

These are the instructions for an Alaska Housing Finance Corporation (AHFC) rental assistance program application.

- AHFC uses the term "family" throughout this application; a family can be one or more persons.
- Security deposits or other rental expenses are a family's responsibility.
- An AHFC representative can assist you if you have questions concerning your application.

Reasonable Accommodation Process

If you, or a family member, is a person with a disability, you have the right to ask for a Reasonable Accommodation. You may request a Reasonable Accommodation any time you find it necessary. If you would like more information on the Public Housing Division's Reasonable Accommodation process or need assistance with the application process, please contact your local AHFC office.

- 1. Completing your application:
 - a. Apply <u>only</u> for waiting lists which are open see the Community Information Sheet, check AHFC's website at <u>www.ahfc.us/publichousing/rental-programs/waiting-list-status/</u>, or call the local office.
 - b. Print clearly or type.
 - c. Answer all the questions to the best of your ability.
 - d. If you are applying for more than one community, you must fill out a new application for each community.
- 2. Submitting your application:
 - a. Return your <u>application package</u> (see the Community Information Sheet) to the AHFC office in the community in which you wish to live.
 - b. The application may be mailed or hand-delivered to AHFC.
 - c. AHFC does not accept applications by email.
 - d. If you are mailing your application to AHFC, please use the post office box address (if listed). The address for each office is listed on the Community Information Sheet and page 2 of this sheet.
- 3. Status of your application:
 - a. If you are approved for a waiting list, your place is determined by the date and time your application is received.
 - b. AHFC will notify you in writing with the status of your application.
 - c. If your application is denied, you are entitled to an informal review.

AHFC Fair Housing Statement

It is the policy of Alaska Housing Finance Corporation to further Fair Housing in all its programs. No person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under AHFC housing programs on the grounds of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status.



AHFC Housing Program Locations

Numbers after the city name indicate the available programs in that area

- 1. AHFC Family Housing
- 2. AHFC Senior/Disabled Housing
- 3. Housing Choice Voucher

Anchorage (1,2,3)	Ketchikan (1,2,3)	Sitka (1,2,3)
440 E Benson Blvd.	130 Bryant St.	422 Andrews St.
P.O. Box 241385	P.O. Box 5124	Sitka, AK 99835
Anchorage, AK 99524-1385	Ketchikan, AK 99901	907-747-5700
907-330-6100	907-225-6030	Fax: 907-747-3767
Fax: 907-274-7176	Fax: 907-225-1729	
Bethel (1)	Kodiak (1,3)	Soldotna (3)
1029 Ridgecrest Dr.	521 Maple St.	44539 Sterling Hwy., Ste. 201-A
P.O. Box 587	P.O. Box 317	Soldotna, AK 99669
Bethel, AK 99559	Kodiak, AK 99615	907-260-7633
907-543-2228	907-486-5513	Fax: 907-260-7635
Fax: 907-543-2191	Fax: 907-486-4065	
Cordova (1,2)	Nome (1)	Valdez (1,3)
401 Second St.	406 East I St.	104-B Bremner St.
P.O. Box 1728	P.O. Box 930	P.O. Box 926
Cordova, AK 99574	Nome, AK 99762	Valdez, AK 99686
907-424-7697	907-443-2888	907-835-2119
Fax: 907-424-7699	Fax: 907-443-2541	Fax: 907-835-2067
Fairbanks (1,2,3)	Petersburg (3)	Wasilla (2,3)
1441 22nd Ave.	(serviced from Sitka office)	1201 North Lucille St., Ste. 104
	(serviced from Sitka office) 422 Andrews St.	1201 North Lucille St., Ste. 104 P.O. Box 873347
1441 22nd Ave.		
1441 22nd Ave. Fairbanks, AK 99701	422 Andrews St.	P.O. Box 873347
1441 22nd Ave. Fairbanks, AK 99701 907-456-3738	422 Andrews St. Sitka, AK 99835	P.O. Box 873347 Wasilla, AK 99687
1441 22nd Ave. Fairbanks, AK 99701 907-456-3738 Fax: 907-456-2142	422 Andrews St. Sitka, AK 99835 907-747-5700 Fax: 907-747-3767	P.O. Box 873347 Wasilla, AK 99687 907-376-5744 Fax: 907-376-1229
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1441 22nd Ave. Fairbanks, AK 99701 907-456-3738 Fax: 907-456-2142 Homer (3) 3670 Lake St., Ste. 400 Homer, AK 99603	422 Andrews St. Sitka, AK 99835 907-747-5700 Fax: 907-747-3767 Seward (2) 200 Lowell Canyon Rd. P.O. Box 1475	P.O. Box 873347 Wasilla, AK 99687 907-376-5744 Fax: 907-376-1229 Wrangell (1,3) 720 Zimovia Hwy. P.O. Box 950
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Community Information Sheet



Your application <u>must</u> include this form.

