

**Aleutian Housing Authority**

520 E. 32<sup>nd</sup> Avenue  
Anchorage, AK 99503  
(907) 563-2146  
FAX (907) 563-3105

**VERIFICATION OF SUBSTANDARD HOUSING**

I hereby authorize the release of information on my claim of substandard housing.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Social Security #**

**To Be Completed by Certifying Agency**

In order for us to verify the substandard housing preference claimed by the applicant listed above, we are required by regulation to verify the preference. Therefore, please complete the form and certify by signing in the space provided below. This information will be used only for determining the preference claimed by this applicant.

The above reference applicant has applied for housing assistance and is claiming that he/she is living in substandard housing. Place an "x" by one or more of the reasons for the substandard housing:

- Dwelling structurally unsafe;
- Inadequate or no electric wiring system in dwelling unit;
- Inadequate or unsafe heating facilities for dwelling unit;
- He/she lacks a fixed, regular and adequate nighttime residence.
- Other: (Please Specify)

**CERTIFICATION**

- No, the applicant does not live in a substandard housing.
- Yes, the applicant lives in a substandard housing, for the reason(s) checked off above.

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**