

*Application for NeighborWorks Alaska*

*Forest Park Optional Relocation Program*

*Program Contact: Laura Cox-Wilson, Director of Supportive Housing*

*Office: (907) 677-8472 Fax: (907) 677-8453*

*2515 A Street, Anchorage, Alaska, 99503*

	<i>Program Applicant</i>	<i>All Household members (use separate sheet if more than 1 other household member)</i>	<i>Information</i>
<b>Last Name:</b>			<b>Case Manager</b>
<b>First Name :</b>			
<b>Middle Name:</b>			<b>CM Contact Number</b>
<b>Soc. Sec. Number:</b>			
<b>Birth Date:</b>			<b>Emergency Contact</b>
<b>Mailing Address :</b>			
			<b>Emergency Contact #</b>
<b>Residence Address:</b>			
			<b>Family Status</b>
<b>Phone:</b>			<input type="checkbox"/> Single
<b>Relationship to HOH:</b>	SELF		<input type="checkbox"/> Married
<b>Race/Ethnicity:</b>			<input type="checkbox"/> Partner
<b>Gender:</b>			<input type="checkbox"/> # Children
<b>Veteran:</b>			<input type="checkbox"/> Female HOH
<b>Preferred Language:</b>			

A. *Native American/Alaska Native*

NHL. *Non-Hispanic/ Latino*

B. *Asian*

HL. *Hispanic/ Latino*

C. *Black/African American*

D. *Native Hawaiian/Pacific Islander*

E. *White*



## INCOME INFORMATION

List all the income you and each person in your household receives on the following chart.

<i>SOURCE</i>	<i>NAME</i>	<i>AMOUNT PER MONTH</i>
<i>Supplemental Security Income (SSI)</i>		
<i>Social Security Disability Income (SSDI)</i>		
<i>Social Security (Retirement, Death Benefits)</i>		
<i>General Public Assistance</i>		
<i>Interim Public Assistance</i>		
<i>ATAP - Alaska Temporary Assistance Program</i>		
<i>Child Support</i>		
<i>Veterans Benefits</i>		
<i>Veterans Health Care</i>		
<i>Employment Income</i>		
<i>Unemployment Benefits</i>		
<i>Alaska Permanent Fund</i>		
<i>Native Corporation Dividends</i>		
<i>Corporation Name:</i>		
<i>Addtnl Corp/Tribal:</i>		
<i>No Financial Resources</i>		
<i>Medicare</i>		
<i>Medicaid</i>		
<i>Food Stamps</i>		
<i>WIC</i>		
<i>Other (please specify)</i>		



### ASSET INFORMATION

List assets of all household members including checking accounts, savings accounts, IRAs, CDs, real estate, stocks, bonds, recreational vehicles, boats, and fishing permits, including the value of each.

#### Checking Account -- Bank or Credit Union:

Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

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

#### Savings Account – Bank or Credit Union

Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

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

Stocks & Bonds (Value) Amount \$ \_\_\_\_\_

IRA/CD (Value) Amount \$ \_\_\_\_\_

Real Estate (Value) Amount \$ \_\_\_\_\_

Other (Value) Amount \$ \_\_\_\_\_

#### CHILD CARE EXPENSES

Do you receive Child Care Assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

Assistance Amount: \$ \_\_\_\_\_ (hr/wk/mo/yr)

Child Care Expense (Out of Pocket): Amount \$ \_\_\_\_\_ (hr/wk/mo/yr)

Name and Address of Child Care Provider: \_\_\_\_\_

\_\_\_\_\_

Phone number of Child Care Provider: \_\_\_\_\_

\_\_\_\_\_ Guardian \_\_\_\_\_ Conservator \_\_\_\_\_ Payee

Please provide Name/ Agency/Contact # of above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



<b>Current Rental Information:</b>	
Monthly Rent:	
Average Utility Costs:	
Other (describe):	
Total Monthly Housing Cost:	
Lease start/end dates:	
<b>Current Dwelling Characteristics:</b>	
Type (Apt., House, SRO, etc.)	
Sq. Footage and No. of Rooms:	
No. of Bedrooms:	
No. of Bathrooms:	
ADA / disabled:	
Pets:	
Garage:	
Laundry:	
Primary Transportation (car/bus/etc.):	
Own/Lease vehicle:	
Number of occupants moving together:	
Other characteristics/needs:	
Other characteristics/needs: School Considerations:	
School Considerations: Employment Considerations:	
Employment Considerations:	
Rehousing Preference (rent/buy):	



## CLIENT INFORMATION

Check all that applies.

