To All Requesting a Housing Application at Fireweed Place

Thank you for contacting Fireweed Place about an application for tenancy.

Please find the CURRENT application enclosed for you to fill out completely and return to Fireweed Place. You will need to include with the application:

✓ Picture ID
✓ Copy of Social Security Card
✓ If you do not have a Social Security Card, then a copy of your Medicare Card is sufficient
✓ Proof of income (examples: paycheck stubs, SSI, SSDI or SSA benefit letters, Section 8 Voucher letter, current taxes)
✓ Tenant Watch application (enclosed) (Credit and Criminal Background Check)
✓ THRHA Release of Information
✓ 5 years of housing references and background (valid names and phone numbers of previous landlords)

You may return all completed documents by mail or fax to 907-586-5001. If you wish to return them personally to the office, please call ahead at 907-586-5000 to ensure that someone will be in the office to accept your application. Office hours are 8:30am-4:30am Monday-Friday. Hours could vary depending on holidays.

Fireweed Place is a fair market rent apartment complex for seniors 60 years of age and older who can live independently and whom are nonsmokers. We are not assisted living. We do accept Section 8 Vouchers.

Please understand that at times Fireweed Place does have a waitlist for some apartment types. We are however happy to receive your completed and approved application and place it on the waitlist. Applications will be placed on the waitlist according to the date received.

Should you have any additional questions please feel free to contact me in the office at 907-586-5000.

Sincerely,

Niixa Ann Radford
THRHA-Fireweed Place, Property Manager
415 Willoughby Ave, Juneau AK 99801
(907) 586-5000—Direct Line
(907) 586-5001—Fax
nradford@thrha.org
Owned and operated by Tlingit Haida Regional Housing Authority, Fireweed Place is a 67 unit apartment building built specifically for all senior citizens age 60 years of age or older whom are non smokers. Fireweed Place is not an Assisted Living Complex. It is a Fair Market Rent building open to all who qualify for residency. We do accept Section 8 Housing Vouchers which is the only form of housing subsidy that we accept. It is the first such type of building to be built in S.E. Alaska exclusively for the residency of Senior Citizens and we are extremely proud of it. Social functions are at the request and planning of residents. There are periodic potlucks, on going bridge groups plus other meetings that residents can attend or participate in. Those needing meal service can contact Meals-On-Wheels for lunch delivered daily except weekends and holidays.

Fireweed Place has been open since August of 1995. There are efficiency, one and two bedroom apartments. All apartments are unfurnished. We are not a fully handicapped building however we do have many handicapped amenities such as wider doors and hallways for wheel chairs, grab bars, raised toilets and showers in the bathroom and full spectrum lighting in the hallways. All showers are equipped with a seat and all bathrooms are accessible for wheelchairs. Bathroom vanities allow for wheel chairs to slide under. The main corridors on each floor are lighted and we also have sitting room/library rooms on each floor for everyone to use. The enclosed information includes the amenities as well as apartment floor plans and square footage of each type of apartment. It is a five-story building with an elevator, easy access to the parking garage and Willoughby Avenue. Care-A-Van services serve the building from the front entrance. The building is secure at all times and has a phone at the entrance doors for residents to allow visitors to enter.

Fireweed Place is located downtown in Juneau close to shopping, bus lines and government offices. The residents who live here have moved from the lower 48 states to be with family, moved from outlining communities to be closer to medical facilities and many have sold their homes and moved here to enjoy not having to deal with the demands of owning a home. They have found that it is a comfortable building to live in with easy access to Juneau businesses, family and medical needs.

If you feel that you may be in need of housing assistance, ask our staff; they are more than willing to provide you with information and guide you to the proper authorities to help you in your moving and relocation needs. Fireweed Place does accept Section 8 Vouchers.

Tlingit-Haida Regional Housing Authority Is Extremely Proud To Have Fireweed Place As An Independent Living Senior Housing Apartment Complex.
RENTAL FEES AND DEPOSITS
Rental Rates as of 01/01/2020

$50.00 Move in Fee for Tenant Credit Check and National Background Check at time Application is approved for tenancy. Will be added to first months rent.

