



Please COMPLETELY read the information below about our waitlist processes, procedures, and rules:

Applying for housing:

Our vacancies (or soon to be vacant units) can be found on our website at regionalhousingauthority.org. Vacancies can also be viewed on the vacancy board in the lobby of our Juneau office. Income and other restrictions do apply.

If the community you are interested in is not listed on the website or on the rental hotline, there are currently no vacancies within that community. Once you've completely filled out and returned your **complete** housing application your household information will be entered into our system and you will be placed on a waiting list.

The following items will be needed to complete the application:

- Copies of social security cards for all persons listed on the application
- Copies of ID's or Driver's Licenses for all adults listed on the application
- AN/AI (American Indian/Alaska Native) tribal enrollment card or similar document (if the vacancy you are applying for requires)
- Copy of voucher for rental assistance (if applicable)
- Tax return for prior year. (This is absolutely necessary if you are self-employed)
- Social Security Benefits Awards Letter (if applicable)
- COMPLETED APPLICATIONS (All questions on the application should be completed. IF there is a section that is left blank, your application will be considered incomplete due to lack of information which will delay services).

When determining eligibility we will review the following items:

- Total income (Employment income, Social Security, Public Assistance, TANF, ANSCA dividends, etc.)
- Criminal History
 - Person(s) with a violent or drug related felony are not eligible for our program for a period of 7 years following a conviction
 - Federal Entry and Detainer's (FED's)
 - Persons who have been evicted from any public assisted or public housing for drug-related criminal activities are ineligible for a period of 3 years.
 - Patterns of disruptive behavior related to alcohol consumption, or has engaged in any other criminal activity that would threaten the safety, welfare or the peaceful enjoyment of other residents may not be eligible. Example: multiple court convictions for alcohol or drugs, violence, etc.

- Mandatory exclusions: THRHA has a no tolerance policy and shall deny admission indefinitely to:
 - Any applicant or member of his/her household that has been convicted of methamphetamine production
 - Any person or member of his/her household who is currently registered, has previously been registered or is pending registration as a sex offender on the State of Alaska Sexual Offender list, or for any other state
 - Any applicant or member of his/her household currently engaged in the illegal use of drugs
- Previous landlord reference(s)

Placement on our Waitlist:

Once you've completely filled out your Housing application, your household will be placed on our waiting list based on household size and PREFERENCE POINTS.

- Household Size: Based on our rules and regulations, households must occupy all bedrooms within the household (Example: A person with 1-2 people on their application would not qualify for a 3 bedroom unit UNTIL all applicants that do qualify for a 3 bedroom unit are deemed ineligible for the household).
 - Married couples, partners, etc. qualify for 1 bedroom unless appropriate circumstances require that partners sleep in different bedrooms.
 - Children of different sexes can require separate bedrooms
 - Children of certain ages can require separate bedrooms
 - Live in care providers can require separate bedrooms
- Bedroom sizes of units:

Preference Points: Your household will be placed on our waitlist based on the preference points AND if the appropriate documentation is provided. The preference points listed below require documentation:

Please check all that apply:

- Homeless: A "Homeless Family" includes any individual or Family which lacks a fixed, regular, and adequate nighttime residence that is:
 - a) A supervised publicly/private operated shelter designed to provide temporary living accommodation (including welfare hotels, congregate shelters and transitional housing); or
 - b) A public/ private place not designed for or ordinarily used for sleeping by humans
 - APPROPRIATE DOCUMENTATION (A state/government agency, homeless/other shelters, social workers, etc providing letters attesting to the current housing situation).
- Substandard Housing: A unit is considered sub-standard when it meets one of the following conditions:
 - a) *Is dilapidated to the point that it does not provide safe and adequate shelter, and endangers the health, safety or wellbeing of a Family;*
 - b) *Does not have operable indoor plumbing;*
 - c) *Does not have a useable flush toilet in the unit for the exclusive use of the household;*
 - d) *Does not have electricity or has inadequate or unsafe electrical service;*
 - e) *Does not have a safe or adequate source of heat;*
 - f) *Does not have a kitchen (Does not include Single Room Occupancy SRO); and/or*
 - g) *Has been declared unfit for habitation by an agency or unit of the government.*
 - APPROPRIATE DOCUMENTATION (A state/government agency, home inspector, social workers, etc. providing letters attesting to the current housing situation).
- Displacement due to domestic violence, natural disaster or family reunification.
 1. Victim of domestic violence: Means actual threatened physical violence directed against one or more members of the applicant's family by a spouse or another member of the applicant's