**Disability:** Applicant disability category?

- a. \_\_\_\_\_ Mental illness
- b. \_\_\_\_\_ Alcohol abuse
- c. \_\_\_\_\_ Drug abuse
- d. \_\_\_\_\_ HIV/AIDS & related diseases
- e. \_\_\_\_\_ Developmental Disability
- f. \_\_\_\_\_ Physical Disability
- g. \_\_\_\_\_ Chronic Health Condition

**Limited English Proficiency:** Applicant's LEP limitation?

- a. \_\_\_\_\_ Written communication
- b. \_\_\_\_\_ Verbal communication

**Accessibility:**

- a. \_\_\_\_\_ Dwelling accommodations
- b. \_\_\_\_\_ Property accommodations
- c. \_\_\_\_\_ Office accommodations
- d. \_\_\_\_\_ Rule, policy, or procedure change
- e. \_\_\_\_\_ Other

**Please list any other agencies providing services to the applicant such as Assets, The ARC, ABH, Choices, PRC, etc. Please include a contact name and phone number**

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I hereby give my permission for NeighborWorks Alaska to verify any information they may need to determine my eligibility for the Forest Park Optional Relocation Program. I fully understand this waiver covers future, as well as current verification from State and Federal Agencies. NeighborWorks Alaska is hereby given my permission to request information from all other available sources.

**By signing below I am certifying the above information is true and correct AND that this program is VOLUNTARY. I hereby authorize NeighborWorks Alaska to check references and verify information contained in this application.**

(Title 18, United States Code, Section 1001 makes it a crime to: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date application submitted

\_\_\_\_\_  
Date application reviewed

\_\_\_\_\_  
Application reviewed by

Application

Approved



Yes

No



*NeighborWorks Alaska*

*Forest Park Optional Relocation Program*

The following information **must be provided** in order for the application to be processed.

- Completed and signed application***
- Verification of income (within 30 days) to include; Social Security/APA printout, child support statements, bank statements, notarized zero income statement, paycheck stub, etc. (ALL household members)***
- Verification pertaining to residency at Forest Park to include residency on or before November 30, 2018. (Deed of trailer, lease agreement for space rent, etc.)***
- All applicable ROIs such as Permanent Fund Dividend, OPA, Social Security, AHFC, Department of Public Assistance, Native Corporations, Case Managers, Service Agencies, Health Care, etc. A current ROI will be required with the new property owner when the tenant moves into their apartment. (ALL household members)***
- Copies of Identification, Social Security Cards, Birth Certificates (for children if applicable), ECT. (ALL household members)***
- Request for reasonable accommodation (if applicable)***
- Self-Certification to Lawful Presence/Citizenship***
- Communication Designation Authorization***
- Zero Income Affidavit (completed by all adults)***



# Certification of Lawful Presence in the United States

**INSTRUCTIONS:** Pursuant to the **Public Law 105-117** of 11-21-97, in order to be eligible to receive relocation benefits in federally-funded relocation projects, all members of the household to be displaced must provide information regarding their lawful presence in the United States. The Head of Household or other responsible adult must certify for minors under 18 years of age.

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**Project/Case**

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**Claimant(s) Address**

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**Date**

I **CERTIFY**, under the penalty of perjury, to the best of my knowledge, to the following lawful presence status:

- A. I am a citizen (including naturalized citizens) or national of the United States.
- B. I am an alien lawfully present in the United States (including Agreen card@ holders).
- C. I am an alien not lawfully present in the United States.
- D. I decline to provide this information.

