



The Adelaide Apartments

201 East 9th Avenue
Anchorage, AK 99501

p 907-258-9017
e ad@nwalaska.org

Efficiency Single Room Occupancy

248 ft² \$750/month

Section 8 Based Assistance
available on all units.

Drug, Alcohol, & Tobacco free property!

Security Deposit: Depends on income

Pets: Sorry, no pets!

Amenities / Features

3-story building with keyed access and elevator located in downtown Anchorage. Furnished unit with small kitchenette. Community restrooms, kitchen facilities, lounge areas with cable TV, and washer/dryer on each floor. Resident council. On-site managers.

Utilities

Heat and electricity are included in the rental fee. Telephone and cable are the resident's responsibility.

Rental Assistance

Section 8 Based Assistance: Rent equal to 30% of resident's gross monthly income (\$50 minimum). To qualify, applicant must be homeless.





Adelaide Single Room Occupancy (A Joint AHFC & NWA Program)

This application is ONLY for the Adelaide located at 201 East Ninth Avenue, Alaska. The Adelaide is a single room occupancy facility owned by NeighborWorks® Alaska. Single, homeless persons may apply for this housing.

You may submit an application:

In Person or by mail: 201 East 9th Avenue Anchorage, AK 99501
Monday-Friday 9am – 6pm
(907)258-9017

NWA will screen your application. If you appear eligible to live at the Adelaide, NWA **will notify you in writing** of the status of your application. If your application is denied, you are entitled to an informal review.

AHFC will make housing assistance payments to the Adelaide on your behalf. This assistance is not transferable to other AHFC housing programs. Applicants who want to apply for other AHFC rental assistance program must complete an AHFC application and submit it to the nearest AHFC office to process. Please contact AHFC at (907)330-6100 or ask the Adelaide office for an application.

Instructions for Completing Your Application

1. **Please print legibly or type.** Supply all requested information. Immediately notify NWA in writing of any changes to your application.
2. Write "N/A" in all areas of the application that do not apply to you or any member of your household.
3. Sign the application
4. The application must be mailed or hand-delivered. A fax is not acceptable. Incomplete applications will be returned and must be re-submitted to be processed.
5. Provide proof of your living situation. You must be homeless to qualify to live at the Adelaide.

People with disabilities are entitled to reasonable accommodation. Disclosing that you have a disability is entirely voluntary. If your application is denied and you feel that your disability is the cause for the denial, or if you need assistance to live in a unit due to a disability, you may request a reasonable accommodation. You may request a reasonable accommodation at the Adelaide office.





Notice to all applicants applying to live at the Adelaide

Effective August 1, 2015, Adelaide became a smoke free building.

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, the NeighborWorks® Alaska adopts this smoke-free housing policy for the Adelaide located at 201 East 9th Avenue, Anchorage Alaska.

Indoor Smoking

1. Effective on August 1, 2015 smoking is not permitted anywhere inside the Adelaide building. This includes, but is not limited to, individual living spaces, all shared areas, hallways, stairs, elevators, restrooms, 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 to the Adelaide building.

If you did not receive a PFD in the previous year, please state why. _____

Yes	No	Have you sold or given away anything with a value of \$5,000 or more in the last two years?		
Asset Information: List all your assets and their values. Assets include: Boats, Bonds, Certificates of Deposit (CD), Commercial Fishing Permits, IRAs, Property, Recreational Vehicles, Savings Bonds, or Stocks.				
Type	Bank Name	Account Name	Account Number	Balance
Checking				\$
Savings				\$
				\$
				\$

Residence History: You must state where you have lived for the past three (3) years. If you were Homeless, write "Homeless" and list the dates. Please be complete. Please ask for additional pages if you need it.