household. The violence must have occurred in the last 6 years or is of a continuing nature. A victim displaced from their household as a result of the violence qualifies for a “displacement” preference point as opposed to “substandard/homelessness”.

2. Natural Disaster: These are persons whose homes become uninhabitable because of natural disaster such as earthquake, fire, or flood.
3. Family reunification: A family may qualify for this preference if the family needs housing so they can get their children out of foster care or keep children out of foster care.
 - APPROPRIATE DOCUMENTATION (Is evidenced by a statement by a physician, and/or public facility that provides shelter to victims of natural disaster or counseling to victims of domestic violence; or a letter from the Division of Family and Youth Services supporting the need for housing to achieve Family reunification).
- Tribal Member: Any one member of the household is a member of a federally recognized trib.
 - APPROPRIATE DOCUMENTATION: Acceptable proof that either the applicant or a member of the household is a member of a recognized tribe or has tribal enrollment.
- Rent Burden plus basic utility expense (electricity, heating fuel, water, sewer and garbage service) is greater than 50% of gross monthly income and excluding those applicants receiving rental subsidy.
 - APPROPRIATE DOCUMENTATION (Is evidenced by proof of income/6 months paystubs and the most recent 6 months’ rent and utility receipts (or average) indicating expense is over 50% of Gross income and is being paid by the Tenant and is without other rental subsidy).
- Terminally Ill: The applicant or a member has an incurable, terminal illness.
 - APPROPRIATE DOCUMENTATION (Is evidenced by a letter from an attending physician indicating that life expectancy is 3 years or less along with evidence that the terminal nature of the illness meets the criteria for disability as defined in Section 223 of the Social Security Act).
- U.S Veterans: As defined in Alaska Statutes 18.55.330, a veteran is a person who:
 - Was honorable discharged from the military of the United States; and
 - Was in the military of the United States for at least 90 days; or whose service was less than 90 days because of injury or disability in the line of duty, and/or
 - Is a spouse, widow, widower of a person described above
 - APPROPRIATE DOCUMENTATION (Is evidenced by a letter from the Armed Services or Veterans Administration, or proper discharge papers ex: DD214).
- Disability: The applicant or a member of the family is disabled:
 - APPROPRIATE DOCUMENTATION (Is evidenced by a physician’s certification of medical condition and a prognosis. Verifications by a clinic, welfare agency, social security administration, rehabilitation agency, and other similar sources may also be accepted.)
- Other Preference Points that do not require documentation: Living in the community; working, or elderly.

Once you’re on our Waitlist:

Once you’ve been placed on our waitlist, we ask that you update your application if there are any changes in household composition, address, contact information, income, or housing situation. It is very important to have current information in our system so that we can better serve your households’ need.

Please remember to keep our office up to date with any changes to your mailing address, telephone number, or email address.

Thank you for your interest in our program! If you have any questions or concerns, please do not hesitate to contact our office at 907-780-3119, fax: 866-684-5856

Mail to: 5446 Jenkins Drive, Juneau, AK 99801

E-mail to: housing@thrha.org

Fax to: (888) 668-2547



Regional Housing Authority

Community and unit Desired: _____

Applicant Questionnaire

List all household members that are applying to live in this apartment with you.