#	Household Member Name	Age	Relation	Citizenship Status from list above - circle one	Signature
1			Head of Household	A B C D	
2				A B C D	
3				A B C D	
4				A B C D	
5				A B C D	
6				A B C D	
7				A B C D	
8				A B C D	
9				A B C D	
10				A B C D	
11				A B C D	
12				A B C D	

***WARNING: If you knowingly or deliberately make false, misleading or fraudulent statements on this form, you may be subject to civil and criminal penalties including fines and imprisonment, under Section 1001 of Title 18 of the United States Code.***





NeighborWorks® Alaska

Authorization to Release Confidential Information

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize NeighborWorks® Alaska to:

Release information to:

Obtain information from:

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

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

The following information:  written  verbal

Purpose of information:

- Service Planning
- Care Coordination
- Legal Use
- Eligibility Determination
- Other: \_\_\_\_\_
- Housing

Information Requested:

- Medical Records
- Psychosocial Assessments
- Discharge Summary
- Psychiatric Evaluation
- Treatment/Service Plan
- Income verification
- Info needed to fulfill grant requirements
- Other: \_\_\_\_\_

*I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I understand that I may inspect or copy the information to be used or disclosed as provided in CFR 164.524. I understand that an ROI disclosure of information carries with it the potential for an unauthorized disclosure and the information may not be protected by federal confidentiality rules. I understand that the information released may include information regarding psychiatric treatment, substance abuse treatment/rehabilitation and HIV status. If I have any questions about disclosure of my health information, I can contact NeighborWorks® Alaska at (907) 677-8472. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to NeighborWorks® Alaska. I understand that the revocation will not apply to information that has already been released, in response to this authorization. Unless otherwise revoked this authorization will expire 90 days after I am discharged from NeighborWorks® Alaska Sponsor-based Rental Assistance Project or on this date set forth by me: \_\_\_\_\_*

**Prohibition on Disclosure:** This information has been disclosed to you from records whose confidentiality is protected under Federal Regulations (42 CFR Part 2) prohibiting you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500.00, in the case of a first offence, and not more than \$5000.00 in the case of each subsequent offense.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



**NeighborWorks® Alaska**  
**Forest Park Optional Relocation Program**  
**REASONABLE ACCOMMODATION**  
**POLICY**

**Policy**

It is the policy of NeighborWorks® Alaska's (NWAK) Forest Park Optional Relocation Program to provide reasonable accommodations to applicants with disabilities upon request, with provision of appropriate documentation of the need for the accommodation when necessary.

**Procedure**

Fair housing laws require that the housing provider and the applicant enter into a dialogue about the applicant's or tenant's needs to reach a mutually acceptable reasonable accommodation.

An applicant with a disability must first make a request for an accommodation or modification. The request can be made to the Program Manager. The request must be in writing. Applicants will be given the Notice to Applicants with Disabilities Regarding Reasonable Accommodation and the Request for Reasonable Accommodation.

The Director of Supportive Housing at NWAK will review all requests for reasonable accommodations or modifications. Staff may request that the applicant provide written verification from the applicant's healthcare or mental health provider that the applicant has a disability and needs the accommodation. The provider needs not be a medical doctor but any professional qualified to verify the disability and need for the accommodation, such as, a nurse, physical therapist, social worker or counselor. Staff may require proof that the applicant is disabled but cannot require the applicant to provide specific information or records about the disability.

If the applicant's disability or need for the requested accommodation is not obvious, NWAK staff will mail or fax the Certification of Need for Reasonable Accommodation or Special Unit to the applicant's medical provider.

All requests for reasonable accommodations will be promptly reviewed by the Director of Supportive Housing and a written response will be sent to the applicant within twenty days of the request advising whether the requested accommodation will be provided and how.

If the applicant's request for an accommodation is unclear the Director of Supportive Housing may request a meeting with the applicant.

In most cases, the Director of Supportive Housing will provide reasonable accommodations promptly, at management's expense. The Director of Supportive Housing will provide a letter outlining the accommodations to be made and when the accommodation will be provided.

If the Director of Supportive Housing determines that the request for an accommodation is not reasonable, the Director of Supportive Housing will notify the applicant in writing. The applicant may request to meet with the Director of Supportive Housing to discuss the denial of the accommodation.

Should the Director of Supportive Housing deny a request for a reasonable accommodation, the applicant may request an information hearing by writing to the Director of Supportive Housing, 2515 A Street, Anchorage, Alaska, 99503, within 20 days from the date of the denial letter.

