NSB HOUSING SHIPPING ASSISTANCE APPLICATION
HOME BUILDING MATERIALS

The following information is required for our files so we can better serve you.
Please fill in all portions of this form and submit to **HousingDevelopment@north-slope.org**
If you have any questions, please contact the NSB Housing Department at (907) 852-0203.

FOR THIS PROGRAM, PLEASE COMPLETE THE FOLLOWING SECTIONS:

Date:		**Village/Location:**	
Applicant Name:		**Date of Birth:**	
Physical Address:		**Email Address:**	
Mailing Address:		**Phone Number:**	
Are you indebted to NSB? ☐Yes ☐No		**Do you have a claim against the NSB?** ☐Yes ☐No	
Are you at least 18 years of age as of the date of this application? ☐Yes ☐No			
List Household Family Members and Relationship to Applicant:			

Have you been a resident of the North Slope Borough for 2 or more years from the date of this application? ☐Yes ☐No
Medical exceptions may be made for breaks in residency. Additional documents may be requested to verify residency.

Provide 3 local references to verify residency:		
1. Name:	Phone #:	Email:
2. Name:	Phone #:	Email:
3. Name:	Phone #:	Email:

NSB Housing Shipping Assistance Program Information:

- **One-time reimbursement not to exceed $5,000 per family. For definition of family, refer to NSBHSA Program Handbook.**
- **Assistance towards shipment of home building materials on the North Slope. Reference NSBHSA Handbook for examples of approved and not approved items to ship.**
- **Deadline for application to be received is no later than close of business 180 days after shipping receipt has been given.**
- **All Home Building Materials must be shipped to a NSB Community. Examples of Home Building Materials are lumber, sheetrock, plumbing items, flooring material, insulation, etc.**

☐ Attach copy of valid photo identification.
☐ Attach itemized receipts that detail what was shipped. Itemized receipt dates cannot be earlier than the effective date of this program, December 3, 2024 and no later than 180 days after payment of shipping costs.
☐ Provide description of what you are seeking reimbursement for:

_____

_____

☐ I have read and understand the NSB Housing Shipping Assistance Program handbook.

By signing below, I agree that all the information provided in this application is true to the best of my knowledge, and I understand that any attempt to mislead the NSB shall be cause for immediate termination of the application process.

Applicant Printed Name	Applicant Signature	Date

OFFICE USE ONLY:

DATE RECEIVED: _____ PREAPPROVED AMOUNT/Date: $ _____
APPLICATION NUMBER: _____ DEPARTMENT APPROVAL: _____
REVIEWED BY: _____ APPROVAL DATE: _____