_\_\_  
 What was your name when you lived here: \_\_\_\_\_

**5. Household Income: Please indicate your gross monthly household income for all adult wage earners. State the amount earned before taxes and other withholdings:**

\$ \_\_\_\_\_ per month for (household member's name) \_\_\_\_\_  
 Source of this income (wages, child support, public assistance, dividends, etc): \_\_\_\_\_

\$ \_\_\_\_\_ per month for (household member's name) \_\_\_\_\_  
 Source of this income (wages, child support, public assistance, dividends, etc): \_\_\_\_\_

\$ \_\_\_\_\_ per month for (household member's name) \_\_\_\_\_  
 Source of this income (wages, child support, public assistance, dividends, etc): \_\_\_\_\_

**Other household income:** \_\_\_\_\_  
 \_\_\_\_\_

**6. Household bank accounts:** Please list your bank and credit union accounts that belong to the adult members of your household. Use additional paper if necessary:

Name of Bank or credit union	Type of account (checking, savings, etc)	Account number	Current balance

**7. Former employment over past 2 years for both applicant and co-applicant:** Provide the following regarding previous jobs or employment you have had in the past 24 months. Provide information for all adults in your household. If you were self-employed, please indicate this. If you were un-employed during part of this time, please indicate this also.

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

**8. Personal References for applicant:** Provide the names and contact information for 3 people (Not related to you) who can provide a personal reference for you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_

Please answer all of the following questions, and provide detail as needed. If you need to provide an explanation use additional pages if necessary. False or incomplete information may be considered as fraud and carries serious consequences that can include fines or imprisonment.

9. Do any members of your household receive Native Dividends? \_\_\_\_\_

How often do you receive disbursements? \_\_\_\_\_ Amount? \_\_\_\_\_

What tribe is your household a member of? \_\_\_\_\_

10. Have you or a member of your household ever been arrested, charged or convicted of any crime other than a traffic violation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please state who, explain the date and type of arrest and/or conviction: \_\_\_\_\_

\_\_\_\_\_

11. Have you or a member of your household been evicted or had a lease terminated?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain when and why: \_\_\_\_\_

\_\_\_\_\_

12. Have you or a member of your household ever participated in a federally subsidized housing program? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide dates: from \_\_\_\_\_ to \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Address of Housing Authority: \_\_\_\_\_

\_\_\_\_\_

13. Do you or a member of your household owe money to a current or a past landlord, including any other Housing Agency or Housing Authority?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please state to whom you owe and explain:

\_\_\_\_\_

\_\_\_\_\_

14. Does anyone in your household have a disability that requires a unit with handicap accessibility features? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, what features would you require?

\_\_\_\_\_

\_\_\_\_\_

15. If you are age 62 or over, are disabled or handicapped, do you have medical expenses that are NOT reimbursed by insurance or other programs? \_\_\_\_\_ N/A \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, we

may be able to factor these costs when calculating your payment. Briefly describe the expenses & attach proof: \_\_\_\_\_

\_\_\_\_\_

16. Child care costs: If you have children under age 13, do you pay for childcare in order to work or attend school? \_\_\_\_\_ N/A \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, we may be able to factor these

costs when calculating your payment. Provide the name and phone number of your child care provider, briefly describe the expenses & attach proof:

\_\_\_\_\_

\_\_\_\_\_

17. Have you or any other member of your household sold, transferred or given away any asset in the past 24 months? (assets can include but is not limited to real estate, automobiles, bank accounts, cash, stock, etc) \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain when and what was sold: \_\_\_\_\_

18. Do you have a relationship with any Kodiak Island Housing Authority employee?

\_\_\_\_\_ No Relationship \_\_\_\_\_ Associated \_\_\_\_\_ Close relative \_\_\_\_\_ Employee \_\_\_\_\_ Member of Family

**CERTIFICATION, CONSENT AND AUTHORIZATION:**

I certify that the information I have provided to Kodiak Island Housing Authority in this application is true and correct. I understand that my current and former employers, landlords and references will be contacted. I authorize Kodiak Island Housing Authority to obtain a credit report or other form of verification regarding the information I have provided. I consent to and authorize Kodiak Island Housing Authority to verify any and all information provided here.

I agree that Kodiak Island Housing Authority may terminate any agreement with me, including an application and/or a lease or Mutual Help and Occupancy agreement, if I have made a false statement or am aware of a false statement in this application. I authorize a photocopy of my signature below to be used and accepted as though it were an original signature.

