

Petersburg Indian Association
 15 North 12th Street/ PO Box 1418
 Petersburg, AK. 99833
 Phone: 907-772-3636
 Fax: 907-772-3637



APPLICATION FOR ADMISSION * Complete all information, or indicate N/A if it doesn't apply. Failure to provide information may cause your application to be delayed or denied. **Note: It is your responsibility to update your application, when changes occur and or when a unit comes available.**

Name: _____		Community Where Housing is desired: _____	
Address: _____		City: _____	State: _____ Zip: _____
Home Telephone: _____		Work Telephone: _____	
Community you currently reside in: _____		How long in the community: _____	
Tribal Affiliation: _____		Regional Corporation: _____	

I. FAMILY COMPOSITION: If you need additional space, please list on a blank page

FULL Name of Family Member(s) *Please include maiden name, if applicable	Relation to Family Head	Date of Birth	Birthplace	Sex	Social Security Number	Occupation
1	self	-- --			-- --	
2		-- --			-- --	
3		-- --			-- --	
4		-- --			-- --	
5		-- --			-- --	
6		-- --			-- --	

II. TOTAL INCOME: If left blank AHA will assume insufficient income; Applicants must demonstrate sufficient income to pay for housing and or other utilities where applicable.

Family Member Name	Source of Income/ Employer Name unemployment, social security, public assistance, pensions, etc.	Address of Employer/Source of Income	Rate		Full Time	Hours Per Week
			\$ ____/hr	\$ ____/mo		
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs

Periodic or Sporadic Income; Please check those that apply, fill in amounts and which family member it applies to.

_____ Bonuses \$ _____ name _____
 _____ Fishing \$ _____ name _____ Permit Holder: Yes No Crew Member: Yes No
 _____ Regional Corporation Dividend \$ _____ Shares owned _____ Name _____
 _____ Local Corporation Dividend \$ _____ Shares owned _____ Name _____
 _____ Alaska Permanent Fund Dividend _____ all family member(s)
 _____ Other \$ _____ from _____ family member name _____

III. ASSETS: checking, savings, land, property, stocks, bonds, house(s), boats, etc.

Full Description	Estimated Value
1	\$
2	\$
3	\$

Have you, within the past two years disposed of any assets for less than fair market value? Yes No
 If so, what asset? _____ What was it's value after expenses? \$ _____
 How much did you receive for it? \$ _____

IV. REQUIRED DOCUMENTATION: Failure to provide information may cause your application to be delayed or denied.

- Copy of Certificate of Indian Blood (CIB) OR Tribal Enrollment Card** (*AHA provides some housing programs for Alaska Natives or American Indians. You must be recognized as being Alaska Native or Indian by tribal enrollment and able to obtain a Certificate of Degree of Indian Blood (CIB) from BIA.)
- Copy of Social Security Card for ALL family members over the age of 6** (if SS card is not available, a copy of your State Identification/Driver's license will suffice IF the Social Security number is disclosed)
- Copy of State Identification or Driver's License**
- Copy of Past Three (3) Years of Taxes and signed request for transcript of tax return 4506T form must be completed by all individuals over the age 18** (please keep in mind, if AHA has to request your taxes, it may take up to 90 days to receive them. ****Your application will not be complete and you will not be added to a wait list until the taxes are on file****)
- Signed HUD Consent to Release of Information form-9886 (7/94)** (Form will need to be signed by Head of Household and if applicable, Spouse and ALL Family members over the age of 18)
- Copy of Bank Statement(s), 2 current months**

V. FEDERAL PREFERENCE rule amends regulations to provide selection criteria and definitions to be used by Aleutian Housing Authority to grant a preference in the provision of housing assistance to families who are: 1. Involuntarily Displaced, and/or 2. Living in Substandard conditions.

Please answer the following questions:

- A. Are you without housing or Are you about to be without housing? No Yes
 If Yes, please explain: _____
- B. Living in overcrowded conditions? No Yes
 Two, or more, families living in one home? No Yes
 No. of people living in home: _____
 No. of bedroom(s) _____
- C. Paying more than 50% of your total family income towards rent and utilities? No Yes
 Gross monthly income: \$ _____ Total of rent and utilities: \$ _____
- D. Are you living in substandard conditions? No Yes If yes, complete the following:
 Is there potable water? Yes No
 Is there safe electricity? Yes No
 Is there safe and adequate heat? Yes No
 Do you have an indoor bathroom? Yes No
 Has the building been declared unsafe or condemned? Yes No
- E. Does the Head of Household or other qualifying applicant have any of the following expenses?
 Childcare? Yes No if yes, Monthly \$ _____ Provider Contact Information _____
 Medical Expenses? Yes No if yes, Monthly \$ _____ Description _____
 Tax Levy? Yes No if yes, Monthly \$ _____ Tax Documentation Is Required.

F. Do you require any special amenities to assist with impaired mobility, vision, or hearing? No Yes
If Yes, please explain: _____

VI. OTHER INFORMATION:

A. Do you own any automobiles or off-road vehicles? Yes No
If yes, please specify: _____

B. Do you have pets? Yes No.
If yes, please specify: _____

C. Have you or other members of your family been charged/convicted;
Violent Crimes? Yes No
Drug Related Crimes? Yes No
Life Time Sex Offender Registry? Yes No
If yes, please explain: _____

D. List three (3) Personal References, with addresses and phone numbers:
1. _____
2. _____
3. _____

E. List three (3) Credit References, with addresses and phone numbers:
1. _____
2. _____
3. _____

F. Do you currently own OR are you purchasing another home? Yes No
If so, please explain: _____

G. Do you OR have you had utility account(s) in your Name? Yes No
If yes, which company? _____

H. Have you previously participated in a Federally Subsidized Housing Program? Yes No
If so, which Housing Authority _____ Year _____

Current Landlord _____

Telephone & Address _____

Monthly Rent \$ _____ Estimated Monthly Utilities \$ _____

Previous Landlord Name & Address if within 2 years _____

_____ Rent \$ _____

VII. ADDITIONAL COMMENTS If any of your living situation:

VIII. APPLICANT(S) CERTIFICATION FORM

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is **FEDERALLY** funded through Aleutian Housing Authority (AHA).

Give True and Complete Information

I certify that all the information provided on household composition, income family, assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my application form is true and correct.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any Federal housing assistance and whether or not any money is owed. I certify that I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

Owner-Occupancy Property

I certify that the house will be my principal residence. I will not live anywhere else without notifying AHA immediately in writing.

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of eligibility determination.

Criminal and Administrative Action for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Documentation


AHA will determine eligibility when my application is complete. I understand that funds will be expended on a "first come, first served" basis, and if complete documentation and information is not received within thirty (30) days, AHA may not be able to process my application.

Signatures and Date of All Household Adults over the age 18years.

_____ Date ___/___/___

_____ Date ___/___/___

_____ Date ___/___/___

<p>AHA does business in accordance with the Federal Fair Housing Law and Americans with Disabilities Acts and provides equal housing opportunities as applicable.</p>	
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Please make sure application is completed/signed and all required documents are attached. An Incomplete application can be cause for delay and/or be denied.