

Referral Application for

Sponsor-based Rental Assistance

Program Contact: Laura Cox, Program Manager

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>
<i>Last Name:</i>			<i>Case Manager</i>
<i>First Name :</i>			
<i>Middle Name:</i>			<i>CM Contact Number</i>
<i>Soc. Sec. Number:</i>			
<i>Birth Date</i>			<i>Emergency Contact</i>
<i>Mailing Address :</i>			
			<i>Emergency Contact #</i>
<i>Residence Address:</i>			<i>Family Status</i>
			<i>Single</i>
			<i>Married</i>
<i>Phone:</i>	<i>Day:</i>	<i>Home:</i>	<i>Partner</i>
	<i>Alternate:</i>	<i>Message:</i>	<i># of Children</i>

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



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</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>No Financial Resources</i>		
<i>Medicare Yes/No</i>		
<i>Medicaid Yes/No</i>		
<i>Food Stamps Yes/No</i>		
<i>Alaska Permanent Fund</i>		
<i>Native Corporation Dividends</i>		
<i>Other (please specify)</i>		

Guardian *Conservator* *Payee*

Please provide Name/ Agency/Contact # of above:



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 \$ _____

(hr/wk/mo/yr)

CHILD CARE EXPENSES

Do you receive Child Care Assistance? YES _____ NO _____ Assistance Amount: _____

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

Name and Address of Child Care Provider: _____

Phone number of Child Care Provider: _____



CLIENT INFORMATION

Check all that applies. Applicant must meet the criteria below:

Disability: What is the applicants verified disability category?

- a. _____ Mental illness
- b. _____ Alcohol abuse
- c. _____ Drug abuse
- d. _____ HIV/AIDS & related diseases
- e. _____ Developmental Disability
- f. _____ Physical Disability

Homeless: What was the applicant's prior living situation in the week prior to application?

- a. ___ Non-housing (streets, car, camp, etc.)
- b. ___ Emergency shelter
- c. ___ Transitional housing for homeless
- d. ___ Psychiatric facility*
- e. ___ Substance abuse treatment facility*
- f. ___ Hospital*
- g. ___ Jail/prison *

* Is exiting an institution where (s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Duration of Homelessness:

- ___ <1 day
- ___ 1-30 days
- ___ 31-180 days
- ___ 181-365 days
- ___ 366-730 days
- ___ >730 day

Chronic Homelessness: To be considered "chronically homeless" a person must have been living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months OR on at least 4 separate occasions in the last 3 years, (where each homeless occasion was at least 15 days) as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above. Stays in institutional care facilities for FEWER than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.

Has the applicant been?

- ___ Homeless for 12 or more consecutive months
- ___ Homeless 4 or more times in the past 3 years totaling a combined 12 months and meets all of the criteria set forth by HUD

If the person is considered to be chronically homeless, please see additional homeless verification requirements.



The following demographic information is requested for statistical purposes only.

Ethnicity/Race:

- a. American Indian/Alaska Native
- b. Asian
- c. Black/African American
- d. Native Hawaiian/Pacific Island
- e. White
- f. American Indian/Alaska Native & White
- g. Asian & White
- h. Black/African American
- i. American Indian/Alaska Native
- j. Other Multi-Racial

Hispanic/Latino: Yes No Veteran: Yes No Sex: Male Female

I hereby give my permission for NeighborWorks Alaska to verify any information they may need to determine my eligibility for housing and for continued occupancy in the Sponsor-based rental assistance 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.

The above information is true and correct. I hereby authorize NeighborWorks Alaska to check references and verify information contained in this application.

Applicant Name

Applicant Signature

Date

Referring Agency Representative Name/Title

Referring Agency Representative Signature

Date



NeighborWorks Alaska
Verification of Handicap or Disability
For Admission/Eligibility for
Permanent Supportive Housing Programs

Explanation to Third Party Completing Form

Please identify any of the relevant definitions that apply to the individual. Any other request for information about the individual is not relevant (e.g., diagnosis, treatment plan). HUD requires the Grant Funded program to verify all information that is used in determining this person's eligibility or level of benefits. This form can ONLY be completed by a state licensed individual with the ability to diagnose AND treat the handicap or disability represented on this form.

