



AVCP Regional Housing Authority  
 P.O. Box 767  
 Bethel, AK 99559 (907) 543-3121 (800) 478-4687

**EMERGENCY VOUCHER ASSISTANCE APPLICATION**

**1. APPLICANT INFORMATION**

NAME		HOME #	
ADDRESS		CELL #	
CITY		WORK #	
EMAIL		MESSAGE#	

AVCP RHA HOMEBUYER:  YES  NO

**2. FAMILY COMPOSITION – LIST NAMES OF ALL PERSON LIVING WITH YOU**

FAMILY MEMBER NO	NAME OF PERSON	RELATIONSHIP TO HEAD	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER	CAN RECEIVE PFD Y/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Anticipated Changes in Family Composition:

**3. INCOME – LIST ALL INCOME OF ALL PERSON LISTED ABOVE**

Family Member No.	Source (Name of Employer, Public Assistance, Social Security, etc.)	Rate (hourly, bi-weekly, monthly)	Type of Income	Estimated Income	
				For 12 Months	Next 12 months
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

I have attached copies of my Schedule C (for business or fishing) for the last three years.  Yes  No

If answer is no, state why: \_\_\_\_\_

**\*\*NOTE: APPLICATION IS INCOMPLETE WITHOUT BOTH LAST YEARS TAX RETURN OR W-2'S AND A COPY OF TRIBAL ID OR CIB**

**4. ASSETS – LIST ALL ASSETS OF ALL PERSONS LISTED IN THE FAMILY COMPOSITION**

Please list all accounts that you or any other family member currently has along with the bank's name (e.g. Alaska USA Federal Credit Union, NBA, etc.); type of account (savings, checking, CD, etc.); account number; and amount. Use bottom of this page for additional space, if needed.

FAMILY MEMBER	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER

Type	Estimated Value
1	
2	
3	
4	

**\*\*It is your responsibility to update all changes of family composition and income\*\***

**IV.** AVCP Regional Housing Authority provides assistance for American Indians or Alaska Natives. You must be recognized as being Indian or Alaska Native by tribal enrollment and able to obtain a Certificate of Degree of Indian Blood (CDIB) from BIA. Exceptions for Non-Natives may be granted by the Authority if:

- A. The AVCPRHA determines that the presence of the Non-Native is essential to the well-being of other Indian families in the area;
- B. The essential Non-Native shows they are unable to obtain adequate housing without the assistance from this program.

**V.** I/We certify that the information given to the AVCP Regional Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is punishable under federal law. I/We also understand that false statements or information is grounds for termination of assistance.

I/We understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my/our knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

\_\_\_\_\_  
Signature of Head of Household    Date

\_\_\_\_\_  
Signature of Spouse    Date

\_\_\_\_\_  
Application Reviewed by    Date





**The Association of Village Council Presidents  
Regional Housing Authority**

**EVA Application Checklist**

**TO THE APPLICANT:** An incomplete EVA application will delay the processing of your application. It could also remove your application from being considered for housing or housing programs. It is important that you submit a complete application. Please use this checklist to ensure you have provided the information or documents to process your housing application. If information is missing, you will be provide one opportunity to provide additional information, if you do not provide it by the deadline your application will be dropped.

**IMPORTANT:** You must enter information legibly, clearly, and understandably. You must enter the name, social security number and date of birth of all persons who will be living with you. Failure to do so will delay or even lead to the denial of your housing application. Every adult person must sign all documents where they are required to sign.

**CHECKLIST**

**Housing Application**

- Full Name of Every Person     Social Security Number     Date of Birth

**Required Documents that Need Signatures**

- Name of Adult Members     Social Security     Signature

**Copy of Tribal Enrollment Cards or Identification Cards**

- Copy of All Adult Members

**Copies of:**

- Recent Federal Tax Returns of all Adults     Social Security Benefit Letter  
 Unemployment Claims Letter     Social Security Income     APA  
 TANF