Residence Address	Own	Rent	Live w/Relatives or Friends	City, State, Zip Code
Landlord Name and Contact Information				Landlord Telephone

From:	To:	Name on Lease
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Residence Address	Own	Rent	Live w/Relatives or Friends	City, State, Zip Code
Landlord Name and Contact Information				Landlord Telephone

From:	To:	Name on Lease
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Payee, Conservator, or Guardian

Yes No Are you under the care of a payee, conservator, or guardian? If yes, a copy of the court order is required with the application.

(circle one) Payee/Conservator/Guardian Name _____
 Address _____

How did you hear about us? _____

Personal Declaration:

I do hereby attest that all the information provided above is true and complete. I understand that I must report to ANHS all changes in household income to retain my correct placement on the waiting list.

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.

Applicant Signature

Date

AHFC Fair Housing and Equal Opportunity Statement

It is the policy of Alaska Housing Finance Corporation (AHFC) to provide equal employment and fair housing opportunities to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status. AHFC does not discriminate on the basis of disability status in admission or access to its assisted housing programs and activities.



2515 A Street
Anchorage, AK 99503
(907) 677-8490

TENANT INCOME CERTIFICATION WORKSHEET (TICW)

Property Name: _____ Unit #: _____

Effective Date of Certification: _____ Original Date of Certification: _____

Certification Type: Move-in Annual re-cert Transfer Interim

Household Size: _____ # of Bedrooms: _____ Phone: _____

Please list below, the Head of Household and all other members who are or will be living in the unit.
Give the relationship of each family member to the Head of Household:

MEMBER #	FULL NAME	RELATIONSHIP	BIRTH DATE/AGE	M / F	SOCIAL SEC. #	FULL-TIME STUDENT Y / N
1.		HEAD				<input type="checkbox"/> Y <input type="checkbox"/> N
2.						<input type="checkbox"/> Y <input type="checkbox"/> N
3.						<input type="checkbox"/> Y <input type="checkbox"/> N
4.						<input type="checkbox"/> Y <input type="checkbox"/> N
5.						<input type="checkbox"/> Y <input type="checkbox"/> N
6.						<input type="checkbox"/> Y <input type="checkbox"/> N

Is this the entire household which will occupy the unit? Yes No.

If no, list and explain: _____

Do you anticipate anyone else living with you in the 12 months? Yes No

If yes, please explain: _____



TICW / ASSETS QUESTIONNAIRE

Each household member 18 years and older must complete a separate questionnaire

Name: _____

Unit #: _____

1. Are you employed or anticipate becoming employed in the next 12 months? Yes No
2. Do you have *or* anticipate any form of additional income in the next 12 months?
If yes, Explain: _____ Yes No
3. Are you self employed? Yes No
4. Are you eligible to receive Tips, Bonuses, or Commissions? Yes No
5. Are you receiving Social Security and/or Supplemental Social Security (SSI)? Yes No
6. Will you receive or do you anticipate the Permanent Fund Dividend?
a. If it was garnished, please mark yes Yes No
7. Do you receive dividends from a Native Corporation? Yes No
8. Do you receive monthly benefits from the Alaska Senior Care Program? Yes No
9. Are you receiving public assistance (APA/ATAP)? Yes No
10. Are you currently receiving or do you anticipate receiving child support or alimony in the next 12 months? Yes No
11. Do you currently receive unemployment, L&I, or disability benefits? Yes No
12. Are you a member of the Armed Forces? Yes No
13. Are you receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits, or Veteran's Benefits? Yes No
14. Are you receiving money regularly from your family, church, friends, or any other form of regular/periodic income (such as rent and utilities)? Yes No

For each type of income that your household receives, or will receive, give the income source and the amount of income that can be expected from that source during the next 12 months.