The applicant may also file a fair housing complaint with the: U.S. Department of Housing and Urban Development Northwest/Alaska Area Office of Fair Housing and Equal Opportunity Program Center, Enforcement/Intake Branch 909 First Avenue, Suite 205 Seattle, WA 98104-1000



REQUEST FOR REASONABLE ACCOMMODATION

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

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

1. The following member of my household has a disability as defined below:  
(A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such impairment)

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

Relationship or association with you\*: \_\_\_\_\_

2. As a result of this disability, I am requesting the following reasonable accommodation:  
(Please check one or more boxes below):

A change in my apartment or other part of the housing development. Please specify: \_\_\_\_\_

A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (for example, a change in the way the NWAK communicates with you.) Please specify: \_\_\_\_\_  
\_\_\_\_\_

3. This request for reasonable accommodation is necessary so that I can: (please specify): \_\_\_\_\_  
\_\_\_\_\_

4. I authorize NeighborWorks® Alaska to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information NWA may contact the following physician, psychiatrist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency whose function is to provide services to the disables, or other expert in the field of \_\_\_\_\_  
\_\_\_\_\_

(Note: You may present verification directly to NWAK)

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

Title of professional or expert: \_\_\_\_\_

Agency, Facility or Institution (if any): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

I understand that the information obtained by NWAK will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Please return this form as promptly as possible so the NWA may make a determination on this request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



# Communication Designation Authorization

I, the undersigned (“Applicant”), hereby appoint the individual named below:

Representative’s name	Phone number	Fax number
Mailing address	Email address	
City	State	Zip

as my communication designee (the “Designee”). I authorize NeighborWorks Alaska (NWAK) and its assigned, employees, agents, and contractors (collectively, the “Assistance Providers”) to communicate with the Designee about my application for benefits from the NeighborWorks Alaska Forest Park Optional Relocation Program (the “Program”). I grant my Designee full power to receive confidential information about me, including all information that I have provided to the Program and the information that the Program has received from third-party sources, including: federal, state and local agencies; insurance companies; financial institutions; and philanthropic organizations, relating to the Program. I do not authorize the Designee to receive any benefits on my behalf, make binding decisions on my behalf, or otherwise represent my interests. If I wish to expand the authority of the Designee, I may do so by requesting from the Program and submitting to the Program a Power of Attorney form.

## Indemnification

I agree to indemnify NeighborWorks Alaska and its Assistance Providers for any claims against NeighborWorks Alaska and/or the Assistance Providers and from costs and expenses to which NWAK and/or the Assistance Providers may be subjected or which they may suffer or incur allegedly arising out of or in connection with this Communication Designation. I understand that any termination of this Communication Designation, whether the result of my revocation of the Communication Designation or otherwise, is not effective as to NWAK and/or Assistance Providers until the Assistance Providers have actual notice or knowledge of the termination.

## Termination

This Communication Designation continues until the termination of the Program or until I revoke it. A sample revocation of a Communication Designation is annexed hereto as Appendix A.

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Owner (Print Name)

Signature

Date



# Communication Designation Revocation

Reference is made to the Communication Designation Authorization granted by

\_\_\_\_\_ (“Applicant”)

To

\_\_\_\_\_ (“Designee”),

and dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

This document constitutes notice that the Applicant hereby revokes, rescinds and terminates said Communication Designation and all authority, rights and power thereto effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Owner (Print Name)

Signature

Date



# Affidavit of One and the Same Name

I, \_\_\_\_\_,

do swear or affirm, under penalty of perjury that I am one and the same person as

\_\_\_\_\_.

Signature

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

\_\_\_\_\_



# Zero Income Statement

(To be completed by adult household members only, if appropriate)

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

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. **Wages from employment (including commissions, tips, bonuses, fees, etc.);**
- b. **Income from operation of a business;**
- c. **Rental income from real or personal property;**
- d. **Interest or dividends from assets;**
- e. **Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;**
- f. **Unemployment or disability payments;**
- g. **Public assistance payments;**
- h. **Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;**
- I. **Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);**
- j. **Any other source not named above.**

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Sign \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Sign in Presence of Notary Only**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 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 same 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:

