

**Native Village of Eyak**  
PO Box 1388  
110 Nicholoff Way  
Cordova, AK 99574  
eyak-nsn.gov



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# Tribal Housing Program Application

## Native Village of Eyak – NVE 6PLEX

This application is for Tribal Members seeking housing placement. All information will remain confidential.

### 1. Applicant Information

Full Legal Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Are you an enrolled NVE Tribal Member?  Yes  No

Enrollment Number: \_\_\_\_\_

### 2. Occupancy Information

Do you plan to occupy this unit as an individual or with others?

Single Occupancy     Multiple Occupancy

List names, ages, and birth dates of individuals in household:

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\*individuals over 18 must each submit to a background check.

How many parking spaces will you require?:  Zero  One  Two

### 3. Income Information

Total Household Gross Monthly Income: \$ \_\_\_\_\_

Income Sources (check all that apply):

Social Security  Retirement  Employment  Pension  SSI  Other: \_\_\_\_\_

Attach proof of income (tax return, pay stubs, benefit letter, shareholder dividends, etc.)

Do you currently receive housing assistance?  Yes  No

\*Please complete income certification below.

### 4. Medical / Mobility Needs

Do you or anyone that will reside with you in this unit require an ADA-accessible unit?

Yes  No If yes, please explain: \_\_\_\_\_

Do you or someone in your household use mobility aids (wheelchair, etc.)?  Yes  No

Do you receive in-home assistance or attendant services?  Yes  No

If yes, please describe: \_\_\_\_\_

### 5. Housing History

Current Housing Situation:  Renting  Own Home  Living with family/friends  Unhoused

Current Physical Address (if applicable): \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Have you previously lived in NVE housing?  Yes  No When? \_\_\_\_\_

Have you or a member of your household ever been evicted?  Yes  No

If yes, when? \_\_\_\_\_

Please complete rental history section below, if applicable

### 6. Veteran & Elder Priority

Are you or anyone that will reside with you in this unit age 55 or older?  Yes  No

Are you or anyone that will reside with you in this unit a Veteran?  Yes  No

Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_

## 7. References

Please provide two personal or professional references (non-family):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 8. Pets / Service Animals

Do you have a service animal?  Yes  No

Service Animal Documentation Attached:  Yes  No

Tenants are limited to only two pets that are not a service animal. Do you have pets that are not a service animal?  Yes  No

If yes, type of animals: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

\_\_\_\_\_ Weight: \_\_\_\_\_ lbs

\*Pet fee of \$1,000 per animal is required. Additional rules apply for tenants with a pet/pets.

## 9. Visitation & Family

Do you anticipate regular overnight and/or seasonal visitors?  Yes  No

If yes, please explain (frequency, relationship):

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## 10. Signature & Declaration

I certify that all information provided on this application is true and correct to the best of my knowledge. I understand that any false or misleading information may result in denial or termination of housing eligibility.

I give my consent to have NVE verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting NVE's resident selection.

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

Printed Name: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

ADA Unit application:  Yes  No

Priority Score: \_\_\_\_\_

Status:  Approved  Waitlisted  Denied

Notes: \_\_\_\_\_

**EXHIBIT A**  
**INCOME SOURCES AND RENTAL HISTORY CERTIFICATION**

**CURRENT EMPLOYMENT**

Adult One	Position:	Adult Two
Employer		
Street Address		
City, State & Zip		
Phone Number		
Rate of Pay		
Hrs Per Week		
Overtime?		
Prior Year W2 Amt		

Attach copy of last 2 years' tax returns

**DECLARATION OF ALASKAN NATIVE CORPORATION STOCKS**

1.) \_\_\_ I DO NOT OWN ANY STOCK

2.) \_\_\_ I OWN \_\_\_ SHARES IN \_\_\_\_\_  
(Name of Corporation)

I OWN \_\_\_ SHARES IN \_\_\_\_\_  
(Name of Corporation)

I OWN \_\_\_ SHARES IN \_\_\_\_\_  
(Name of Corporation)

3.) \_\_\_ I AM CUSTODIAN FOR \_\_\_\_\_

Write in the number of shares and corporation name.

\_\_\_ SHARES IN THE REGIONAL CORPORATION:  
\_\_\_\_\_(Name of Corporation)

\_\_\_ SHARES IN THE REGIONAL CORPORATION:  
\_\_\_\_\_(Name of Corporation)

\_\_\_ SHARES IN THE VILLAGE CORPORATION:  
\_\_\_\_\_(Name of Corporation)

\_\_\_ SHARES IN THE VILLAGE CORPORATION:  
\_\_\_\_\_(Name of Corporation)

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Signature

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Date

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Printed Name

ALL OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS (self-employment, SSI/disability, retirement income, etc.)

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# RENTAL HISTORY

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2.) Previous Landlord \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

3.) Previous Landlord \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_