

**NEIGHBORWORKS ALASKA
TENANT BASED RENTAL ASSISTANCE PROGRAM
APPLICATION**



Date Complete Application Received:	Time Complete Application Received:
Head of Household Name:	
Current Residence:	
City, State, Zip:	
Contact Phone:	
Applicant must meet one of the eligibility requirements below: <input type="checkbox"/> Currently homeless (Living in a Shelter or a Place Not Meant for Human Habitation) <input type="checkbox"/> At risk of homelessness (Eviction notice or Institutionalized) <input type="checkbox"/> Precariously housed (Couch Surfing/Doubled-up) <input type="checkbox"/> Lack of resources to obtain and maintain permanent housing (Houseless w/o resources)	
Applicant must meet one of the eligibility requirements below: <input type="checkbox"/> Enrolled in/eligible for Community Case Management Services (CSS, SCF, 9-Star, etc.) <input type="checkbox"/> Enrolled in/eligible for DHS Assertive Community Treatment (ACT) <input type="checkbox"/> Enrolled in/eligible for DBH Intensive Case Management (ICM)	
Applicant must meet one of the eligibility requirements below: <input type="checkbox"/> Head of household, spouse, or child with disabilities based on HUD 24 CFR 5.403 definitions <input type="checkbox"/> AK Mental Health Trust Authority beneficiary	
Applicant must meet one of the eligibility requirements below: <input type="checkbox"/> Eligible for Medicaid waivers <input type="checkbox"/> Eligible for Medicaid state plan options <input type="checkbox"/> Eligible for other long-term state funded serves (describe): _____ <input type="checkbox"/> Eligible for other long-term community services (describe): _____	

HOUSEHOLD COMPOSITION AND CHARACTERISTICS - List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

Member's Full Name	Relationship	Birth Date	Age	Sex	Social Security No.

HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED. It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other, Multi-Racial |

Ethnicity of Head of Household:

- Hispanic: A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Applicant(s) eligibility as a low-income household must have a total annual income less than 60% of the Anchorage Median Income for household size.

INCOME INFORMATION- What is the total annual income of all household members? Include Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, TANF, other benefits, and other income.

FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps.

List ALL adult household members and their incomes. Attach a separate sheet if you need more space.

Member's Full Name	Source of Income	Amount	Payment Basis (Weekly, monthly, etc.)	Annual Amount
TOTAL				

ASSET INFORMATION

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset.

Household Member Member's Full Name	Type and Source of Asset (bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

EXPENSE INFORMATION

Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable TV \$	Credit Card \$
Gas \$	Car Insurance \$	Medical Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Loan \$
Other (specify) \$			

Yes No Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school?

Answer the following questions only if the Head of Household OR the Spouse is aged 62 or older, OR if the Head of Household OR the Spouse is disabled:

Yes No **Current Medical:** Does your household have any unpaid medical bills?

List types and amounts of unpaid balances: _____

Yes No **Future Medical:** Do you anticipate medical expenses to be incurred in the next 12 months?

List types and amounts: _____

Yes No **Medicare:** Does your household have Medicare coverage?

List monthly premium amount: _____

Yes No **Insurance:** Does your household have medical insurance *other than Medicare*?

List the name and address of carrier, the policy number, and monthly premium amounts.

Yes No **Disabled Household Members:** Does your household pay a care attendant (live-in aide) OR for equipment for any disabled household member in order to enable that person or another household member to work? If yes, provide name, address, and phone number of care attendant, and/or list types and monthly cost of equipment:

APPLICANT CERTIFICATION- Household members aged 18 and over must sign this application. I/We understand that the information provided above is collected to determine if I/we can receive HOME Program assistance. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. I/We authorize NWAK to verify all information provided on this application.

Signature of Applicant: _____ Date _____

Signature of Applicant: _____ Date _____

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.