



Notice all applicants applying to live at NeighborWorks®  
Alaska's Apartments

Effective September 1, 2016, All of NeighborWorks® Alaska's  
properties listed below will be smoke free.

In order to eliminate the known health hazards of secondhand smoke; the increased maintenance, cleaning, and redecorating costs from smoking; the increased risk of fire from smoking; and the high costs of fire insurance for properties where smoking is permitted, NeighborWorks® Alaska adopts this smoke-free housing policy for the Campbell View, Hampstead Heath, The Mallary, Merrill Crossing, Spruce View and Stephen's Park Apartments located throughout Anchorage, Alaska.

**Indoor Smoking**

1. Effective **September 1, 2016** smoking is not permitted anywhere inside the NeighborWorks® Alaska buildings. This includes, but is not limited to, individual living spaces, all shared areas, stairwells, laundry rooms, and any other enclosed areas.
2. This policy applies to all current and new residents, all employees, all contractors and all guests at all times.

**Outdoor Smoking**

Smoking is not permitted within 20 feet of the entrances or any windows of the NeighborWorks® Alaska apartment buildings.

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Campbell View  
3560, 3570, 3580 W. Dimond Blvd

The Mallary  
660 West 34<sup>th</sup> Avenue

Stephen's Park  
3200 La Touche Street

Merrill Crossing  
1275 East 9<sup>th</sup> Avenue

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When submitting you application, please ensure that the information is complete and the requested documents are attached.

**DO NOT USE WHITE OUT! APPLICATION WILL NOT BE PROCESSED**

The landlord reference check will be faxed to your previous landlord to fill out. **Only** the applicant's printed name, signature, and date are to be on the form. Nothing else needs to be completed on the form. The remainder is for office use only. **There must be at least one landlord reference to check.**

The following pages are the application. Please fill out the application completely and leave no blank spaces. If it does not pertain to you, please write "N/A".

**REQUESTED DOCUMENTS:**

- There is a **\$25.00** application fee per adult. Each adult must complete an application. The fee is non-refundable. This is to cover the administrative cost incurred for a criminal background check and to verify credit history.
- A signed "*Landlord Reference*" form is required.

To expedite the application process, if a family member received income from any source such as from the following agencies, please provide a current print-out or award letter:

- Social Security Income
  - Adult Public Assistance
  - Alaska Temporary Assistance Program (ATAP)
  - PFD (current year)
  - Social Security Admin.
  - Child Support
  - Unemployment
- Photo copy (legible) of your driver's license or identification card. The items copied must contain a picture of the applicant, and date of birth. If you do not have valid identification, your application will not be processed.
  - Photo Copy (legible) of All Household Member's social security cards.

**Thank you for applying with NeighborWorks® Alaska**



**NeighborWorks® Alaska Properties Applying for:**

- Campbell View     Merrill Crossing  
 Patriot Square     Panoramic View  
 The Mallary     Stephen's Park

- Each Adult (18 and Older) Must complete a separate application.  
➤ There is a non-refundable fee of \$25/adult to apply

**RESIDENTIAL HOUSING APPLICATION** *Please Print*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Other/Previous Names (please list all names used) \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License/State ID #: \_\_\_\_\_ State: \_\_\_\_\_ Bedroom Size Wanted: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Contact Number(s): \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_ Date Available to Move In? \_\_\_\_\_

Are you Active Duty Military?  Yes  NoDo You Have a Rental Voucher?  Yes  NoAre you a U.S. Veteran?  Yes  No

If yes, where from? \_\_\_\_\_

Does the ENTIRE household (adults included) *Consist of or Anticipate becoming Full Time Students*  Yes  No**PLEASE LIST ALL HOUSEHOLD MEMBERS TO RESIDE IN UNIT**

No.	First & Last Name	Gender	Date of Birth	No.	First & Last Name	Gender	Date of Birth
1.				4.			
2.				5.			
3.				6.			