Applicant's signature: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

*Kodiak Island Housing Authority does not discriminate against any person because of race, color, religion, sex, disability, familial status or national origin. We do business in accordance with the Federal Fair Housing Law. If you believe you have been discriminated against you may contact the Fair Housing and Equal Opportunity toll-free hotline at 1-(800) 669-9777 {TTY users: 1-(800) 927-9275}, or via the internet at www.hud.gov.*



# Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak AK 99615

[www.kodiakislandhousing.org](http://www.kodiakislandhousing.org)

Phone: 907- 486-8111 Toll Free: 800- 478-5442 Fax: 907- 486-4432

## PRIVACY POLICY

We collect non-public personal information about you from the following sources:

- \* Information we receive from you on applications or other forms;
- \* Information about your transactions with us or others; and
- \* Information we receive from others, such as a consumer reporting agency, court records, employers.

We do not disclose non-public personal information about you to anyone, except as authorized by you or permitted by law.

If you decide to close your account(s) or become an inactive client, we will adhere to the privacy policies and practices as described in this notice.

To maintain security of client information, we restrict access to your personal and account information to those employees who need to know that information to provide you with our products and/or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us:

Kodiak Island Housing Authority  
 3137 Mill Bay Road  
 Kodiak, Ak. 99615  
 Telephone: (907) 486-8111 or Toll free: 1-(800) 478-5442  
 Website: [www.kodiakislandhousing.org](http://www.kodiakislandhousing.org)

**I/we have received a copy of this Privacy Policy.**

\_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_

**Kodiak Island Housing Authority**

3137 Mill Bay Road Kodiak, Alaska 99615  
Telephone: (907)486-8111 Toll free:1 (800) 478-5442 Fax: (907)486-4432

**Authorization for Release of Information**

Printed name of Head of Household applicant: \_\_\_\_\_

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 participate in, any KIHA assisted housing program. Verifications and inquiries that may be requested include, but are not limited to:

- \* IDENTITY AND MARITAL STATUS
- \* CREDIT HISTORY
- \* POLICE RECORDS AND CRIMINAL HISTORY
- \* EMPLOYMENT INCOME
- \* RESIDENCES AND RENTAL ACTIVITY
- \* INCOME FROM ANY SOURCE
- \* ASSETS OF ANY KIND, INCLUDING ASSETS ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS
- \* MEDICAL & CHILD CARE PROVIDERS

**Agencies or Individuals That KIHA May Contact**

- \* PAST AND PRESENT LANDLORDS
- \* COURTS AND POST OFFICES
- \* SCHOOLS AND COLLEGES
- \* LAW ENFORCEMENT AGENCIES
- \* UTILITY COMPANIES
- \* VETERANS ADMINISTRATION
- \* FINANCIAL INSTITUTIONS
- \* AK PERMANENT FUND CORPORATION
- \* PRIVATE SOCIAL SERVICE AGENCIES
- \* PERSONAL REFERENCE
- \* PAST AND PRESENT EMPLOYERS
- \* DEPT. OF HEALTH & SOCIAL SERVICES
- \* DEPT. OF LABOR
- \* INTERNAL REVENUE SERVICE
- \* DEPT. OF EDUCATION
- \* PUBLIC RECORDS
- \* SOCIAL SECURITY ADMINISTRATION
- \* MEDICAL AND CHILD CARE PROVIDERS
- \* PENSION OR RETIREMENT SYSTEMS
- \* PAYEES, TRUSTEES

**AUTHORIZATION AND CONSENT:** I acknowledge and authorize Kodiak Island Housing Authority to verify information regarding my application for a housing program. I understand that this authorization will not be used for any information that is not pertinent to my application for housing. I consent to verification and give permission for a photocopy of my signature below be used and accepted as though it were an original signature. This authorization will expire 15 months from the date signed.

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

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

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

# **INSTRUCTIONS: KEEP THE REMAINING PAGES FOR YOUR OWN INFORMATION. Do not return to KIHA.**

## **BRIEF STATEMENT OF MUTUAL HELP HOMEOWNERSHIP PROGRAM**

In October 1996 Congress passed a law entitled the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. NAHASDA programs fall under the vast umbrella of programs and funding provided through Housing and Urban Development (HUD). Under NAHASDA Kodiak Island Housing Authority (KIHA), an Indian Housing Authority, is required to give preference in its HUD-funded programs to Native American families. Non-Native American families are allowed to participate; however Native American families are given preference.