Household Member Name	Source of Income (Employer Name, ATAP, SSI, APA, etc.)	Expected Annual Income



HOUSEHOLD MEMBER # (please check one): Head 2 3 4 5 6 7 8

Name: _____

Unit #: _____

- 15. Do you have any checking accounts? Yes No
- 16. Do you have any savings accounts? Yes No
- 17. Do you have any money market accounts? Yes No
- 18. Do you own any treasury bills, certificates of deposit, stocks, or bonds? Yes No
- 19. Do you have a 401(k)/IRA/Keogh? Yes No
- 20. Do you receive money from a revocable or non-revocable trust fund? Yes No
- 21. Do you have whole or universal life insurance? Yes No
- 22. Do you earn any income from a rental property? Yes No
- 23. Do you own or are you in the process of selling any real estate or do you hold a contract for real estate sold? Yes No
- 24. Do you own personal property held strictly as investment assets (art, coins, etc.)? Yes No
- 25. Have you disposed of assets within the last two years for less than fair market value? Yes No
- 26. Do you have income from assets or sources other than those listed above? Yes No

List all asset accounts of all household members, including amounts disposed of during the past two years:

Household Member Name	Bank/Financial Institution	Account #	Balance	Interest Rate

Certification by tenant(s): I/We have understood and answered all questions on this recertification update. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentation of information or false statements is punishable under Federal Law.

Tenant Signature: _____

Date: _____

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208(a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**





2515 A Street
 Anchorage, AK 99503
 (907) 677-8490

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to NeighborWorks® Alaska any information needed to determine my eligibility for occupancy in their agency-owned affordable housing properties. Verifications and inquiries that may be requested include but are not limited to:

- o Identity and Marital Status
- o Credit History
- o Schools and Colleges
- o Police Records/Criminal History
- o Employment Income
- o Residence and Rental History
- o Income from Any Source
- o Assets including those disposed past 2 years
- o Department of Labor – Wages

Groups or individuals that NeighborWorks® Alaska may contact:

- o Past and Present Landlords
- o Courts and Post Offices
- o Law Enforcement Agencies
- o Utility Companies
- o Veteran’s Administration
- o Banks/Financial Institutions
- o AK Permanent Fund Division
- o Private Social Service Agencies
- o Employment/Housing References
- o Schools and Colleges
- o Past and Present Employers
- o Department of Health/Social Services
- o Department of Labor/Workforce Development
- o Department of Education/Early Childhood Development
- o Social Security Administration
- o Medical/Child Care Providers
- o Retirement Systems
- o Payees/Trustees

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for LIHTC or other affordable housing owned by NeighborWorks® Alaska. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will remain in effect for 15 months from the date signed.

 Signature of Adult Member

 Printed Name

 Date

 Signature of Adult Member

 Printed Name

 Date

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208(a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**



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
- 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

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
- 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 _____



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

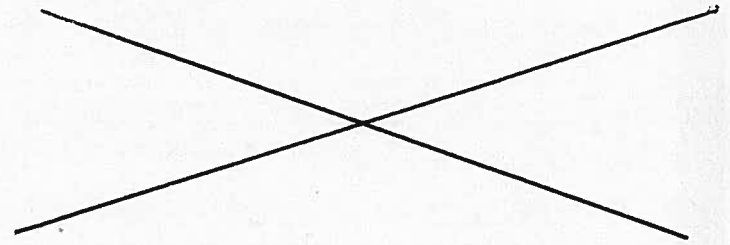
OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Alaska Housing Finance Corporation
Attention: Jill Transburg
P.O. Box 241385
Anchorage, AK 99524-1385

