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 Anchorage, AK 99503  
 Phone: (907) 563-2146  
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**APPLICATION FOR ADMISSION** \* Complete all information or indicate N/A if it doesn't apply. Failure to provide information may cause your application to be delayed or denied. *Note: It is your responsibility to update your application when changes occur and or when a unit comes available.*

Name: \_\_\_\_\_ Community Where Housing is Desired: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Community you currently reside in: \_\_\_\_\_ How long in the community: \_\_\_\_\_  
 Tribal Affiliation: \_\_\_\_\_ Regional Corporation: \_\_\_\_\_

**I. FAMILY COMPOSITION:** If you need additional space, please list on a blank page

FULL Name of Family Member(s) *Please include maiden name, if applicable	Relation to Family Head	Date of Birth	Birthplace	Sex	Social Security Number	Occupation
1	self	-- --			-- --	
2		-- --			-- --	
3		-- --			-- --	
4		-- --			-- --	
5		-- --			-- --	
6		-- --			-- --	

**II. TOTAL INCOME:** If left blank AHA will assume insufficient income; Applicants must demonstrate sufficient income to pay for housing and or other utilities where applicable.

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	Y / N	____hrs
			\$____/hr	\$____/mo	Y / N	____hrs
			\$____/hr	\$____/mo	Y / N	____hrs
			\$____/hr	\$____/mo	Y / N	____hrs
			\$____/hr	\$____/mo	Y / N	____hrs

**Periodic or Sporadic Income; Please check those that apply, fill in amounts and which family member it applies to.**

\_\_\_\_ Bonuses \$ \_\_\_\_\_ name \_\_\_\_\_  
 \_\_\_\_ Fishing \$ \_\_\_\_\_ name \_\_\_\_\_ Permit Holder: Yes No Crew Member: Yes No  
 \_\_\_\_ Regional Corporation Dividend \$ \_\_\_\_\_ Shares owned \_\_\_\_\_ Name \_\_\_\_\_  
 \_\_\_\_ Local Corporation Dividend \$ \_\_\_\_\_ Shares owned \_\_\_\_\_ Name \_\_\_\_\_  
 \_\_\_\_ Alaska Permanent Fund Dividend \_\_\_\_ all family member(s)  
 \_\_\_\_ Other \$ \_\_\_\_\_ from \_\_\_\_\_ family member name \_\_\_\_\_

**III. ASSETS:** checking, savings, land, property, stocks, bonds, house(s), boats, etc.

Full Description	Estimated Value
1	\$
2	\$
3	\$

Have you, within the past two years disposed of any assets for less than fair market value? Yes No  
 If so, what asset? \_\_\_\_\_ What was it's value after expenses? \$ \_\_\_\_\_  
 How much did you receive for it? \$ \_\_\_\_\_

**IV. REQUIRED DOCUMENTATION:** Failure to provide information may cause your application to be delayed or denied.

- Copy of Tribal Enrollment Card** (\*AHA provides some housing programs for Alaska Natives or American Indians. You must be recognized as being Alaska Native or Indian by tribal enrollment.
- Copy of Social Security Card for ALL family members over the age of 6** (if SS card is not available, a copy of your State Identification/Drivers license will suffice IF the Social Security number is disclosed)
- Copy of State Identification or Drivers License**
- Copy of the Past Three (3) Years of Taxes and signed request for transcript of tax return 4506T form must be completed by all individuals over the age 18** (please keep in mind, if AHA has to request your taxes, it may take up to 90 days to receive them. **\*\*Your application will not be complete, and you will not be added to a wait list until the taxes are on file\*\***)
- Signed HUD Consent to Release of Information form-9886 (7/94)** (Form will need to be signed by Head of Household and if applicable, Spouse and ALL Family members over the age of 18)
- Copy of Bank Statement(s), 2 current months**

**V. FEDERAL PREFERENCE rule amends regulations to provide selection criteria and definitions to be used by Aleutian Housing Authority to grant a preference in the provision of housing assistance to families who are:** 1. Involuntarily Displaced, and/or 2. Living in Substandard conditions.