The Mutual Help Homeownership Program is a “deferred purchase” program designed to help low-income families achieve home ownership in 25 years or less. HUD annually sets its low-income guidelines. KIHA manages many Mutual Help units in the villages around the Kodiak archipelago. House sizes vary from a 2-bedroom to a 5-bedroom home, and also vary in age and design. Some locations require a \$1,500 deposit. The monthly payment is calculated based on a formula that takes into account the household income and a utility allowance, together with deductions for number of dependents, medical costs, etc. The Mutual Help program requires a minimum payment to help cover KIHA’s expense of managing the program. This minimum payment is called the Administration Fee. **The homebuyer is required to pay all utilities and to perform all maintenance, repairs and upkeep to the home.**

**Application process:** We will conduct a preliminary evaluation of your completed application. KIHA will notify you in writing of preliminary acceptance or denial of your application. If accepted, your name will be placed on a Wait list based on the date and time your application was received together with any allowable preference points in accordance with our policy. Preliminary acceptance of your application only establishes a placement on our Wait list, and does not guarantee that we will offer a Mutual Help home to you.

**Don’t Commit Fraud!** If your application contains false or incomplete information you may be evicted, required to repay all overpaid assistance, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance. State and local governments may have other laws and penalties as well.

**Wait List:** We maintain wait lists of applicants based on number of bedrooms. Mutual Help homes are offered as they become available. The Wait list is updated periodically. Failure to respond to a request for updated information may cause your name to be dropped from the Wait list.

### **Qualified Applicant:**

- Must demonstrate adequate income to afford the expense of the minimum monthly payment, the utilities and upkeep to the home.
- You must have satisfactory rental or mortgage loan references with us or with others. If you have not rented or owned a home before, you must provide other references that can verify your credit worthiness.
- Current probation status or a criminal history may cause your application to be denied. Failure to disclose such information will cause your application to be denied.
- Disclosure -- If you fail to fully disclose requested information including information regarding your income and assets, or if you deliberately misrepresent your situation, your application will be denied.

**Admission criteria:** KIHA will notify you either verbally or in writing when a Mutual Help home is expected to be available. We will require a face-to-face meeting, payment of any required deposits & the first month’s

prorated payment prior to or at the time of move-in. You will also be required to show proof of establishment of the electricity and fuel account connection with your village provider.

**Occupancy Requirement:** Your Mutual Help home must become and must remain your primary residence. We may restrict the number of people who may reside in the home. In determining these restrictions, we adhere to all applicable Fair Housing Laws. Exceptions to occupancy guidelines may be permitted in certain circumstances.

**Purchase Price:** The Purchase Price of your home will be calculated by KIHA based on a Marshall Swift Program calculation that takes into consideration the age, size, features and current condition of the home and factors in a cost for replacement. The Purchase Price is not calculated on market value, or what the home might sell for in today's market. The Mutual Help program is a "deferred purchase" program. The ultimate goal is to help you own your home in 25 years or less. The Purchase Price becomes your starting Principal Balance. There is no interest charge associated with the Mutual Help account; however KIHA is required to establish a minimum charge, called an Administration Fee, to help cover the costs associated with managing the program.

**Condition of home:** Mutual Help homes are not in new condition. Many parts or features of the home may have been refurbished prior to your move-in. Your home will be un-furnished. A refrigerator, a cooking range/oven, and window screens are provided. Many but not all homes have a woodstove or a Toyo stove as an additional source for heat.

**Monthly Payments:** The Mutual Help program is structured to require a monthly payment from you. The minimum payment is calculated based on 15% of the adjusted annual household income less an allowance for utilities, dependents, and certain other expenses. The minimum payment will be KIHA's Administration Fee. The Administration Fee can change from time to time. If your income is seasonal in nature you will need to demonstrate the ability to budget appropriately so that your account remains in good standing. Payments are due every month on the 1<sup>st</sup> day of each month. A late fee will be charged if the payment is not made by the 15<sup>th</sup> of the month.

**Annual Recertification of Family Income and Composition:** The Mutual Help program requires that we conduct at least an annual review of your household composition and income. KIHA will notify you by mail when this process is due and will provide a form. You will be required to provide detail regarding the annual income and assets of all household members. Failure to comply with this process will result in termination from the program.

