# Nome Community Center, Inc.

**Post Office Box 98**
**Nome, Alaska 99762**

**Phone: 907-443-5259**
**Fax: 907-443-2990**


## Financial Assistance Application

This assistance is intended to be used for one or more of the following: 1. to keep you in your current housing, 2. to prevent you from losing your housing, and 3. to promote housing stabilization and permanency.

1. Financial assistance is not guaranteed. It is approved on a case-by-case basis.
2. All of the application must be completed.
3. All of the requested documentation/paperwork must be included.

**Place a check mark next to each section once you have completed it:**

- ☐ The section for your name, address, and people living in household must be completed
- ☐ If you are requesting assistance for a bill from NJUS
  - ☐ Did you receive the NSEDC Energy Subsidy Program ☐ Yes ☐ No
  - ☐ You must have a letter from NJUS stating you have set up a payment schedule with them
  - ☐ You must have a shut-off notice
- ☐ If you are requesting assistance with a bill from Bonanza
  - ☐ You must have a notice of overdue bill
- ☐ Requesting rent or a house payment
  - ☐ You must provide an eviction notice or paperwork from landlord stating you are behind in rent
- ☐ Complete the section for types of assistance you may be receiving
- ☐ Complete the section for Tribal Affiliation and Native Corporation
  - ☐ Provide a letter stating how much funding they will be providing
  - ☐ If they will not be able to provide assistance, you must provide a letter
- ☐ Complete the section of sources of income
  - ☐ List <u>all</u> sources of income
  - ☐ Bring a copy of your paycheck *or* statement *or* stub with you
- ☐ Complete the section for *Reason for request*
- ☐ Complete the section for *How you will pay future rent or utility bills?*
- ☐ Complete the *Financial Budget Worksheet*
- ☐ Call Nome Community Center to make an appointment to discuss your paperwork
  - ☐ Call Housing Outreach Coordinator at 443-5259. If not available, leave a number to return your call to schedule your appointment to meet with them.
  - ☐ Date of appointment: _____ ☐ Time of appointment: _____

☐ Come to the appointment <u>with all of the completed paperwork or you will not receive financial assistance. IF YOU DO NOT HAVE PROOF OF NEED, SUCH AS AN EVICTION OR SHUT OFF NOTICE, YOUR APPLICATION WILL BE DENIED.</u>

**Applicant**

☐ I certify under penalty of perjury that the previous information is true and correct.

_____

Applicant Name (print) Signature date

Today's Date: _____

Last name: _____ First name: _____

Physical address: _____ PO Box: _____

How long you have lived at this address: _____

Phone: _____ Another Phone: _____

**Section 1 – Request Financial Assistance**

Total amount of assistance requested: $ _____

Bill/Amount to apply: NJUS $ _____ Bonanza $ _____ Rent/Mortgage $ _____

Landlord/mortgage company name and phone: _____

☐ NCC has my permission to speak with my landlord or mortgage company.

Other: _____ $ _____

**SECTION 2 – Current Housing**

List the number and names of all the people who live (and sleep) in your home at least 4 - 5 days a week:

*Adults* _____
(List all)

_____
_____
_____
_____
_____
_____
_____

*Children* _____
(List all)

_____
_____
_____
_____
_____
_____
_____

**SECTION 3 – Sources of Income**

List all sources of income:
$_____ Wages and Salary (total for household) ☐ per month ☐ per year
$_____ PFD (total for household) per year
Number of people in household _____ x Amount of PFD $_____ = $_____
$_____ Social Security per month
$_____ Annuities ☐ per month ☐ per year
$_____ Insurance Policies ☐ per month ☐ per year
$_____ Retirement Funds per month
$_____ Pensions per month
$_____ Alimony per month
$_____ Child Support per month
$_____ Unemployment per month
$_____ Disability per month
$_____ Worker's Compensation per month
$_____ Severance Pay ☐ per month ☐ per year ☐ one-time payment
$_____ Death Benefits ☐ per month ☐ per year ☐ one-time payment
$_____ Welfare Assistance per month
$_____ Quest / Food Stamps per month
$_____ Cash Assistance ☐ per month ☐ per year ☐ one-time payment
$_____ Regular contributions or gifts received from organizations or people who do not live with you ☐ per month ☐ per year ☐ one-time payment
$_____ Native Corporation Dividends ☐ per month ☐ per year (Corp name_____)
$_____ Native Corporation Dividends ☐ per month ☐ per year (Corp name_____)
$_____ Native Corporation Dividends ☐ per month ☐ per year (Corp name_____)

**SECTION 4 - Current Assistance**

Are you currently receiving any of the following:
☐ SNAP through QUEST Card (Food Stamps) Amount: _____
☐ ATAP (Alaska Temporary Assistance Program) Amount: _____
☐ WIC (Women, Infants and Children Program) Amount: _____

**SECTION 5 – Tribal Affiliation(s)**

Tribal Affiliation(s) registered with: _____
_____
Native Corporation(s) registered with: _____
_____
_____
_____
Check each agency you are working with:

☐Kawerak ☐Nome Eskimo Community ☐Public Assistance ☐Bering Straits Regional Housing (BSHRA) ☐Other _____

You must have a letter from your Tribal Organization stating you contacted them and they will be able to assist (dollar amount must be listed) or that they are unable to assist. Is this information included in your paperwork? ☐ Yes ☐ No

**SECTION 6 – Request Clarification**

Reason for request:

_____
_____
_____
_____
_____
_____

How will you pay for next month and in the future?

_____
_____
_____
_____
_____
_____

☐ I certify under penalty of perjury that the previous information is true and correct.

☐ I understand that receipt of information does not guarantee that I will be eligible for financial assistance from Nome Community Center.

☐ I understand that all of the information requested must be complete before calling Nome Community Center for an appointment to meet with the Housing Resource Coordinator.

☐ I understand this assistance will be given by the Nome Community Center no more than one-time per year and I will be ineligible to apply a second time for assistance in the same fiscal year (July 1 to June 30).

☐ I understand that the check will be made out to the organization receiving payment and that I will pick up the check from Nome Community Center and deliver it to the organization receiving payment.

_____

Applicant Name (Print) Applicant Signature Date

# Financial Budget

**Income Section – Total Amount $_____**

_____ Salary

_____ Other Income (child support, alimony, other sources)

**Expenses Section – Total Amount $_____**

_____ Housing (total cost of items in this section)
- _____ Rent
- _____ Utilities

_____ Groceries (total cost of items in this section)
- _____ Food
- _____ Laundry soap
- _____ Personal hygiene
- _____ Baby needs (diapers, etc.)
- _____ Cleaning supplies
- _____ Other items

_____ Cell Phone (total cost of items in this section)
- _____ Cost of phone purchase
- _____ Cost for plan

_____ Transportation (total cost of items in this section)
- _____ Cabs
- _____ Gas (if you have a car)
- _____ Repairs and insurance (if you have a car)

_____ Personal (total cost of items in this section)
- _____ Entertainment
- _____ Clothing
- _____ Other expenses