



Native Village of Eyak

NVE COLLEGE STUDENT HOUSING PROGRAM

APPLICATION PACKET

**NATIVE VILLAGE OF EYAK
COLLEGE HOUSING PROGRAM**

General Information

You need to fill out the following:

- NVE College Housing application

You will need the following documents:

1. Photo Identification
2. Proof of Enrollment in Native Alaskan tribe or certificate of Indian blood
3. Proof of income for the past 12 months
4. Proof of college enrollment

Today's Date _____

Referred By: _____

Name: Other names used:	Physical Address:	Mailing Address:
City/State/Zip Code	Telephone: (907)	Message Telephone: (907)
Closest relative: Address:	Relatives Phone Number: (907)	Applicants CIB Enrollment Number:
Contact Name:	Contact Phone: (907)	Applicant's Tribe:
Are you a Citizen of the U.S.? () Yes () No If no, Alien Registration #:	High School Graduate? () Yes () No	Month/Year Graduated: Name of School:

Are you registered with the Selective Service (males 18-25)? () Yes () No

Selective Service Number #: _____

Are you a Veteran? () Yes () No Dates of Service: _____

Branch of Service: _____

Type of Discharge: General Honorable Dishonorable Disabled

2 Please list all persons in your household and check **DD** box if individual is *Developmentally Disabled* or **SN** box if individual is *Special Needs*. If you need additional space, please use the back of this form. Developmentally Disabled –Must provide adequate documentation verifying that the family member has a developmental disability. Special Needs Child is a) In Child Protective Services Care, b) An Indian child Welfare Case c) Physically or Mentally Challenged (physically or mentally incapacitated children are those that have a physical or mental impairment that acts as a significant barrier to education and employment) or d) Homeless.

NAME	Relationship to Applicant	Birth Date	Date High School or GED completed	Sex	Social Security Number	Proof of Enrollment in Native Village of Eyak [∂]
2 SEE ABOVE	Self					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DD <input type="checkbox"/> SN						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DD <input type="checkbox"/> SN						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DD <input type="checkbox"/> SN						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DD <input type="checkbox"/> SN						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DD <input type="checkbox"/> SN						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DD <input type="checkbox"/> SN						<input type="checkbox"/> Yes <input type="checkbox"/> No

[∂] Must attach a copy of Proof of Enrollment in Native Village of Eyak

Marital Status: *Circle one* Single Married Separated Divorced
(If separated please provide documentation.)

NVE HOUSING APPLICATION

NVE COLLEGE STUDENT HOUSING

INCOME SOURCES

Occupation of Applicant: _____ Occupation of other adult: _____

TYPE OF INCOME RECEIVED IN THE LAST 30 DAYS	Amount of Applicant Income \$	Amount of Other Household Income \$
Earned Income (Wages)		
Veterans Benefits		
Rental Income/Income from Lease		
Self-Employment		
Tips or Gratuities		
Workers Compensation		
Unemployment Benefits		
Adult Public Assistance-OAA, APD, AB		
TANF/ATAP (or AFDC)		
General Assistance (GA)		
General Relief (GR)		
Social Security Assistance (SSA)		
Supplemental Security Income (SSI)		
Child Support/Alimony		
Foster Care Payments		
Food Stamps		
Permanent Fund Dividend Received		
Native Corporation Dividends Received		
Other:		
Total Income:		

If you or members of your family are unemployed as a result of injury or illness, NVE will need verification from your doctor.

If you are reporting \$ 0 income for the past 1-month for all members of your household, include signatures of one people (not from your household) who will verify this fact.

I verify that the persons indicated as household members on this application have not received any type of income in the past 1 month.

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form I may receive a \$10,000.00 fine and/or imprisonment for not more than two years, or both.

Print name of person verifying your income

Signature

Monthly Expenses

Shelter Expenses	Amount \$	Miscellaneous Expenses	Amount \$
House Payment/Rent		Car payment	
Electricity		Car Insurance	
Heating		Cable Television	
Water/Sewer		Child Care	
Garbage/Trash		Other:	
Telephone		Other:	

NOTE: Attach proof of all income received by **all** household members for the last month to the month of application. If you do not include proofs of your income your application will be delayed or denied.

CURRENT EMPLOYMENT AND/OR EDUCATION/TRAINING ACTIVITY

Applicant Information	Spouse or significant other information
Job Title or Course of Study	Job Title or Course of Study
Name of Employer or Education/Training Institute:	Name of Employer or Education/Training Institute
Address:	Address:
Contact Person:	Contact Person:
Contact Telephone:	Contact Telephone:
Hourly Rate:	Hourly Rate:
List hours or Number of credits:	List hours or Number of credits:
Start date: End date:	Start date: End date:

APPLICANT CERTIFICATION

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form I may receive a \$10,000.00 fine and/or imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list or suspension from any Native Village of Eyak program participation and services.

Applicant Signature Date

Spouse/Significant Other Date

Capital Projects Assistant signature acknowledging receipt of application (time/date)

NVE Application

NVE COLLEGE STUDENT HOUSING

Client Responsibilities

RESPONSIBILITIES

The Client has the responsibility to...

- ✓ Be accurate and complete as possible when providing information to a NVE staff person.
- ✓ To carry out NVE program rules and regulations related to the program he/she is applying for.
- ✓ Actively participate in decisions and perform those activities made in the decision making process regarding any services received from NVE.
- ✓ Inform staff of any changes in client information, i.e., name, address, or income changes, etc.
- ✓ Ask for clarifications regarding any services received from NVE that he/she does not understand.

CLIENT GRIEVANCE PROCEDURE

A procedure has been established and maintained by the Native Village of Eyak to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights.

No specific form is necessary to file a grievance; however a grievance must be in writing. You must clearly state the problem(s) by detailing the actions taken or not taken by NVE staff and outline possible solutions and/or resolutions.

An earnest effort will be made by NVE staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Native Village of Eyak.

Step 1: Submit a complaint in writing to the Department Director/Program Manager where the grievance occurred. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Director/Manager shall, within 10 days after the receipt of the complaint, issue a written decision and inform the client of the opportunity to further appeal the matter outlined in Step 2 below.

Step 2: If unsatisfied with the written decision by the Director/Manager, submit an appeal, in writing within thirty (30) days of Step 1, to the NVE Executive Director, PO Box 1388 Cordova, Alaska 99574. A hearing will be scheduled with an Arbitration Committee, made up of the NVE Executive Director and two (2) Tribal members who are appointed to review the case on behalf of the Tribal Council. The Committee will render its confidential written recommendation, to the Tribal Council, within ten (10) working days of the receipt of the Complaint.