Household Information

Name <i>(first, middle initial, last)</i>	Relationship to Head of Household	M/F	Date of Birth	Social Security Number	Full-time Student? <i>Yes/No</i>

Mailing Address: _____

Phone: _____ **Phone:** _____ **Email Address:** _____

YES NO

- 1. Do you expect any additions to the household within the next twelve months?**
 Name & _____
 Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now who won't be living with you at this property?**
 Name & _____
 Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child{ren} will be living in unit.)*
 Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you?**
(For example, a spouse away in the military.)
 Explanation: _____
- 5. Does your household have or anticipate having any pets other than those used as service animals?**
 What type : _____
- 6. Does anyone in your household smoke?**

Rental History

YES

NO

7. Have you or anyone else named on this application filed for bankruptcy?

Explanation: _____

8. Have you or anyone else named on this application been convicted of a felony?

Explanation: _____

9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs

Explanation: _____

10. Have you or anyone else named on this application been convicted of property damage?

Explanation: _____

11. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References

List past THREE housing references. (If additional space is required, use the back of this page.)

<u>Landlord's Name /Address</u>	<u>Your Address</u>	<u>Own</u> <input type="radio"/>	<u>Dates</u>
Name: _____	_____	<u>Rent</u> <input type="radio"/>	From: _____
Address: _____	_____		To: _____
Phone: () _____	_____		
Name: _____	_____	<u>Own</u> <input type="radio"/>	From: _____
Address: _____	_____	<u>Rent</u> <input type="radio"/>	To: _____
Phone: () _____	_____		
Name: _____	_____	<u>Own</u> <input type="radio"/>	From: _____
Address: _____	_____	<u>Rent</u> <input type="radio"/>	To: _____
Phone: () _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____
Address: _____
Phone: _____ Relationship: _____ Years Known: _____

Current Living Conditions

Please indicate which of the following apply to your current living conditions.

<u>Homeless</u>	<u>Overcrowded</u>	<u># of bedrooms/ # of occupants</u>

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ **Relationship:** _____ **Years Known:** _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES

NO

12. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Phone Number</u>

13. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>

14. Regular pay as a member of the Armed Forces/Military?

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>

15. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>

16. **Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?**

Household Member Case Worker Amount

If yes, If no,

17. (a) **Child support or Alimony?**
(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

Household Member Payor Amount

(b) **How is the support received? (Check all that apply)**

Child Support Enforcement Agency *Name of Agency:* _____

Court of Law *Name of Court:* _____

Directly from Individual *Name of Person:* _____

Other *Explain:* _____

(If yes, obtain court papers)

(c) **If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?**

Explanation: _____

18. **Social Security, SSI or any other payments from the Social Security Administration?**

Household Member SSA Office Amount

19. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

Household Member Source of Benefit Amount

20. **Regular payments from a severance package?**

Household Member Source of Benefit Amount

21. **Regular payments from any type of settlement? (For example, insurance settlements.)**

Household Member Source of Benefit Amount

22. **Regular gifts or payments from anyone outside of the household?**
(This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

23. Regular payments from lottery winnings or inheritances?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
24. Regular payments from rental property or other types of real estate transactions?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
25. Do any household members belong to any Native Corporations?
- | <u>Household Member</u> | <u>Name of Corporation</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
26. Do you or any other household members expect any changes to your income in the next 12 months?
- Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

27. Checking or savings account?
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
28. CDs, money market accounts or treasury bills?
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
29. Stocks, bonds or securities
- | <u>Household Member</u> | <u>Company or Broker</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
30. Trust Funds
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

31. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

32. Whole life insurance policy?

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

34. Personal property held as an investment?
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

35. A safe deposit box?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Low Rent Program.

YES **NO**

37. Do you own a home?

Explanation: _____

38. Do you or any household members require any special accessibility features?

Explanation:

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant:

Relationship (if any):

40. Will you be paying for child care to enable you to work or attend school?

Child Care Provider:

Contact number:

41. Are you an Honorably Discharged Veteran? If so, please provide a copy of your DD214.

42. Is your household currently receiving Section 8 rental assistance?

Name of Agency:

Contact number:

Signature Clause

I understand that T-HRHA is relying on this information to prove my household's eligibility for the Low Rent Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have T-HRHA verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting T-HRHA's resident selection criteria and the Low Rent Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

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

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.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	_____ Date: _____
Spouse:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____
Adult Member:	_____	_____ 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 United States as to any matter within its jurisdiction.

For Office use only: Initial Annual Interim Occupancy Specialist _____