**Rents – Fair Market Rent (All apartments are unfurnished.)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Price</th>
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<tbody>
<tr>
<td>Studio/Efficiency</td>
<td>$900.00/per month</td>
</tr>
<tr>
<td>One Bedroom</td>
<td>$1,175.00/per month</td>
</tr>
<tr>
<td>One Bedroom Plus (limited)</td>
<td>$1,200.00/per month</td>
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<tr>
<td>Two Bedroom</td>
<td>$1,300.00/per month</td>
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</tbody>
</table>

*Includes Water, Sewer, Garbage, and currently Cable TV (one Box)
Tenant pays own electricity

**Additional Fees**

<table>
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<tr>
<th>Type</th>
<th>Price</th>
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<tbody>
<tr>
<td>Parking Garage</td>
<td>$50.00/per month per vehicle</td>
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**Deposits**

<table>
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<tr>
<th>Type</th>
<th>Price</th>
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<tbody>
<tr>
<td>Security/Damage-</td>
<td>$600.00</td>
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Total Deposit $600.00 Paid up front prior to moving in.

Pet Deposit $300.00 paid up front prior to move in.
Pet Deposit is for 1 small dog, or 1 cat
Maximum one (1) pet.

Leases are for one year continuing to month to month

Move Across Fee of $500.00 will apply when changing from one apartment to another.

A **30 day move out notice in writing is required** – 1st of month when rent is due.

This rental fee schedule is subject to change.
Section 8 Vouchers are accepted.
Fireweed Place General Apartment Measurements

**Studio Apartments - Total 425 sq. ft.**
- Bathroom - 7’x 5.5’
- Kitchen - 7’x 5.5’
- Living Room - 10’x11’
- Closet Area Space - 3’x3’
- Living Space - 7’x7’

**1 Bedroom - Total 610 sq. ft.**
- Bathroom - 5.5’x7.5’
- Kitchen - 5’x6’
- Living Room - 11’x14’
- Closet Area Space - 7.5’x2.5’
- Storage Area - 4’x4’
- Bedroom - 11’x12’
- Bedroom Closet - 2’x6’

**2 Bedroom Apartment - Total 775 sq. ft.**
- Bathroom - 5’x7’
- Kitchen - 5’x5’
- Living Room - 10’x12’
- Dining Room - 8’x8’
- Closet Area - 5’x2’
- Bedroom #1 - 11’x9.5’
- Bedroom Closet - 5’x2’
- Bedroom #2 - 11’x9.5’
- Bedroom Closet - 5’x2’

All apartments have full size kitchen range, self defrosting refrigerator and dishwasher.
Fireweed Place Senior Housing Application
415 Willoughby Ave. Juneau, Alaska 99801
Phone 907 586-5000, Fax 907 586-5001

Picture ID will be required with this application along with verification of birth date
You must be 60 years of age or older and a non-smoker to apply for tenancy at Fireweed Place
Fireweed Place Is Not Assisted Living and we do not rent to smokers.

Note: Applying for Studio, 1 Bedroom, 2 Bedroom (Circle those you are interested in)****
Currently we are accepting applications for studio apartments; one and two bedroom
applications. All applications are placed on waitlist status until approved.

Security Deposit $600.00 Pet Deposit $300.00
A $50.00 move in fee will be included in first month's rent once application is approved and
processed for move in.

Date 2022020

Please print neatly and clearly or type application. You must use the correct legal name for each member of your household as it appears on their social
security card. All adult members of the household must sign this document certifying the information pertaining to the application. This is an application
for housing in Fireweed Place located in Juneau, Alaska. Please complete this application and return to 415 Willoughby Avenue, Juneau, Alaska 99801.
Complete applications are placed in order of date and time received. An applicant may be interviewed only after Fireweed Place receives the complete
tenant application. Fireweed Place rentals are for 12 months plus.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Relationship to Head</th>
<th>Social Security #</th>
<th>Sex</th>
<th>Race</th>
<th>Birth Date</th>
<th>Place of Birth City &amp; State</th>
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Race: 1=White 2=Black 3=American Indian/Alaskan Native 4=Asian/Pacific Islander 5=Hispanic

E-mail Address: ____________________________

Current Living Address: ____________________________ Phone Number__ ____________
Current Mailing Address: __________________________________________________________

City and State _________________________________________________________________

Rent and Utilities: How much rent do you now pay each month? $________ Are your utilities included in your rent? Yes__________ NO__________ If you are paying utilities, how much do your payments average per month? $______________.

