

Special



OVS HOME REPAIR APPLICATION

This application is ONLY for the OVS Tribal Citizens impacted by COVID.

1. COMPLETE APPLICATION PACKET **MUST** INCLUDE:

- Special OVS Home Repair Application
- Proof of Tribal Enrollment
- Proof of Homeownership

2. HOW TO SUBMIT APPLICATION PACKET TO THRHA **Tribal Services Team**

- By email—send to Repairs@thrha.org
- By fax—send to (866) 253-0890
- By kiosks at THRHA or Tribal office

3. DETERMINATION OF ELIGIBILITY—

- Only **complete** applications will be reviewed & selected, see list above.

Questions or need assistance? Call our Tribal Services Team at (907) 780-3122.

APPLICANT INFORMATION

Full Name:			Last four of SSN:		Date of Birth: (mm/dd/yyyy)	
Enrolled Tribal Citizen—Is ANY household member a Tribal Citizen? <i>*Must submit copy of Tribal Enrollment Card/Letter</i> <input type="checkbox"/> Yes—Alaska Native / American Indian <input type="checkbox"/> No <i>Tribal Enrollment Number:</i>						
Do you rent or own your home? <input type="checkbox"/> Rent—landlord approval required Owner's Name: _____ <i>Owner must be enrolled Tribal Citizen</i>			<input type="checkbox"/> Own—proof of ownership required -Copy of the DEED -Other legal document showing ownership with the legal address			
Mailing Address:						
Physical Address:					Year Built:	
Primary Phone—<i>required</i>		Secondary Phone—<i>required</i>			Email:	

HOME INFORMATION



Describe Your Repairs Needs—categories below are funding repair priorities

- | | | |
|---|---|---|
| <input type="checkbox"/> Heating Issues | <input type="checkbox"/> Plumbing Issues | <input type="checkbox"/> Health & Safety Issues |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Energy Efficiency Issues | <input type="checkbox"/> Leaking Roof |

DISCLAIMERS & CERTIFICATIONS

- I certify that all the information provided in this application is true and complete to the best of my knowledge and belief.
- I certify that this application is submitted for the sole purpose of obtaining home repair assistance.
- I certify that I am the owner/occupant of the property to be repaired and it is my principal residence.
- I certify that the property to be repaired is not being offered for sale.
- I understand that any discrepancy or omission of information requested by this application may disqualify me from participating in the Special OVS Home Repair Program.
- I understand that THRHA will designate who will complete the home assessment and ensure that he/she meets ALL licensing and bonding requirements of the grant program(s).
- I understand that home repair funding is dependent on the availability of grant funds.
- If selected, I will be responsible for signing a notarized **BINDING COMMITMENT** for my deed or title.

Applicant Signature:	Date:
Co-Applicant Signature:	Date:

****To be completed by TS Home Repair staff****

_____ COMPLETED application and supporting documents received by _____.
Date/Time Initials