**LAST TWO YEARS RESIDENCE HISTORY****Current Landlord** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Name On Lease: \_\_\_\_\_

Building or Management Company Name: \_\_\_\_\_ Date Tenancy Began: \_\_\_\_\_

Why Are You Moving?: \_\_\_\_\_

Have you given notice? \_\_\_\_\_

**Previous Landlord** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Name On Lease: \_\_\_\_\_

Building or Management Company Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Why Did you Move?: \_\_\_\_\_

Other States Previously Lived In: \_\_\_\_\_

**EMPLOYMENT INFORMATION****Current Employer:** \_\_\_\_\_ Your Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_ Date Employed: \_\_\_\_\_



**Previous Employer:** \_\_\_\_\_ **Your Title:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Monthly Gross Income: \$ \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To \_\_\_\_\_

**ADDITIONAL HOUSHOLD INCOME** (i.e. child support, social security, pensions, etc)

Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_

**GENERAL INFORMATION**

Have you or any member of your family ever been evicted from any housing?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 Do you owe money to a previous landlord?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Have you or a member of your family ever been convicted of a crime?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Are you required to register under a state sex offender law?  Yes  No  
 Have you or a member of your family been in jail or prison within the last three years?  Yes  No  
 If yes, explain: \_\_\_\_\_

**REFERENCES**

Father/Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 In case of emergency, who may we contact? \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

The applicant certifies that the foregoing information is true and complete. NEIGHBORWORKS® ALASKA charges a \$25 nonrefundable application processing fee whether the application is approved or denied. It is required that your monthly income be at least 2 ½ times the rental amount. It is the policy of NEIGHBORWORKS® ALASKA not to discriminate in rental practices on the basis of race, religion, sex, age, sexual orientation, national origin, familial status, or disability status.

I AUTHORIZE RELEASE OF INFORMATION REGARDING MY CREDIT, REFERENCES, AND CRIMINAL HISTORY TO A REPRESENTATIVE OF NEIGHBORWORKS® ALASKA FOR A PERIOD OF ONE YEAR FROM THE DATE HEREBY SIGNED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP NEIGHBORWORKS® ALASKA INFORMED OF MY CURRENT ADDRESS/TELEPHONE NUMBER, AND THAT MY APPLICATION MAY BE CANCELLED IF I FAIL TO DO SO.

\_\_\_\_\_  
 Print Legal Name Signature Date

WARNING: Title 18, Section 1001, of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements in this application. Such false or fraudulent statements are punishable as crimes under Title 11 and 12 of the Alaska Statutes.



**LANDLORD REFERENCE CHECKLIST**

Please release the following information to NeighborWorks® Alaska where I have applied for an apartment.

**Applicant:** \_\_\_\_\_  
 (Print Name)

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**OFFICE USE ONLY BELOW THIS LINE**

Address of Residence: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Fax#: \_\_\_\_\_

Dates of Residence: From: \_\_\_\_\_ To: \_\_\_\_\_

- Are you a Relative of the Tenant?  Yes  No

**RENT PAYMENT HISTORY**

Amount of Monthly Rent \$ \_\_\_\_\_ Is rent paid on time?  Yes  No. If late, how often? \_\_\_\_\_

Have you ever begun or completed eviction proceedings?  Yes  No If yes, please explain: \_\_\_\_\_

Have tenant-paid utilities ever been disconnected?  Yes  No

**UNIT CARE**

Is/was there a security deposit?  Yes  No

Is the unit kept clean, safe and sanitary?  Yes  No

Has the unit been damaged?  Yes  No

If yes, please describe: \_\_\_\_\_

Did the tenant pay for damage?  Yes  No

Did you keep the security deposit?  Yes  No

Was rodent/insect infestation a problem?  Yes  No

Did the tenant's housekeeping contribute to infestation?  Yes  No

**GENERAL**

- Was the tenant listed on the lease?  Yes  No
- Did the tenant violate your lease/house rules in any way?  Yes  No
- Did the tenant allow persons not listed on the lease to live in the unit on a regular basis?  Yes  No
- Did the tenant, family members or guests cause any disturbances or complaints?  Yes  No
- Did the tenant, family members or guests damage or vandalize the common areas?  Yes  No
- Did the tenant, family members or guests engage in criminal activity including, drug-related activity in the building or unit?  Yes  No
- Has the tenant given you any false information?  Yes  No

If yes, please explain: \_\_\_\_\_

Did the tenant, family members or guests act in a physically violent or verbally abusive manner towards neighbors, yourself or your staff?  Yes  No

Would you rent to this tenant again?  Yes  No

Additional Comments \_\_\_\_\_

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

Reference completed by: \_\_\_\_\_  Phone  Person to Person  Written  Email



# Race and Ethnic Data Reporting Form

Name of Property: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

*Household Member Names*

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<b>Ethnic Categories</b>	<b>Select One:</b>					
Hispanic or Latino						
Not Hispanic or Latino						
<b>Racial Categories</b>	<b>Select All That Apply:</b>					
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or other Pacific Islander						
White						
Other						

\* Definitions of these categories are available upon request.  
 There are no penalties for persons who do not complete this form.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