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



2515 A Street
Anchorage, AK 99503
(907) 677-8490

NOTICE TO APPLICANT WITH DISABILITIES REGARDING REASONABLE ACCOMODATION

NeighborWorks® Alaska is an agency that provides low rent housing to eligible families, elderly/handicapped/disabled households and single people. NeighborWorks® Alaska does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familiar status, disability, age, receipt of public assistance or sexual preference. Under applicable law, NeighborWorks® Alaska provides "reasonable accommodation" to residents if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification or change NeighborWorks® Alaska can make to its apartments or procedures that will assist an otherwise eligible resident with a disability/handicap to take advantage of NeighborWorks® Alaska programs, provided that the change does not pose an undue financial and administrative burden to NeighborWorks® Alaska or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aide to a resident with a disability/handicap where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation may include NeighborWorks® Alaska:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Installing raised numbers on the mailbox and in the elevator for a vision-impaired resident;
- Providing a mobility-impaired resident with a handicapped parking space near his/her unit although the NeighborWorks® Alaska parking policy is "first come, first serve";
- Mailing a lease recertification to a disabled resident or bringing it to his or her apartment although NeighborWorks® Alaska normally requires pick-up in person;
- Permitting a third party representative to assist a disabled resident at NeighborWorks® Alaska conferences or meetings.

A resident household that has a member with a disability/handicap must still be able to satisfy essential obligations of tenancy; they must be able to pay rent, to care for their apartment, to report required information to the housing authority, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the resident to satisfy essential tenancy obligations.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it in writing at any time during your tenancy. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right. You can get a Request for Reasonable Accommodation form at or from the NeighborWorks® Alaska main office at 480 W Tudor Road, Anchorage, AK 99503, (907)677-8490. If you require help in filling out that form or need to submit your request in some other way, you should contact the Housing Department at the same address and phone number. If you have any questions or problems on reasonable accommodation, you should contact the Housing Director at the same address and phone number.

Resident Acknowledgement: _____

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact 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 any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during 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 is basic to the operations 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.

Declaration of Eligibility Status



Name:	Name:
I am: <input type="checkbox"/> Head of Household <input type="checkbox"/> Adult Family Member AND I certify that I am (choose only one): <input type="checkbox"/> a U.S. citizen <input type="checkbox"/> a noncitizen with eligible immigration status <input type="checkbox"/> not an eligible citizen or choosing not to state my immigration status	I am: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Tenant <input type="checkbox"/> Adult Family Member AND I certify that I am (choose only one): <input type="checkbox"/> a U.S. citizen <input type="checkbox"/> a noncitizen with eligible immigration status <input type="checkbox"/> not an eligible citizen or choosing not to state my immigration status

The following minors have eligible immigration status. Individuals claiming eligible noncitizen status must complete the *Noncitizen with Eligible Immigration Status* (form AP105).

United States Citizen	Eligible Noncitizen
Name	Name

The following minors do not have eligible immigration status, or I am choosing not to state their immigration status. These individuals are not eligible for subsidy.

Name	Name

I declare under penalty of perjury under the laws of the state of Alaska that the above is true and correct to the best of my knowledge.

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Head of Household / Adult Signature, Date

Adult Signature, Date



Noncitizen with Eligible Immigration Status



Name (First and Last Names)	Date of Birth
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I consent to allow AHFC and HUD to request information and obtain verification regarding my immigration status from the U.S. Department of Homeland Security. I understand that this information is necessary to determine my eligibility for housing assistance.

The information I have provided below is true and complete to the best of my knowledge. I understand that if AHFC is unable to verify this initial information I have provided, I may be required to submit additional information.

I certify that I have the following immigration status:

- I am a noncitizen with eligible immigration status.
- I am a noncitizen with eligible immigration status, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time (30 calendar days) to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Alien or I-94 Number	Document Number or Description
----------------------	--------------------------------

Signature	<input type="checkbox"/> Check if you are an adult signing for a minor child.	Date
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- I am not claiming eligible immigration status, and I understand that I am not eligible for financial assistance. If I pass other screening criteria, I may reside in the unit.

Signature	<input type="checkbox"/> Check if you are an adult signing for a minor child.	Date
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Verification Consent

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Alaska Housing Finance Corporation (AHFC) and the U.S. Department of Housing and Urban Development (HUD) to ensure that financial assistance is made available only to persons who are U.S. citizens and nationals or noncitizens who have been lawfully admitted to the United States and hold what is considered to be “eligible immigration status”. The law requires all applicants and tenants for assisted housing who claim to have eligible immigration status to sign a consent form authorizing AHFC and HUD to verify information supplied by the U.S. Department of Homeland Security (DHS).