Applicant Name: _____

Applicant DOB: _____ **Full or Last 4 of Social Security #:** _____

For each item below, please check YES or NO to the statement that accurately describes the person listed above.

___ YES ___ NO 1. Has a disability, as defined in 42 U.S.C. 423, which means;¹

- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months or
- b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.
- c. Determination of disability should include the combined effect of all of the individual's impairments without regard to whether any such impairment, if considered separately, would be of such severity.

___ YES ___ NO 2. Has a physical, mental or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;
- b. substantially impedes the person's ability to live independently; and
- c. Is such that the person's ability to live independently could be improved by more suitable housing conditions (e.g., a substance abuse disorder if the person's impairment could be improved by more suitable housing conditions);

___ YES ___ NO 3. Has a developmental disability as defined by the Developmental Disability Assistance and Bill of Right Act (42 USC 6001(8)) generally provided as follows:

A severe, chronic disability which:

- a. Is attributable to mental and/or physical impairments or combination of mental and physical impairments;
- b. Was manifested before age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - (i) Self-care,
 - (ii) Receptive and expressive language,
 - (iii) Learning,



- (iv) Mobility,
 - (v) Self-direction,
 - (vi) Capacity for independent living, and
 - (vii) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or general medical or psychiatric care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

YES NO 4. Has a chronic mental illness, i.e.

- a. If he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently (e.g., by limiting functional capacities relative to primary aspects of daily living such as personal relations, living arrangements, work, recreation, etc.) and whose impairment could be improved by more suitable housing condition
- b. Is of long-continued and indefinite duration **AND** substantially impedes the person's ability to live independently.

YES NO 5. Is the above a person whose disability is based solely on any drug or alcohol dependence (the person has no other disability which meets the above definition).

For example, drug or alcohol abuse or an HIV/AIDS condition that **DOES NOT** substantially impede a person's ability to live independently does not qualify as a disability in these housing programs. The determination must also take into consideration the combined effect of all the individual's impairments without regard to whether any such impairment, if considered separately, would be of such severity. (See Item 1 (b) above)

Signature & Credentials

Name and Title (print or type legibly)

Agency name and contact number



SUPPORTIVE HOUSING PROGRAMS -- APPLICANT PROFILE

Please provide a brief narrative describing the applicant with regards to the following areas. This information is being requested because in instances where we have had problems with tenants that resulted in evictions, it is these areas that have been the causes of the problems. Please use additional pages if necessary.

1. Please describe the applicant's relationships to persons who may cause problems for them or victimize them, (i.e. drug dealers, domestic violence, etc.) and evaluate the potential for victimization on a scale of 1 to 5 with 5 being the greatest risk.

Least risk for Victimization 1 2 3 4 5 Greatest risk for Victimization

2. Please describe the ability of the applicant to set boundaries, apply appropriate refusal skills, and set limits for themselves and others with regard to allowing other people free access to his/her apartment. Evaluate the applicant's ability in this regard on a scale of 1 to 5 with 1 being the highest ability to set boundaries, etc.

Excellent Boundaries/ Refusal skills 1 2 3 4 5 Minimal Boundaries Poor refusal skills

3. Please describe the applicant's level of treatment compliance and engagement. Evaluate the applicant's ability in this regard on a scale of 1 to 5 with 1 being the highest quality of compliance and 5 being the lowest quality of compliance.

High level of Compliance 1 2 3 4 5 Non-Compliant

Please fill out the following form and also describe on the back of this page the applicant's history with regard to substance use and legal history, specifically if the applicant is currently using substances or is presently on probation/parole.

Treatment History:

Mental Health	Alcohol & Drug Treatment	Legal History
___ No Treatment History	___ No Treatment History	___ Past Probation/Parole
___ Outpatient Only	___ Outpatient Only	___ Present Probation/Parole
___ <3 Psychiatric Hospitalizations	___ <3 In-Patient Admits	___ # Jail Sentences
___ >3 Psychiatric Hospitalizations	___ >3 In-Patient Admits	___ Felony History



