Nome Community Center, Inc.

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Nome, Alaska 99762
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Phone: 907-443-5259
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NEXT GENERATION STABILIZATION APPLICATION

Please complete all required fields. Information provided will be used for program eligibility purposes and client records.

Section 1: Client Information

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____/_____/_____ Age: _____

Gender:

☐ Male ☐ Female ☐ Other ☐ Decline to Report

Race (Select One)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Mixed Race

☐ Other

☐ Decline to Report

Ethnicity (Select One)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Decline to Report

Is the client Alaska Native? ☐ Yes ☐ No

Is the client a member of a Federally Recognized Tribe and/or a shareholder (voting member) of an Alaska Native Corporation? ☐ Yes ☐ No

Section 2: Client Housing Information

Household Size: _____

Minors in Household: _____

Housing Situation (Select One)

☐ Sleeping in Shelter

☐ Sleeping Outside

☐ Victim of Domestic Violence

☐ Victim of Trafficking

☐ Refugee

Have you signed a Release of Information form? ☐ Yes ☐ No

Have you entered Long-term Housing? ☐ Yes ☐ No

Date Housed (if applicable): _____/_____/_____

Monthly Rent Amount: _____

Lease Start Date: _____

Lease Term (Months): _____

Physical Address: _____

City: _____

State: _____

Zip Code: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Section 3: Additional Information

Notes:

_____

_____

_____

_____

Applicant Certification

I certify that the information provided on this application is true and complete to the best of my knowledge.

Applicant Name: _____

Applicant Signature: _____

Date: _____/_____/_____

Staff Name: _____

Staff Signature: _____

Date: _____/_____/_____