**Conveyance Schedule:** The Mutual Help program is structured so that you can expect to own your home free and clear in 25 years (300 months) or less, provided that you maintain good standing on your account and comply with all program requirements. The process of transferring title, or ownership, is called Conveyance. When you receive title, your participation in the Mutual Help program is ended. You then own the home and the land free and clear and can do with it what you like.

Your principal balance is reduced each month by an amortized amount equal to 1/300 of the original Purchase Price. The amortized amount is different than your monthly payment. You can pay your home off early by paying more than the required minimum monthly payment. There is no penalty to pay extra or early. All payment amounts that you pay over the required minimum Administration Fee or other charges will be credited to an Equity account. If you move out before you have paid off the home, your Equity account balance and prepaid deposit will be refunded to you after deduction of any move-out charges for repairs.



# Kodiak Island Housing Authority

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Fax: 907- 486-4432

## Q & A REGARDING THE MUTUAL HELP PROGRAM

### ***Who is KIHA?***

Kodiak Island Housing Authority, or KIHA, was originally formed under Kodiak Area Native Association, or KANA, as a Housing Authority. A Housing Authority is an organization created by State Legislation, run by a Board of Commissioners who is appointed by a non-profit corporation in the area. The Kodiak Area Native Association appoints the KIHA Board of Commissioners.

### ***What is the Mutual Help Homeownership Program?***

- Funded by KIHA through use of Housing & Urban Development, or HUD, Indian Housing Block Grant funds
- Rent-to-Own homeownership program for families of low income
- HUD funding requires preference be given to Native American families

### ***Who can qualify to enter the Mutual Help Program?***

- Homebuyers are Native American, or if non Native American, are deemed essential to the well-being of the village and whose housing needs cannot otherwise be adequately served.
- The Native American homebuyer must be considered low income at time of application and admittance to program. A small portion of Native American applicants under the Mutual Help program can have income that ranges between low Income and the Median income as determined by HUD
- Homebuyer must be willing to accept full responsibility for all utility costs and maintenance and agree to maintain the home in good condition
- Homebuyer must agree to occupy the home as their primary residence

### ***How is the purchase price determined?***

- KIHA establishes the contract or purchase price by using a Marshall Swift calculation that estimates the cost to rebuild the home based on its present features and condition. Marshall Swift calculation is not a determination of market value or a market analysis

### ***How are Mutual Help account payments determined?***

- Mutual Help payments are generally based on 15% of the gross income, less certain allowances, and subject to a minimum Administrative payment as determined by KIHA. Currently the minimum Administration Fee is \$200.
- Payments are due on the first of each month. A late fee is assessed on the 16<sup>th</sup> of each month
- An annual Recertification and periodic Inspections are conducted to review the household composition and income and to determine if the Homebuyer is properly maintaining the home

### ***Other features and conditions of the Mutual Help Program:***

- Homebuyer agrees to sign a Mutual Help and Occupancy Agreement, which is a 25-year (300 month) contract. If homebuyer fulfills the Agreement, ownership of the home and land are transferred or conveyed to the homebuyer at the end of the 25 years provided the account is paid in full, or when the homebuyer has paid off the account if paid off prior to 25 years.
- Homebuyer can sell the home at any time prior to payoff of the Mutual Help account but must have prior approval of the sale from KIHA. If KIHA agrees to the sale, the Mutual Help account must be paid in full as part of the process of the sale. Until the account is paid in full KIHA retains legal ownership of the home and must consent to the sale.
- Periodically KIHA receives funds for Modernization work on its housing stock. A Mutual Help homebuyer **in good standing** may be eligible for such work to be performed on their home at no cost to the homebuyer. Modernization work has at times included new roof, new siding, new windows, etc.; scope of work varies from project to project and year to year.
- Mutual Help Occupancy Agreement can be terminated if the homebuyer fails to meet the obligations of the Agreement.
- If homebuyer's monthly payment is greater than the minimum Administration Fee (minimum payment), the difference is credited to a Monthly Equity Payment Account, or MEPA. Additionally, each month that the homebuyer maintains the Mutual Help and Occupancy Agreement the account balance is reduced by 1/300 of the original principal account balance. If the homebuyer decides to relinquish their home rather than pay off the Mutual Help account their equity is returned to the homebuyer, less any expenses to bring the home to a condition suitable for the next homebuyer.