How many cars do you own? _______ License No.(1)______________ (2)______________

Do you plan to have a pet? YES____ NO____ If yes, what type?__________ Female_______ Male__________

Pet Deposit Required $500.00

Do you smoke? YES____ NO______ Initial_______ Are you a Veteran? Yes _____ No______

**INCOME INFORMATION MUST BE INCLUDED**

List all the income EACH person in your household receives. You must include each person in your household’s income from all sources including wages, public assistance, Social Security, SSI, Longevity Bonus, Worker’s Compensation, Disability compensation, unemployment, interest, babysitting, child support, annuities, dividends, income from property, grants, Alaska National Guard or Armed Forces reserves, and self-employment. Fireweed Place reserves the right to request back up information on all income and assets listed below.

<table>
<thead>
<tr>
<th>Wages *Required</th>
<th>Family Member Name</th>
<th>Family Member Name</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Gross Social Security*</td>
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<td>Income and supporting documentation must be included</td>
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<tr>
<td>Disability Compensation</td>
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<tr>
<td>Adult Public Assistance*</td>
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<tr>
<td>Annuities*</td>
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<tr>
<td>Dividends</td>
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<tr>
<td>Permanent Fund Dividend</td>
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<tr>
<td>Income from Property</td>
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</table>
Housing Information.

Have you or any member of your household applied for or participated in any rental assistance program? Section 8, NAHASDA, Low Rent
YES ______ NO ______ If YES, Please
Explain: _____________________________________________________________

Does anyone outside of your household pay for any of your bills or give you money?
YES ______ NO ______ If YES, Please
Explain: _____________________________________________________________

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Have you or anyone in your household ever been convicted of any crime, felony other than traffic violations? Background checks will be done on all applications. Note this will be checked through State and Federal Data Bases.

YES ______ NO ______ If YES, Please explain (please provide the State where the conviction was entered, the date of the conviction, the charge for which a conviction was entered, and the court case number for each conviction). ALL APPLICANTS WILL HAVE HIS/HER NAMED CHECKED THROUGH STATE DATA BASE. _______________________________________________________________

Have you or anyone in your household ever committed any fraud in a Federally Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? YES_____NO____If Yes, please explain __________________________________________________________
Must Give Personal References with Phone Numbers and Addresses Phone Numbers and addresses must be included.

1. Name_______________________ Telephone #:__________________ From_______________ To____________________

Full Address (Including Street Address City State and Zip Code)_____________________________________________________________________________________

2. Name_______________________ Telephone #:__________________ From_______________ To____________________

Full Address (Including Street Address, City, State and ZipCode)_____________________________________________________________________________________

Additional Information:

List previous landlords RENTAL References for the past FIVE years: If you lived in your own home please indicate such.

1. Name_______________________ Telephone #:__________________ Rental Period: From_______________ To____________________

Full Address (Including Street Address, City, State and ZipCode)_____________________________________________________________________________________

2. Name_______________________ Telephone #:__________________ Rental Period:

From__________________ To__________________

Full Address (Including Street Address, City, State and ZipCode)_____________________________________________________________________________________
Family Contact Names or Emergency Contact Names for Medical Emergencies: In Juneau if possible

Name: ___________________________ Address _____________________________
Phone No. _______________________

Name: ___________________________ Address _____________________________
Phone No. _______________________

Name: ___________________________ Address _____________________________
Phone No. _______________________

Current Employer ___________________________ Phone Number ____________

Personal Declaration:

- I declare that the information given on this application is full, true and correct to the best of my knowledge.
- I agree that any rental agreement entered into based on false or misstatements of information may be cause for termination of the rental agreement.
- I understand that this is not a contract and does not bind either party.
- I authorize that above listed individuals to release all available information to the Fireweed Place Manager, Fireweed Place 415 Willoughby Ave. Juneau, Alaska 99801.
- I understand that I may be required to supply additional information prior to a rental agreement being prepared to accept an apartment.
- I understand that Fireweed Place is a non-smoking facility and as of 1/1/02 it will be a felony to smoke on premises of Fireweed Place and hereby state that I and any family members visiting will abide by the rules and regulations regarding the smoking ordinance of Juneau and Fireweed Place.
- I sign this application and initial this clause clearly stating that I am a non smoker _____________. Initial
- I also understand that should I become a smoker after moving into Fireweed Place my lease will be cancelled and I will be given a 30 day notice to vacate. __________ Initial