Purpose

In signing this consent form, you are authorizing AHFC and HUD to verify your status as an immigrant to the United States. The information is needed in order to determine your eligibility for assisted housing benefits for which you have applied.

Use of Information Obtained

The evidence you supply to document your eligibility for housing assistance may be released by AHFC, without responsibility for the further use or transmission of the evidence by the entity receiving it, to: (1) HUD, as required by HUD, and (2) DHS for purposes of verification of the immigration status of the individual. The information supplied will be released by AHFC or HUD to DHS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither AHFC nor HUD is responsible for the further use or transmission of the evidence or other information by DHS.

Who Must Sign the Form

Each noncitizen who claims eligible immigration status must sign a verification consent form. Adults, age 18 or older, must sign the form themselves. In the case of children (under the age of 18), the form must be signed by the adult family member who is responsible for the minor child.

Failure to Sign the Form

Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to AHFC’s grievance procedure.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Homeless Verification

_____ has applied for rental assistance and is requesting a waiting list "preference" due to homelessness. If you have **first-hand knowledge** that one or more of the following conditions exist, please complete this questionnaire.

1. Yes No Does the applicant reside in a place not meant for human habitation such as a car, park, sidewalk or abandoned building (i.e., living on the street)?
If yes, please describe the circumstances:

2. Yes No Does the applicant reside in an emergency shelter, which might include a church?
If yes, please identify the shelter: _____ Phone: _____

3. Yes No Does the applicant reside in transitional or supportive housing whose qualification for residency is homelessness?
If yes, name the housing provider: _____ Phone: _____

4. Yes No Does the applicant reside in any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other medical facility?
If yes, name of hospital or facility: _____ Phone: _____

Comments:



Attention applicant: You may submit this form signed by an agency representative or a letter, on letterhead, from an agency as listed on the Preferences form PW-AP101.

Name of Person Completing this Form:	Telephone:
Signature:	Date:
Agency name, if applicable:	
Mailing Address of agency:	

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).



Unemployed Income Verification Form #9205
(For unemployed applicant)

Apartment Number: _____

Applicant / Resident Name: _____

I confirm that:

- I am not currently employed in any capacity.
• I have no intention of becoming employed in the next 12 months.
• I do not receive unemployment compensation or other benefits as a result of my non-employment status.
• I am not under any other obligation to obtain employment.
• The reason I am not seeking employment is: _____
_____.

- I am not presently employed but I anticipate becoming employed in the next 12 months.
• Based on my educational background, prior experience and career training, I anticipate starting employment as a _____.
• I anticipate earning \$ _____ per hour working _____ hours per week.
• I anticipate starting employment on _____.

This information is supported by the attached documentation:

- _____ Previous year's tax returns
_____ Previous job and salary history
_____ Written confirmation from a new employer
_____ Three current employment advertisements showing average compensation
_____ Other _____

I understand that this certification and supporting documentation is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease and subjects me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant / Resident

Date





2515 A Street
Anchorage, AK 99503
(907) 677-8490

Day Labor Affidavit

Date: _____

I, _____, work day labor from time to time.
(Print Name)

I expect that I will earn \$ _____ per month working day labor.

Signature

State of Alaska)
)ss
Third Judicial District)

On this _____ day of _____, 20____ personally appeared before me _____, to be known to be the individual described in and who execute the within foregoing instrument, and acknowledged to me under oath that she/he signed the name of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written

NOTARY PUBLIC in and for the State of Alaska

Printed Name: _____

My Commission Expires: _____



STUDENT CERTIFICATION

(This form must be completed by each adult household member)

NAME: _____

UNIT # _____

Complete the following if occupying a LIHTC unit

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Will all of the persons in your household be or have they been full-time students (Kindergarten and higher. Examples: Elementary, High School, College/University, trade school, etc.) during five (5) calendar months of the current and/or upcoming calendar year? <i>(Please note that the five calendar months do not have to be consecutive)</i>
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If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to this question please specify which of the following exceptions your household meets.

