



## Regional Housing Authority

5446 Jenkins Drive Juneau, AK 99801  
Phone: 907.780.6868 Fax: 866.232.3681

**Application Period April 15th – August 15th**

### Student Housing Voucher Scholarship

The Tlingit-Haida Regional Housing Authority has a limited amount of funding available for low-income college students who may need assistance with housing costs. The Student Housing Voucher Program may be used to pay for a portion of your rent while attending college.

#### Terms:

- Up to \$1,500.00 per semester. Maximum total amount of assistance under this program shall not exceed \$3,000.00 per recipient, per year.
- Assistance may be provided for a period of no more than 4 consecutive years for undergraduates.
- No repayment is required for recipients who reside in Alaska within 6 months after graduation.
- Recipients who reside outside of Alaska within 6 months after graduation may be required to repay 50% of their total assistance amount.
- Funds will be disbursed directly to the university or landlord.
- Assistance is based on need; therefore, funds may not be used to pay for existing mortgage loan/rent payments owed by the applicant or applicant's parents
- Applicant must provide a copy of the signed rental/lease agreement

#### Eligibility:

- Student's (parents) total household income may not exceed 80% MFI
- Student or parents must be Alaskan Native/Native American
- Student and parent's primary residence must be in Angoon, Craig, Douglas, Juneau, Kake, Kasaan, Klawock, Petersburg, Saxman, Skagway, Wrangell or Yakutat
- Student must attend an accredited university or vocational institution
- Must be a full-time student- minimum of *(12)* credits; *(9)* credits for graduate school
- Part-time students- minimum of *nine (9)* credits—may be eligible for 50% of the maximum assistance
- Minimum GPA for eligibility is 2.0 in order to continue to receive funding for the following semester

# Application Deadline: August 15th

## Student Housing Voucher Program

### Required Documents Checklist

(ALL required documentation must be submitted, or your application will automatically be denied.)

1. \_\_\_\_ Completed Student Information Form
2. \_\_\_\_ Completed Student Budget Form
3. \_\_\_\_ Signed Student Agreement Form
4. \_\_\_\_ Student and Parent's most recent Income Tax Return (*must include parent's tax return if they claim you as a dependent*)
5. \_\_\_\_ Letter stating need for rental assistance
6. \_\_\_\_ Tribal Enrollment Card/Certificate of Degree of Indian Blood
7. \_\_\_\_ Certificate of Enrollment or Letter of Acceptance
8. \_\_\_\_ Copy of transcript (*to verify GPA*)
9. \_\_\_\_ Verification of full-time or part-time enrollment (*credit hours*)
10. \_\_\_\_ Copy of Rental Agreement (*please have name of landlord, phone number & address legible and include Landlord's Tax ID# or Social Security Number*)
11. \_\_\_\_ Signed Release of Information Authorization

THRHA will not process your request until the application is 100% Complete. Incomplete or unsigned applications will delay the process. The application may be filled out by the student's parents or legal guardians. If you have any questions, please contact Megan Gregory with THRHA's Tribal Services Department at 907.780.6868 or [shvp@thrha.org](mailto:shvp@thrha.org)

Students are encouraged to apply online at [thrha.org](http://thrha.org) however paper applications are available online and can be mailed to:

Tlingit-Haida Regional Housing Authority  
Attn: Megan Gregory, Tribal Services Project Coordinator  
5446 Jenkins Drive  
Juneau, AK 99801

Applications may be submitted online: [thrha.org](http://thrha.org) by fax: 866.232.3681 or email: [shvp@thrha.org](mailto:shvp@thrha.org)

# Student Housing Voucher Program

## Student Information

Student Name \_\_\_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_  
*Month/Day/Year*

Mailing Address while at School \_\_\_\_\_  
*Street or PO Box City State Zip*

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
*Last First Middle*

Mother's Name \_\_\_\_\_  
*Last First Middle*

Permanent Address \_\_\_\_\_  
*Street/POB City State Zip*

Phone # \_\_\_\_\_  
*Home Cell/School/Message*

Name of School \_\_\_\_\_

School Address \_\_\_\_\_  
*Street/POB City State Zip*

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
*Street/POB City State Zip*

Landlord's Federal Tax ID No. or Social Security No. \_\_\_\_\_



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## Financial Resources & Budget Worksheet

Please fill in the worksheet below listing all items that apply. The amount should be for the entire school year.

<i>RESOURCES</i>		<i>BUDGET</i>	
Perkins Loan		Tuition	
State Loan		Fees	
Other Loan		Books	
Corporation Grant-Sealaska		Supplies	
Corporation Grant		Room	
Gov't Aid (Assist. /Soc.Sec.)		Board	
SEOG		Transportation: Car/Bus	
Pell Grant		Transportation: Airfare	
College Scholarship		Child Care:	
State Grant		Personal Expenses	
ANB/ANS Grant		Other	
Veteran's Benefit		Other	
Parent Contribution			
Student Contribution			
Spouse Contribution			
College Work Study			
Tuition Exemption		<b>Total College Budget</b>	<b>\$</b>
Other-CCTHITA			
Other-Housing Scholarship		<b>(-) Total Resources</b>	<b>\$</b>
Other			
<b>Total Resources</b>	<b>\$</b>	<b>Total Remaining Need</b>	<b>\$</b>



## Regional Housing Authority

# Student Housing Voucher Program

## Student Agreement Form

Please read the following statements and sign below.

I hereby declare that the preceding income verification is accurate and complete to the best of my knowledge and are submitted for obtaining student housing rental assistance from the Tlingit Haida Regional Housing Authority. It is understood that upon presentation, this application becomes the property of Tlingit Haida Regional Housing Authority.

The applicant agrees that should any of the above information change the applicant will notify this office of these changes before final agreements are signed between the applicant and this office.

**At the completion of each term you must provide the following to Tlingit-Haida Regional Housing Authority:**

- 1. An official set of transcripts indicating the number of credits and cumulative GPA, and**
- 2. Confirmation of Fall/Spring enrollment**

**A minimum cumulative GPA of 2.0 must be maintained to receive the following semester funding. Fall/Spring semester funding will not be issued until these documents are received by THRHA.**

I understand that all funds received for housing assistance must be reimbursed to Tlingit- Haida Regional Housing Authority on behalf of the Tribe if I do not complete the semester.

*I understand that if I reside outside of Alaska for more than 6 months after graduation that I will be required to repay 50% of the total amount of assistance I received under this program.*

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS; U.S.C., TITLE 18, SECTION 1001 provides that:

*“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than (5) five years, or both.”*

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Student Signature

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Date

**AUTHORIZATION  
For Release of Information**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Tlingit-Haida Regional Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status            Employment, Income, and Assets Residences and  
Rental Activity  
Medical or Child Care Allowances Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including    Past and Present Employers            Veterans Administration  
Public Housing Agencies)        Welfare Agencies                        Retirement Systems  
Courts and Post Offices            State Unemployment Agencies        Banks and other  
Financial Institutions  
Schools and Colleges                Social Security Administration        Credit providers and  
Credit Bureaus  
Law Enforcement Agencies        Medical and Child Care Providers    Utility  
Companies Support and Alimony Providers

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

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**SIGNATURES:**

Guardian or parent: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_