Petersburg, Alaska

In Person	Mailing
422 Andrews St	422 Andrews St
Sitka, AK 99835	Sitka, AK 99835
(907) 747-5700	

Local Office Information

- The Housing Choice Voucher program in Petersburg is serviced by the Juneau office. There is not a local office.
- Application Availability: print from AHFC website at www.ahfc.us/publichousing/rental-programs/applications/
- Geographic Jurisdiction: city of Petersburg
- Community Information: <u>www.petersburg.org</u>

Program	Notes
1 Housing Choice Voucher Program	 Families select a unit in the local community to rent. Families and AHFC each pay a portion of the rent directly to the landlord.
	 Families are classified into the Classic or Step Program.
2 Third Party Referral Programs Available (see General Information sheet)	 Empowering Choice Housing Program Moving Home Program Tenant-Based Rental Assistance Program

Head of Household Printed Name

Housing Choice Voucher

<u>Residency Requirement</u>. A family must reside in the community where they are applying for at least 30 days prior to their application date to be eligible to move or port their voucher. If the applicant has not established residency in the community, the applicant will be required to live in the community for at least 12 months before being eligible to move or port.

Application Items That Must Be Submitted:

- Community Information Sheet
- Application





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White Hispanic or Latino Eligible Citizen Black Not Hispanic or Latino Eligible Noncitizen American Indian/Alaska Native Alien Registration Number Ineligible Noncitizen Asian Pending Verification					Female
Black Not Hispanic or Latino Eligible Noncitizen American Indian/Alaska Native Alien Registration Number Ineligible Noncitizen Asian Pending Verification	_	nat Apply)			
American Indian/Alaska Native Alien Registration Number Ineligible Noncitizen Asian Pending Verification	=				
Asian Pending Verification	=				
		ian/Alaska Native	Alien Peristration Number		Ineligible Noncitizen
	Asian	ian/Alaska Native	Alien Registration Number		

Status (for Spouse/Co-H	lead, Check All That Apply)	
Spouse	Disabled	Elder (62 or older)
Co-Head	Full-time Student	Near Elder (50 or older)
	ber of people who will be living in this he	busehold including the head and
spou	se/co-head listed above	
Guardian Inform	nation	
Does the Head of House	ehold have a guardian? If Yes, please enter the name o	f this person or agency.
Yes No Nan	ne -	
Mailing Address		
Oite Otata Zia Orala		Televiser
City, State, Zip Code		Telephone
Income – Estima	ited Monthly Income for All Household N	lembers. This includes all monies received
by all household r	nembers. Please <u>do not</u> include Perman	ent Fund Dividends here.
My house	hold does not have any income at th	is time.
OR	2	
•	This is seasonal or temporary incom	e.
\$	If checked, how many months per y	ear is this income received?

Dividend? If no one, please enter "0" (zero).

Screening Process

Household members must pass AHFC's screening process to be eligible for housing assistance. The screening process includes verification of household members and their income, previous housing assistance participation, debts owed to AHFC or other housing authorities, citizenship status, previous tenancies, and any criminal activity or history. Families must meet income limits at the time of eligibility to qualify for assistance. Income limits are a maximum; there is no minimum income. Income limits are available at: www.huduser.org/portal/datasets/il.html.

Personal Certification and Notice

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

I understand that:

- 1. I must report the following changes promptly.
 - a. Any change to family composition (the members of my household).
 - b. Any change to my mailing address or telephone contact information.
- 2. Any discrepancy or lack of information in this application may result in its rejection.
- 3. I authorize AHFC to verify information I provided on this application, conduct any necessary screening for placement on a waiting list, and communicate with any and all names listed on this application.

I hereby certify under penalty of perjury under the laws of the United States of America and the State of Alaska that all of the information contained in this document is true and complete. I understand that making false statements on this document is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

Head, Spouse, or Co-Head of Household Signature

Date

Family Members

Complete one block for each person who will be living in the household. Do not complete a block for the head of household or spouse/co-tenant listed on the Application. Ask for additional sheets, if needed.

A family may choose to disclose a current pregnancy or pending adoption for consideration of subsidy or unit size. Please enter this individual as "pending" under the Relationship to Head.

