North Pacific Rim Housing Authority

APPLICATION FOR DOWN PAYMENT/MORTGAGE REDUCTION ASSISTANCE

PRELIMINARY PROGRAM APPLICATION

NPRHA has developed a program that can provide down payment and mortgage reduction assistance to eligible families who wish to purchase or construct their own home. Eligible families for this program are Alaska Native or American Indian families who do not currently own their own home, can qualify for private financing for a significant portion of the cost of the home, meet other NPRHA admission criteria and have total household income below 80% of median income in the community that they live.

This initial application is to provide NPRHA with basic information about your family in order to determine initial eligibility for the program. All information contained on this form will be kept confidential and only used by NPRHA to determine eligibility. Applicants must also apply, and be approved, for financing from a private financial institution for the balance of the purchase price of the home prior to final acceptance into the program. All information will be verified prior to selection for the program.

Please check all of the following that you are requesting assistance with:

	Down Payment Assistance		Land Donation (Valdez Only)	
	Mortgage Reduction		Closing Cost Assistance	
	Obtaining private financing		Other	
	New Construction		Existing Home Purchase	
Mailing Address:				
Physical Address:				
Conta	Contact Phone No(s).			

I. Composition of Household

Name		Relation	Sex	DOB	Birth Place	S.S.#
	1	Head				
	2					
	3					
	4					
	5					
	6					
	7					
	8					

II. Employment Information

Fill out for each member of the Household over the age of 18.

If there is not enough space for multiple jobs, attach an additional sheet. If employment is expected to change this year, attach explanation.

Adult One	Position:	Adult Two
	Employer	
	Street Address	
	City, State & Zip	
	Phone Number	
	Rate of Pay	
	Hrs. per week	
	Overtime ?	
	Last Year's W2 An	nt
Attach copy of Last Year's W-2		Attach copy of Last Year's W-2

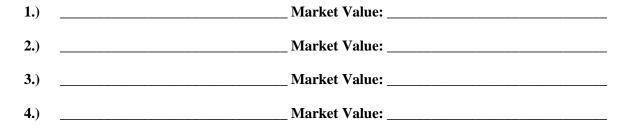
III. INCOME FROM OTHER SOURCES FOR ALL FAMILY MEMBERS

Ex: Self-employment, AFDC, Social Security, Retirement, Native Corporation Dividends, Unemployment, etc. If self-employed NPRHA needs a copy of three (3) years tax returns.

Family Member Name	Source	How Often	\$\$Amount
All Members	Permanent Fund	Annually	() Members
	Corporation Div	Annually	() Members

IV. ASSETS

List Assets you own i.e., land, real estate, boats, permits, stocks & bonds, etc. Do not include vehicles for personal use. When listing self-employment assets, state value from depreciation or amortization schedule.



V. CHECKING, SAVINGS, CERTIFICATES With Balances over \$2,000.00

	Bank	Account #	Balance	Address
1				
2				
3				

Please provide the following expense information. Be sure to include income from all members of your household:

House Payment/ Rent:	\$
Monthly Utilities (Fuel, Electricity, Water and Sewer Only):	\$
Vehicle Payment(s)	\$
Credit Card(s) Total Balance Monthly Payment	\$
Other expenses (Identify)	\$
Total monthly expenses	\$
Have you ever declared bankruptcy?YESNO If Yes, When	
Do you owe any amounts to the IRA or Child Support Enforcement Di	
IRS _YES _NO Amount CSED _YES _NO Amount	\$ \$
Do you have any past due debts?YESNO	
If yes, please explain below:	

Do you know of any items that would affect your credit rating or ability to obtain a mortgage?

Please provide the following information about your home and family:

Do you own or rent the home you are living in? If you lease, who is the landlord?	Rent	Own
Number of adults in your household	Male	Female
Number of minors (under 18) in your household	Male	Female
Number of Bedrooms in your home		-
Number of Bathrooms in your home		_

ALL YES ANSWERS WILL REQUIRE ADDITIONAL VERIFICATION THIS WILL REQUIRE ADDITIONAL TIME TO DETERMINE YOUR ELIGIBILITY.

Please Circle One.

1.)	Is any member of the family age 60 or older?	YES	NO
2.)	Do you pay for childcare for a child under the age of 13 in order for a family member to go to work or school?	YES	NO
3.)	Do you have verifiable medical expenses that exceed 3% of your family's gross annual income?	YES	NO
4.)	Do you have verifiable expenses that exceed 3% of your family's gross annual income associated with the care of a handicapped or disabled family member?	YES	NO
5.)	Are you living in substandard housing?	YES	NO
6.)	Are you paying more than 50% of your monthly income for housing?	YES	NO
7.)	Are you involuntarily displaced (homeless)?	YES	NO
ALL INFO	DRMATION IS TRUE AND COMPLETE TO THE BEST OF N	MY KN	OWLEDGE.

I understand that I must update this application whenever any changes in family composition, income, or other changes that may occur to remain eligible.

Signature

Date

Signature

Date

North Pacific Rim Housing Authority

Adult Member One

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of all information regarding my credit, income and assets to the North Pacific Rim Housing Authority. I understand that this information will be kept confidential. I accept that a photocopy of this authorization will be accepted as the original.

Printed Name			
Signature		Date	
	Adult Member Tw	0	

North Pacific Rim Housing Authority

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Printed Name

Signature



DECLARATION OF ALASKAN NATIVE CORPORATION STOCKS

- 1.) _____ I DO NOT OWN ANY STOCK
- 2.) _____ I OWN THE FOLLOWING _____
- 3.) _____ I AM CUSTODIAN FOR _____

Write in the number of shares for each corporation.

 SHARES IN THE REGIONAL CORPORATION:
 SHARES IN THE REGIONAL CORPORATION:
 SHARES IN THE VILLAGE CORPORATION:
 SHARES IN THE VILLAGE CORPORATION:

Signature

Date

Printed Name

North Pacific Rim Housing Authority 8300 King Street Anchorage, AK 99518-3066 Phone (907) 562-1444/ Fax (907) 562-1445 Toll free 1-888-274-1444

North Pacific Rim Housing Authority is required to check past landlord references. Please list your current landlord and information for two previous landlords.

Current Landlord:	
Address:	
City, State & Zip Code:	
Daytime Phone:	
2.) Previous Landlord	
Address:	
City, State & Zip:	
Daytime Phone:	
3.) Previous Landlord	
Address:	
City, State & Zip:	
Daytime Phone:	