NeighborWorks Alaska
SPONSOR-BASED RENTAL ASSISTANCE PROGRAM
APPLICANT CHECKLIST

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

- Completed and signed application*
- Verification of disability from a physician or other licensed professional.*
- Verification of income (letter from payee, conservator, SSI/APA printout, notarized statement from applicant, pay check receipt, W-2 form)*
- Verification of current living situation and program eligibility based upon homelessness. Please see the table that follows this page for directions on proper verification of homelessness.*
- All applicable ROIs such as Permanent Fund Dividend, OPA, SSI, AHFC etc. A current ROI will be required with the new Landlord when the tenant moves into their Apartment.*
- Care Plan/Case Plan/ Service Plan attached.*

VERIFICATION GUIDELINES - SEE ATTACHED HOMELESS VERIFICATION TABLE

Subcategory A: Place Not Meant for Human Habitation

Documentation Requirements

Subcategory A

You Need One (1) Document for the File

- An individual or family who has a primary nighttime residence that is a public or private place not meant for human habitation.
- ONE** of the following:
- Written observation by an outreach worker of the conditions where the individual or family was living;
 - Written referral by another housing or service provider; or,
 - Certification by the individual or head of household seeking assistance.

Subcategory B: Temporary Living Arrangements

Documentation Requirements

Subcategory B

You Need One (1) Document for the File

- An individual or family who **is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregational shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs).**
- ONE** of the following:
- Written observation by an outreach worker of the conditions where the individual or family was living;
 - Written referral by another housing or service provider; or,
 - Certification by the individual or head of household seeking assistance.

Subcategory C: Institutions

Documentation Requirements

Subcategory C

You Need Two (2) Documents for the File

An individual or family who is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

- ONE of the following:
- Written observation by an outreach worker of the conditions where the individual or family was living;
 - Written referral by another housing or service provider; **or**,
 - Certification by the individual or head of household seeking assistance.
- PLUS ONE of the following:
- Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution stating the beginning and end dates of residency. All oral statements must be recorded by the intake worker; **or**,
 - If evidence described above isn't obtainable, a written record of the intake worker's due diligence in attempting to obtain that evidence PLUS a certification by the individual seeking assistance that states (s)he is exiting or has just exited an institution where (s)he has resided for 90 days or less.

NeighborWorks® Alaska
Sponsor-based Rental Assistance Program
Grievance Procedure

All applicants applying for NeighborWorks® Alaska Sponsor-based Rental Assistance Program are required to submit a completed application packet and include any additional information pertaining to such application before being assessed. It will then be determined if applicant is eligible for NeighborWorks® Alaska's Sponsor-based Rental Assistance. If eligible, applicant will then be placed in a categorized order using the HUD Prioritization Policy. The HUD Prioritization Policy was adopted to meet the documented prioritization requirement for the Anchorage CoC's Permanent Supportive Housing. The original policy was released in July 2014, in Notice CPD-14-012, "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status." If applicant is accepted into NeighborWorks® Alaska's Sponsor-Based Rental Assistance Program, they will then enter into a program Rules and Regulations agreement and will then become a client of NeighborWorks® Alaska's Sponsor-based Rental Assistance Program. The client will then enter into a lease agreement with their chosen rentals' property manager and/or owner. The Program Rules and Regulations agreement as well as the clients lease agreement will be the governing instrument whenever disputes arise between Clients, NeighborWorks® Alaska Sponsor-based Rental Assistance Program, and or the Property Manager/Owner of clients chosen property. NeighborWorks® Alaska's Sponsor-based Rental Assistance Program desires the fair treatment of all the applicants and clients. To that end the following grievance procedure has been established. Any current applicant or client of NeighborWorks® Alaska Sponsor-based Rental Assistance Program who feels that he/she is not being treated fairly by NeighborWorks® Alaska Sponsor-based Rental Assistance Program has the right to submit a grievance in accordance with the following procedure.