**Please answer the following questions:**

- A. Are you without housing or Are you about to be without housing? No Yes  
 If Yes, please explain: \_\_\_\_\_
- B. Living in overcrowded conditions? No Yes  
 Two or more families living in one home? No Yes  
 No. of people living in home: \_\_\_\_\_  
 No. of bedroom(s) \_\_\_\_\_
- C. Paying more than 50% of your total family income towards rent and utilities? No Yes  
 Gross monthly income: \$ \_\_\_\_\_ Total of rent and utilities: \$ \_\_\_\_\_
- D. Are you living in substandard conditions? No Yes If yes, complete the following:  
 Is there potable water? Yes No  
 Is there safe electricity? Yes No  
 Is there safe and adequate heat? Yes No  
 Do you have an indoor bathroom? Yes No  
 Has the building been declared unsafe or condemned? Yes No
- E. Does the Head of Household or other qualifying applicant have any of the following expenses?  
 Childcare? Yes No if yes, Monthly \$ \_\_\_\_\_ Provider Contact Information \_\_\_\_\_  
 Medical Expenses? Yes NO if yes, Monthly \$ \_\_\_\_\_ Description \_\_\_\_\_  
 Tax Levy ? Yes No if yes, Monthly \$ \_\_\_\_\_ Tax Documentation Is Required.
- F. Do you require any special amenities to assist with impaired mobility, vision, or hearing? No Yes

If Yes, please explain: \_\_\_\_\_

**VI. OTHER INFORMATION:**

- A. Do you own any automobiles or off-road vehicles?  Yes  No  
If yes, please specify: \_\_\_\_\_
- B. Do you have pets?  Yes  No.  
If yes, please specify: \_\_\_\_\_
- C. Have you or other members of your family been charged/convicted;  
Violent Crimes?  Yes  No  
Drug Related Crimes?  Yes  No  
Lifetime Sex Offender Registry?  Yes  No  
If yes, please explain: \_\_\_\_\_
- D. List three (3) Personal References, with addresses and phone numbers:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_
- E. List three (3) Credit References, with addresses and phone numbers:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_
- F. Do you currently own OR are you purchasing another home?  Yes  No  
If so, please explain: \_\_\_\_\_
- G. Do you OR have you had utility account(s) in your Name?  Yes  No  
If yes, which company? \_\_\_\_\_
- H. Have you previously participated in a Federally Subsidized Housing Program?  Yes  No  
If so, which Housing Authority \_\_\_\_\_ Year \_\_\_\_\_

Current Landlord \_\_\_\_\_

Telephone & Address \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Estimated Monthly Utilities \$ \_\_\_\_\_

Previous Landlord Name & Address if within 2 years \_\_\_\_\_

\_\_\_\_\_ Rent \$ \_\_\_\_\_

**VII. ADDITIONAL COMMENTS** If any of your living situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VIII. APPLICANT(S) CERTIFICATION FORM

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is **FEDERALLY** funded through Aleutian Housing Authority (AHA).

### Give True and Complete Information

I certify that all the information provided on household composition, income family, assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my application form is true and correct.

### Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any Federal housing assistance and whether or not any money is owed. I certify that I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

### Owner-Occupancy Property

I certify that the house will be my principal residence. I will not live anywhere else without notifying AHA immediately in writing.

### Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of eligibility determination.

### Criminal and Administrative Action for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

### Documentation

AHA will determine eligibility when my application is complete. I understand that funds will be expended on a "first come, first served" basis, and if complete documentation and information is not received within thirty (30) days, AHA may not be able to process my application.

### Signature and Date of All Household Adults over the age 18years.

By signing this application for residential housing, the applicant is giving Aleutian Housing Authority consent to run a credit and criminal background check on the signer(s).

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

AHA does business in accordance with the Federal Fair Housing Law and Americans with Disabilities Acts and provides equal housing opportunities as applicable.



Please make sure application is complete/signed and all required documents are attached. An Incomplete application can be cause for delay and/or be denied.

November 2004

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## *Things You Should Know*

**Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.**

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<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▪ Evicted from your apartment or house</li><li>▪ Required to repay all overpaid rental assistance you received</li><li>▪ Fined up to \$10,000</li><li>▪ Imprisoned for up to 5 years</li><li>▪ Prohibited from receiving future assistance</li><li>▪ Subject to State and local government penalties</li></ul>
<b>Asking Questions</b>	If you don't understand something on the application or recertification forms, always ask questions. It is better to be safe than sorry.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>• All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.).<ul style="list-style-type: none"><li>• Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>• Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);</li><li>• Earnings from second job or part time job;</li><li>• Any anticipated income (such as a bonus or pay raise you expect to receive).</li></ul></li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.</li><li>• Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.</li><li>• The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.</li></ul>

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and / or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its' full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to have someone fill out an application for you.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance or utility charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report that information to the HUD Office of Inspector General (OIG) Hotline. You can call the hotline Monday - Friday, from 10:00am to 4:30pm, EST, at 1-800-347-3735. You can fax the information to 1-202-708-4829, or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write to the hotline at: HUD-OIG HOTLINE, GFI, 451 Seventh Street, S.W., Washington, DC 20410.

I HAVE READ AND UNDERSTAND THIS BULLETIN:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.