



**POST-SECONDARY HOUSING ASSISTANCE PROGRAM APPLICATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Alaska Native/American Indian: Y / N Tribal Enrollment: Y / N Tribe Name: \_\_\_\_\_  
 Please indicate the semester(s) for housing assistance:  Summer  Fall  Spring

**Do you have any immediate family members that are Tribal Employees/Board Members or AHA Employees/Board Members?** (Immediate family: Mother, Father, Sister, Brother) Yes / No

If so: Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Position: \_\_\_\_\_ Tribe: \_\_\_\_\_

**Have you ever received funds from the AHA post-secondary housing assistance program?** Yes / No

If so, did you supply AHA with the final transcripts, grades or training certificates from the funding semesters? Yes / No  
 (if you have not submitted this information, you will not be eligible for future funding until they are received by AHA)

**I. FAMILY COMPOSITION: Beginning with the Head-of-Household. If you need additional space, please list on a blank page**

Family Member No.	Name of Family Member	Relation to Family Head	Date of Birth	Birthplace	Age	Sex	Social Security Number	Occupation
1		Head						
2								
3								
4								
5								

**II. CURRENT TOTAL INCOME: Include seasonal income**

Family Member Name	Source of Income/ Employer Name unemployment, social security, public assistance, pensions, etc.	Address of Employer/Source of Income	Rate		Full Time	Hours Per Week
			\$ ____/hr	\$ ____/mo		
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs

**III. Proposed Landlord Name, Address and Phone Number:** *If landlord is not determined at the time of application, please enter "unknown" and the date you propose to know the residence.*  *If approved or determined eligible, a class schedule and lease will need to be submitted.*

Name: _____	Address: _____
State: _____	Zip: _____ Phone: _____ Rent Amount: _____

**IV. Required Information:**

Enclosed

	Certificate of Indian Blood or a Copy of Tribal Enrollment Card
	Copies of Income Tax Returns for Previous Year for Entire Household <b>(if you are self employed, i.e. fisherman, please supply AHA with prior 3 years taxes)</b>
	Copy of Social Security Card
	Copy of Driver's License or State ID
	Copy of Acceptance Letter

**V. Certification**

I/We certify that the information given to the Aleutian Housing Authority on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and repayment of dispersed funds by the recipient.

As a condition for selection as a recipient of housing assistance, I/We agree that the use of funds will provide rental payments while I/We are pursuing a post secondary education and that My/Our grade point average does not fall below 2.0.

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 Applicant	Date	Signature	Date
Signature	Date	Signature	Date

**VI. Understanding**

I (applicant) understand that if funding is granted it is required to supply AHA with final transcripts, grades or training certificates each semester *(if a technical/vocational school when schooling is complete)*.

Signature of Applicant	Date