



## *Fireweed Place*

Tlingit-Haida Regional Housing Authority  
"Housing Designed by Seniors for Seniors"  
415 Willoughby Avenue Juneau, Alaska 99801  
(907) 586-5000 • (866) 902-1662 Fax

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

- A copy of our picture ID
- A copy of your social security card
- Proof of all income (paycheck or pension stubs, SSI, SSDI or SSA benefit letters, Section 8 voucher letter, Senior Benefits, APA, )
- Most recent 3 housing references

Please understand that incomplete applications will result in a delay of processing.

You may return your completed application via fax at 1-866-902-1662, via mail at Fireweed Place 415 Willoughby Ave. Juneau, AK 99801 or in person. Office Hours are 8:00 am to 04:30 pm Monday through Friday.

If no units of your desired size are available, you will be placed on a waiting list in the order of the date your application is received.

Please call our office at 586-5000 if you have any questions or require more information.

Thank you for your interest in Fireweed Place!



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Owned and operated by Tlingit Haida Regional Housing Authority, Fireweed Place is a 67 unit apartment building built specifically for all Senior citizens age 55 and older, who 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, we also accept VASH Vouchers.

It is the first such type of building to be built in SE Alaska exclusively for the residency of senior citizens and we are extremely proud of it. Social functions are at the request and planning of the residents. There are periodic potlucks, on going bridge groups plus other meetings that residents can attend or participate in. Those wishing for meal service can contact Meals-On-Wheels for lunch to be 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 accessible building, however we do offer amenities such as wider doors and hallways for wheel chairs, grab bars, raised toilets and showers in the bathroom. All showers are equipped with a seat and all bathrooms are wheel chair accessible. Bathroom vanities allow for wheel chairs to slide under. The main corridors on each floor are well lit and we offer sitting room/library rooms on each floor. There are coin operated washer and dryers on each floor. 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 and a covered parking garage. Capital AKcess 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 their visitors to enter.

Fireweed Place is located in downtown Juneau close to shopping, bus lines and government offices. Our residents have found that it is a comfortable building to live in with no worries about the demands of owning a home.



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## **Fireweed Place**

### Rental Fees and Deposits

#### **Rents- Fair Market Rent (All apartments are unfurnished)**

Studio/Efficiency	\$1,212.00 Monthly
One Bedroom	\$1,340.00 Monthly
One Bedroom Plus (limited)	\$1,400.00 Monthly
Two bedroom	\$1,758.00 Monthly

Rent includes Water, Sewer, Garbage and Cable T.V.

Residents are responsible for their own electricity, and must provide proof of obtaining electricity upon move in.

#### **Additional Fees**

Parking garage (if space is available)	\$50.00 Monthly
High speed internet connection	

#### **Deposits**

Security/damage	\$700.00 (must be paid in full at move in)
Pet deposit	\$500.00 (paid at move in)

## **Fireweed Place General Apartment Measurements**

### **Studio Apartments – Total 425 square feet**

Bathroom – 7 x 5.5

Kitchen – 7 x 5.5

Living Room – 10 x 11

Closet area space – 3 x 3

Living Space – 7 x 7

### **1 Bedroom Apartment- Total 610 square feet**

Bathroom – 5.5 x 7.5

Kitchen – 5 x 6

Living room – 11 x 14

Closet area space – 7.5 x 2.5

Bedroom – 11 x 12

Bedroom Closet – 2 x 6

### **2 Bedroom Apartment – Total 775 square feet**

Bathroom – 5 x 7

Kitchen – 5 x 5

Living Room – 10 x 12

Dining Room – 8 x 8

Closet Area – 5 x 2

Bedroom # 1 – 11 x 9.5

Bedroom Closet – 5 x 2

Bedroom #2 – 11 x 9.5

Bedroom Closet – 5 x 2

All apartments have full size kitchen range, self defrosting refrigerator and dishwasher.



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

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>	<u>Rent</u>	<u>Dates</u>
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Name: \_\_\_\_\_

\_\_\_\_\_

 

From: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

 

To: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

 

From: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

 

To: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

 

From: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

 

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.

Homeless

Overcrowded

# of bedrooms/ # of occupants

_____	_____	_____
_____	_____	_____

## 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 &amp; 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)?**

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

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.)*

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

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

<input type="radio"/> <b>Child Support Enforcement Agency</b>	<i>Name of Agency:</i> _____
<input type="radio"/> <b>Court of Law</b>	<i>Name of Court:</i> _____
<input type="radio"/> <b>Directly from Individual</b>	<i>Name of Person:</i> _____
<input type="radio"/> <b>Other</b>	<i>Explain:</i> _____

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

(If yes, obtain court papers) Explanation: \_\_\_\_\_

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

	<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

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

	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

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

	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

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

	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

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

	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

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>
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**32. Whole life insurance policy?**

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
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**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>
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**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>
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**35. A safe deposit box?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
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**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: \_\_\_\_\_

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**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.**

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**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 Welfare Agencies	Veterans Administration 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 effect for a year and one month from the date signed.

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	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

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**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 \_\_\_\_\_