1) What Complaints are Covered

- a) This procedure covers the following types of complaints
 - i) When the applicant or client feels that NeighborWorks® Alaska Sponsor-based Rental Assistance Program is not doing everything required by HUD, AHFC, or The Anchorage Continuum of Care.
 - ii) When the applicant or client feels that NeighborWorks® Alaska Sponsor-Based Rental Assistance Program are using rules which violate the resident's rights under federal, state or local law.
- b) This procedure does not cover the following types of complaints
 - i) An applicant or client cannot complain about a problem suffered by another applicant or client. Individuals must submit their own complaints.
 - ii) An applicant or client cannot use this procedure when the problem is a dispute between property management/owner of client's residence. This procedure is to be used only when an applicant or client has a complaint with NeighborWorks® Alaska Sponsor-based Rental Assistance Program.
 - iii) The applicant or client cannot use this procedure when the problem concerns the termination of their rental subsidy or lease based on criminal activity that creates a threat to the health or safety of other residents or staff of the facility, the termination

of their subsidy or lease based on any drug related activity occurring on or near the clients residence, or the termination of their rental subsidy based on the applicant or clients failure to follow NeighborWorks® Alaska Sponsor-based Rental Assistance Programs Rules and Regulation agreement.

- iv) A former applicant or client cannot use this procedure after their rental subsidy has been terminated.
- v) An applicant or client cannot use this procedure for routine maintenance requests. Those must be addressed through the work order process of their Property Management/ Owner's lease agreement.

2) Grievance & Mediation Procedure

- a) The applicant or client and NeighborWorks® Alaska Sponsor-based Rental Assistance Program should always try to resolve grievances as informally as possible. The first step an applicant or client must always take is to talk to the Program Manager of NeighborWorks® Alaska Sponsor-based Rental Assistance Program and explain the problem. Applicants or clients are always welcome to have a care coordinator or other advocate present when they present their concerns.
- b) If the problem cannot be resolved informally, the resident must submit the grievance formally, in writing. The grievance must contain a full account of the reason for the grievance and the relief desired by the resident. It must be signed and dated. The grievance must be submitted to the Program Manager. It can be delivered by mail or in person. The applicant or client should always keep a copy of the grievance for their own records.
- c) Within ten (10) business days the Program Manager will respond to the grievance in writing. The response will be sent by mail to the applicant or client and if applicable their care coordinator. A copy will also be placed in the applicant or clients' file. The response will summarize the grievance, list the names of all the participants, and the course of actions that may be taken to resolve the grievance. If the response indicates that the relief requested couldn't be granted, the reason(s) for the denial will be stated.
- d) If the applicant or client feels that the course of action offered by the Program Manager's response does not resolve the grievance they may request a hearing. The request for the hearing must be made in writing and submitted to the Executive Director of NeighborWorks® Alaska. Copies of the hearing request will be given to the Program Manager, and the applicant or client's Care Coordinator. The applicant or client should retain a copy for their records. NeighborWorks® Alaska's Executive Director or their appointed representative will act as the Hearing Officer. A hearing will be scheduled at a time and place that is convenient for all parties. The Hearing Officer will hear the statement of the applicant or client and the Program Manager, consider any evidence, and review all appropriate documents. The Hearing Officer will present their response to the grievance within ten (10) business days. This response will be in writing and conform to the standards in paragraph c of this section. The decision of the Hearing Officer shall be final.
- e) The applicant or client is always free to take concerns and complaints to the local office of the U.S. Department of Housing and Urban Development (HUD). There local address is: U.S. Department of Housing and Urban Development 949 East 36th Street, Suite 401 Anchorage, AK 99508-4135 Phone 907-271-4300 Fax 907-271-3667

NeighborWorks® Alaska
Sponsor-based Rental Assistance Program
REASONABLE ACCOMMODATION
POLICY

Policy

It is the policy of NeighborWorks® Alaska Sponsor-based Rental Assistance 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 504 Coordinator at NWA 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, NWA 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 504 Coordinator 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 504 Coordinator may request a meeting with the applicant.

In most cases, the 504 Coordinator will provide reasonable accommodations promptly, at management's expense. The 504 Coordinator will provide a letter outlining the accommodations to be made and when the accommodation will be provided.

If the 504 Coordinator determines that the request for an accommodation is not reasonable, the 504 Coordinator will notify the applicant in writing. The applicant may request to meet with the 504 Coordinator to discuss the denial of the accommodation.

Should the 504 Coordinator deny a request for a reasonable accommodation, the applicant may request an information hearing by writing to the 504 Coordinator, 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 ANHS 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 NWA)

Name: _____
Title of professional or expert: _____
Agency, Facility or Institution (if any): _____
Address: _____
Telephone: _____

I understand that the information obtained by NWA 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: _____