Head of Household Printed Name						
Last Name			Last Name			
First Name		Middle	First Name			Middle
Social Security Number	Date of Birth	Age	Social Security Number	Date	of Birth	Age
Maiden/Other Last Names		Gender	Maiden/Other Last Names			Gender Female Male
Relationship to Head	If Youth, Custody	y Percentage	Relationship to Head		If Youth, Custody	/ Percentage
Member Status (Check All That Apply) Adult Disabled Adult Full-time Student Foster Ch Elder (62 or older) Vouth (under 18 years old)		r Latino	Member Status (Check All That Apply) Adult Disal Adult Full-time Student Foste Elder (62 or older) Vouth (under 18 years old)	er Child	Ethnicity Hispanic or La Not Hispanic c Alien Registration	or Latino
Race (Check All That Apply) Citizenship (Check White Eligible Citizen Black Eligible Nonciti: American Indian/Alaska Native Ineligible Nonciti: Asian Pending Verific Native Hawaiian/Pacific Islander Choose Not to State		zen itizen ation	Race (Check All That Apply) Uhite Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander		Citizenship (Checl Eligible Citizen Eligible Noncit Ineligible Nonc Pending Verific Choose Not to	izen sitizen sation
Last Name			Last Name			
First Name		Middle	First Name			Middle
Social Security Number	Date of Birth	Age	Social Security Number	Date	of Birth	Age
Maiden/Other Last Names		Gender Female Male	Maiden/Other Last Names			Gender Female Male
Relationship to Head	If Youth, Custody	y Percentage	Relationship to Head		If Youth, Custody	/ Percentage
Member Status (Check All That Apply) Adult Disabled Adult Full-time Student Foster Ch Elder (62 or older) Live-in Aid Youth (under 18 years old)		r Latino	Member Status (Check All That Apply) Adult Disal Adult Full-time Student Foste Elder (62 or older) Vouth (under 18 years old)	er Child	Ethnicity Hispanic or La Not Hispanic o Alien Registration	or Latino
Race (Check All That Apply) U White Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander	Citizenship (Check Eligible Citizen Eligible Nonciti Ineligible Nonc Pending Verific Choose Not to	zen itizen ation	Race (Check All That Apply) U White Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander		Citizenship (Checl Eligible Citizen Eligible Noncit Ineligible Nonci Pending Verific Choose Not to	izen sitizen sation

06/01/2017

Release of Information to AHFC



Head of Household:

Last 4 of SSN:

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Alaska Housing Financial Corporation (AHFC) any information or materials needed to complete and verify my application for, or participation in, any AHFC assisted housing program.

Verifications and inquiries that may be requested include, but are not limited to:

- Identity and Marital Status
- Family Composition and Custody
- Police Records and Criminal History
- Residences and Rental Activity
- Credit History

Groups or Individuals that AHFC May Contact

- Past and Present Landlords
- Past and Present Employers
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Utility Companies
- Banks and Financial Institutions
- Private Social Service Agencies
- State of Alaska Departments

- Income from any Source
- Assets of any kind, including Assets Disposed of within the Last Two (2) Years
- Medical or Disability-Related Expenses
- Child Care Expenses
- Social Security Administration
- Internal Revenue Service
- Veterans Administration
- Medical and Child Care Providers
- Retirement Systems
- Payees
- Trustees, Conservators, Guardians
- Individuals Providing References or Other
 Documentation

Conditions

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, or continued participation in, a housing assistance program. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the date signed.

Head of Household Signature	Print Name	Date
Adult Household Member Signature	Print Name	Date
Adult Household Member Signature	Print Name	Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:		
Mailing Address:		
Telephone No:	Cell Phone No:	
Name of Additional Contact Person or Organization	:	
Address:		
Telephone No:	Cell Phone No:	
E-Mail Address (if applicable):		
Relationship to Applicant:		
Reason for Contact: (Check all that apply)		
Emergency Unable to contact you Termination of rental assistance	 Assist with Recertification P Change in lease terms Change in house rules 	rocess
 Eviction from unit Late payment of rent 	Other:	
Commitment of Housing Authority or Owner: If you are an arise during your tenancy or if you require any services or specissues or in providing any services or special care to you.		
Confidentiality Statement: The information provided on this applicant or applicable law.	form is confidential and will not be disc	losed to anyone except as permitted by the
Legal Notification: Section 644 of the Housing and Commun requires each applicant for federally assisted housing to be off organization. By accepting the applicant's application, the hou requirements of 24 CFR section 5.105, including the prohibiti programs on the basis of race, color, religion, national origin, age discrimination under the Age Discrimination Act of 1975.	ered the option of providing information using provider agrees to comply with the ons on discrimination in admission to or sex, disability, and familial status under t	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing
Check this box if you choose not to provide the conta	act information.	
Signature of Applicant		Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing and maintained as confidential information. Providing the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.