<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
<input type="checkbox"/>	<input type="checkbox"/>	Are you married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	Are you a single parent with a dependent child or children and neither you nor your child(ren) are dependent(s) of another individual other than a parent of such children
<input type="checkbox"/>	<input type="checkbox"/>	Are you a student who was previously under the care and placement responsibility of the state agency responsible for administering a plan under part B or part E of title IV of the Social Security Act

****If none of the above five (5) exceptions have been identified, the household does not qualify to reside in a LIHTC unit.****

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE



S8 Moderate Rehabilitation – Adelaide

Statement of Family Responsibility



1. Certification

The undersigned hereby certifies that the family headed by Head of Household is eligible to participate in the Section 8 Moderate Rehabilitation Program and is approved to occupy a unit located at 201 East 9th Avenue, Apartment Apartment Number, Anchorage, Alaska. Under this program, Alaska Housing Finance Corporation (AHFC) makes housing assistance payments on behalf of participating families toward their rents to owners of decent, safe, and sanitary dwelling units moderately rehabilitated under the Program.

2. Family Portion of Rent

(a) Gross Family Contribution

The total amount that the family will be obligated to pay monthly towards rent and utilities is based on the family's income and is called the gross family contribution.

(b) Family Payment to Owners

The amount that the family will be obligated to pay monthly to the Owner will be the amount of the gross family contribution unless the family is responsible for paying for any utilities. If the family must pay for any utilities directly, the family will pay to the Owner the gross family contribution minus the appropriate allowance for tenant-paid utilities and services.

(c) Changes in Family Income and Allowances

The amount of the family's required gross family contribution is subject to change by reason of changes to program rules and changes in family income, composition, and extent of exceptional medical or other unusual expenses.

3. PHA Portion of Rent

The PHA will pay to the Owner on behalf of the family the difference between the family's payment to the Owner and the monthly contract rent.

4. Conditions

The family agrees to perform all its obligations under the S8 Moderate Rehabilitation Program. These obligations include:

- (a) providing such family income information and records as may be required in the administration of the program,
- (b) permitting inspection of its dwelling unit at reasonable times after reasonable written notice,
- (c) giving at least 30 days' notice to the Owner of the family's intent to vacate the unit,
- (d) not assigning the lease or subleasing the premises, and



(e) not providing accommodations for boarders or lodgers.

Only the family members listed in Item 1 above and children born to or adopted by one of these family members are entitled to housing assistance under this program. Any other increase in the family size must be approved by the Owner and AHFC in advance. The family agrees that any persons who move in without permission may be required to leave the unit if the Owner determines that the unit has become overcrowded.

5. Equal Housing Opportunity

If the family has reason to believe that it has been discriminated against on the basis of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status, it may file a complaint with the HUD Regional Office. Fair Housing complaint forms (HUD-903.1) are available from AHFC.

6. Termination of Assistance

If the family voluntarily vacates the unit, there is no guarantee that further housing assistance will be provided. Additionally, if the family vacates the unit in violation of the lease term causing AHFC to be liable for vacancy payments or if the family vacates the unit while owing rent or other amounts due under the lease, the family may not receive further assistance unless the family satisfies these liabilities.

Failure of the family to meet the conditions contained in this Statement, including the timely payment of the family payment to Owner, or failure of the family to fulfill its obligations under the lease with the Owner will be a basis for termination of rental assistance under the Program. Keep this statement for your records.

Owner-

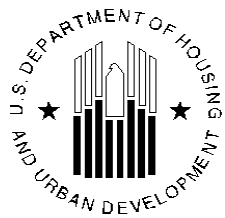
Family

Representative Signature

Head of Household Signature

Date

Date



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name