I do, hereby, swear and attest that all the information about my household members and me on this preliminary application for housing is true and correct.
Fireweed Place  FAIR HOUSING AND EQUAL OPPORTUNITY STATEMENT
It is the policy of Fireweed Place to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, religion, color, national origin, age, sex, and familial status. THRHA does not discriminate on the basis of status of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Equal opportunity will be provided to vendors in the solicitation and procurement of goods and services by Fireweed Place.
AUTHORIZATION
For Release of Information – Fireweed Place

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Tlingit-Haida Regional Housing Authority - Fireweed Place 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 Public Housing Agencies) Past and Present Employers Welfare Agencies 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.

SIGNATURES PRINTED/TYPED NAME
Head of Household: ___________________________ ___________________________ Date: ___________________________
Spouse: ______________________________________ ___________________________ Date: ___________________________

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

____T____ Authorization for Release of Information
Application to Rent
(Confidential-for use of management only)

NON-Refundable Application fee of $__________ per Applicant is required
♦ Individual application required from each non-spouse adult occupant. ♦

Phone Number: ___________________________ Date: ___________________________

I (we) apply to rent Apt. #_______, located at ________________, in ________________, Alaska, at a monthly rate of $___________. If my (our) application is accepted, I (we) agree not to sublet the premises or add any occupants, other than those listed on this application without written consent of owner/manager.

I (we) understand that all rents are due and payable in advance on the due date each and every month and are payable at the manager’s apartment in the building or his qualified agent at a designated address. In the event of my (our) vacating, I (we) am (are) to give a thirty days advance written notice that is required by law.

<table>
<thead>
<tr>
<th>Personal Data</th>
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<tbody>
<tr>
<td>Applicant’s Last Name</td>
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<tr>
<td>Spouse’s Last Name</td>
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<table>
<thead>
<tr>
<th>Other Proposed Occupants:</th>
<th>Social Security No.</th>
<th>Birthdate</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City/State</th>
<th>Zip</th>
<th>Landlord Name &amp; Phone</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>Present</td>
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<tr>
<td>Previous</td>
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<td>2nd Prev</td>
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Reason for Vacating Present Address:

Pets? If “Yes” describe:

Applicants Driver’s License No. and State: Expiration Date:

Spouse’s Driver’s License No. and State: Expiration Date:

Car Make: Year: Model: Color: Lic. No. & State:

Other Vehicle(s):
## Employment Data

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<tr>
<td>Employer/Sqdn/BTN</td>
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<tr>
<td>Occupation/Rank</td>
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<tr>
<td>Business Address</td>
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<tr>
<td>Business Phone</td>
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<tr>
<td>Type of Business</td>
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<tr>
<td>Supervisor Name/Title</td>
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<tr>
<td>Length of Employment</td>
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<tr>
<td>Monthly Gross Income</td>
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</table>

## Reference Data

<table>
<thead>
<tr>
<th>Bank Reference: Address &amp; Phone No:</th>
<th>Credit Reference: Address &amp; Phone No:</th>
<th>Personal Reference: Address &amp; Phone No:</th>
<th>Nearest Relative: Relationship, Address, &amp; Phone No:</th>
<th>Have you ever filed for Bankruptcy? When? Status?</th>
<th>Have you ever been evicted from tenancy? When? Why?</th>
<th>Have you refused to pay any rent when due? When? Why?</th>
</tr>
</thead>
</table>

I (we) represent that the preceding information is true and accurate. I (we) understand this information will be used by the landlord to evaluate my (our) rental application and obtain criminal history and that no property will be leased or rented unless this form is completed. I (we) authorize the release of this information to Credit Services, LLC, d/b/a Tenant Watch® (TW), any subscriber of TW, any national credit repository or credit reporting agency or any other person or company in order to supply the landlord with information requested concerning me (us).

Applicant’s Signature: ____________________________________________________________

Spouse’s Signature: ________________________________________________________________

10/09 Tenant Watch® Application