

Native Village of Eyak
110 Nicholoff Way
Cordova Alaska 99574
907 424 7738
907 424 7739 Fax



Mold Remediation Rehabilitation Check List

- Completely fill out & sign the attached Mold Remediation Rehabilitation Grant Application, Agreement & Release of Information
- Provide Copy of Certificate of Degree of Indian Blood (CDIB)
- All Native Family members CDIB's are already on file with NVE
- Provide proof of income for all household members with copy of most recent 1040 Income Tax Return & W-2 forms for: 2018
- If Self-Employed provide schedule "C".
- If you no longer file income tax each year please provide us with: a copy of the letter from the IRS informing that you do not need to file any longer
- Copies of most recent paystub, monthly Retirement, Social Security, DSHS, Dividend statements, & any other income
- Provide a copy of your Home/Property Ownership deed or contract
- If your home is 50-yrs. or older please provide us with: 1) a copy of your property tax cards & 2) Platt map (lot/block#)
- "Before" Pictures taken of project area by Tribal Public Works Department
- Income Eligibility worksheet completed and attached
- Environmental Review Sheet Complete

Household Size	1	2	3	4	5	6	7	8
Annual Income Limit	\$52850	\$60400	\$67950	\$75500	\$81550	\$87600	\$93650	\$99700



MOLD REMEDIATION REHABILITATION ASSISTANCE AGREEMENT

I/WE _____
Print Names

of _____
Print Full Physical Address

hereinafter referred to as "Participant" in consideration for being awarded housing assistance in the amount of \$_____ from the Native Village of Eyak Housing Program (NVEHP), a recipient of an Indian Housing Block Grant from the U.S. Department of Housing and Urban Development (HUD), hereby agree to the following conditions on which the housing assistance is made and received. Participant agrees that: prior written approval from NVEHP of grant eligibility, submitted proposed project & all project procurement must be completed before any work begins on the project.

Any costs incurred outside of the approved scope of work will be paid for by the participant.

Participant agrees that the project will be available for use as affordable housing for at least 2 years. In the event that the homeowner sells the home within 2 years a portion of the assistance may be due back to NVE pursuant to the attached payback schedule. Homeowner agrees to carry insurance coverage on the home during the useful life of the project.

In the event of the death of the Participant, prior to the end of the term of this Agreement, the conditions of this Agreement shall be binding on any or all persons who succeed the Participant's interest in the property, buildings, or Improvements for which this Agreement is made.

Participant understands that the assistance is made subject to all regulations, now or in the future, contained in Code 24 of Federal Regulations (CFR) Part 1000, Native American Housing Activities. Participant further understands that the actual amount of housing assistance received is determined by the actual amount of the mini-grant received, as documented above. The mini-grant assistance provided will be the amount necessary to complete the following scope of work:

Your Home Mold Remediation Rehabilitation project description (*please be specific*):

What year was your home built? _____ Lot #'s: _____ Block #' _____



Pay Back Schedule

If Participant sells, abandons, or vacates the property or otherwise fails to meet its obligations under this Agreement, the Participant shall repay NVEHP all or a portion of the total cost of assistance based on the following pay back schedule.

Months of use	Percent	Amount of Payback	Months of use	Percent	Amount of Payback	Months of use	Percent	Amount of Payback	Months of use	Percent	Amount of Payback
1	100%	\$20,000	7	90%	\$18,000	13	55%	\$11,000	19	25%	\$5,000
2	100%	\$20,000	8	80%	\$16,000	14	50%	\$10,000	20	20%	\$4,000
3	100%	\$20,000	9	75%	\$15,000	15	45%	\$9,000	21	15%	\$3,000
4	100%	\$20,000	10	70%	\$14,000	16	40%	\$8,000	22	10%	\$2,000
5	100%	\$20,000	11	65%	\$13,000	17	35%	\$7,000	23	5%	\$1,000
6	95%	\$19,000	12	60%	\$12,000	18	30%	\$6,000	24	0%	\$0

I/We agree to comply with all the terms and conditions of this Mold Remediation Rehabilitation Grant Assistance Agreement.

Participant Signature _____

Date _____

Participant Signature _____

Date _____

Tribal Public Works Department Signature _____

Date _____

**NATIVE VILLAGE OF EYAK
MOLD REMEDIATION REHABILITATION APPLICATION**



Name: _____
 First M/I Last Social Security # DOB:

Mailing Address: _____ **Physical Address:** _____
 P.O. Box # Street City State Zip Code

Home Phone #: _____ **Work Phone #:** _____ **Message Phone #:** _____

Marital Status: Single Married Divorced Widowed **Veteran** Yes No

Race/Ethnic Group: Alaskan Native American Indian Other _____

Tribal Enrollment Number _____ **Native Village/Corp./Region:** _____

Citizenship: U.S. Citizen Permanent Resident Alien Temp. Work Permit Other

List All Other Household Members

Name	Relation	Sex	Date of Birth	Birth Place	Social Security #

Employment Information: Provide information for each household member over the age of 18 yrs. If there is not enough space for the required information or if there is an expected change within the next 12-months, please provide an attachment & explanation.

	Adult # One		Adult # Two	
Employer's Name				
Position				
Mail Address				
City, State, Zip				
Phone Number				
Rate of Pay	\$	Hours Per week:	\$	Hours Per week:
Overtime?				
Estimated W-2				
Estimated W-2				
Estimated W-2				

Income For All Family Members From Other Sources:

Examples: Self-employment, Unemployment Comp., DSHS/Public Assistance, Social Security, Retirement, Veteran's Benefits, Child Support, Sr. Care Program, Permanent Fund Dividends, Native Village/Corporation Dividends, etc.

Family Member Name	Source of Income	How Often Income Received	\$ Amount Received

I/We hereby certify that the information provided is true & accurate to the best of my/our knowledge.

Applicant Signature _____

Applicant Signature _____

Date _____

110 Nicholoff Way
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Ph (907) 424-7738 * Fax (907) 424-7739



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, & the Gulf of Alaska

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I/We authorize and direct any Federal, State, or Local agency, organization, business or individual to release to the: **NATIVE VILLAGE OF EYAK**, any information or materials needed to complete and verify my income & property ownership for participation in NVE's Mold Remediation Rehabilitation Program. I/We understand and agree that this authorization for the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) & Bureau of Indian Affairs (BIA) in administering and enforcing program regulations/rules.

INFORMATION COVERED: I/WE understand that depending on program policies and requirements, previous and current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but, are not limited to:

- | | |
|----------------------------------|---------------------------|
| Housing Agencies | State Employment Agencies |
| Native Villages/Corporations | Social Security |
| Past/Present Employers | Insurance Providers |
| Military/Veterans Administration | Bank/Other Financial |
| Institutions Retirement Systems | Child Support/Alimony |
| Health/Welfare Agencies | Medical |

CONDITIONS: I/We agree that a photocopy of this Authorization may be used for the purposes stated above. This authorization will stay in effect as long as I am a participant in any Native Village of Eyak assisted housing program.

Print Name

Signature of Applicant

Date

Print Name

Signature of Applicant

Date