



# Baranof Island Housing Authority

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245 Katlian • Sitka, AK 99835 • (907) 747-5088 • Fax (907) 747-5701

## **Monastery Apartments - Housing Application**

245 Katlian Street, Sitka, AK 99835

907-747-5088

### **HOUSING APPLICATION INTERVIEW AND CERTIFICATION CHECKLIST**

- APPLICATION COMPLETE
  
- PHOTO ID/SOCIAL SECURITY CARD
  
- TAX RETURNS FOR LAST YEAR OR CERTIFICATION BY APPLICANT IF NO INCOME TAX RETURNS FILED & A 4506-T.
  
- INCOME INFORMATION FOR ALL MEMBERS OF HOUSEHOLD  
PAYCHECK STUBS 3 MONTHS  
STATEMENT OF BENEFITS (SSA, SSI, PUBLIC ASSISTANCE, RETIREMENT)
  
- BANK STATEMENTS FOR ALL BANK ACCOUNTS FOR THE LAST THREE MONTHS
  
- CREDIT REPORT AUTHORIZATION SIGNED AND APPLICABLE FEES PAID
  - \$11.00 – INDIVIDUAL ADULT
  - \$22.00 – MARRIED COUPLE
  
- HOUSING CONDITION STATEMENT IF APPLICABLE
  
- HOME VISIT SCHEDULED
  
- SIGNED RELEASE OF INFORMATION

### **FILE CERTIFICATION FOR COMPLETENESS**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CERTIFYING BIHA REPRESENTATIVE

\_\_\_\_\_  
DATE

**Monastery Street Apartments**

Located at 414 Hollywood Way ~ Mailing: 245 Katlian Street  
Sitka, Alaska 99835 907-747-5088

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Predicted move in date? \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

NAME	RELATIONSHIP	DOB	AGE	GENDER	SOCIAL SECURITY #
1.	Head Household				
2.					

**APPLICANT HISTORY**

Do you own any pets? Cat/Dog/Other: \_\_\_\_\_  Yes  No

Have you or a member of your household ever:

Been convicted of any crime other than a traffic violation or misdemeanor?  Yes  No

If yes, explain what the conviction was for: \_\_\_\_\_

Involved in or arrested for any criminal activity against another person/person's property?

Yes  No

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

Convicted of any drug related criminal activity?

Yes  No

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

Been convicted of domestic violence?  Yes  No

Are you or a member of your household required to register as a sex offender?  Yes  No

Knowingly or purposely failed to provide required information?  Yes  No

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

Have you or any member of your household ever been:

Evicted or notified of a non-renewal of a lease/agreement?  Yes  No

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

**CURRENT HOUSING CONDITIONS:**

To ensure prompt processing of your application and ensure proper preference scoring is applied, this section must be filled out as completely and descriptively as possible.

Current Address:		City/State:
# of Occupants:	# of bedrooms:	Monthly Rent Amount: \$
Name of Landlord:		
Address of Landlord:		City/State:
Phone:		Fax:

Previous address:		City/State
# of Occupants:	# of bedrooms:	Monthly Rent Amount: \$
Name of Landlord:		
Address of Landlord:		City/State
Phone:		Fax:

**APPLICANT CERTIFICATION AND DECLARATION OF TRUTH  
PLEASE READ BEFORE SIGNING**

**I/WE UNDERSTAND THAT THE INFORMATION GIVEN TO BARANOF ISLAND HOUSING AUTHORITY ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE, UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF THE OCCUPANCY. I/WE HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFICATION.**

\_\_\_\_\_  
Signature of Head of Household      Date      Signature of Spouse      Date

\_\_\_\_\_  
Signature of Other Adult      Date      Signature of Other Adult      Date

**For Office Use Only:**

**Received by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application Complete:** \_\_\_\_\_ **Application Incomplete:** \_\_\_\_\_

**SOURCE OF INCOME:**

Income includes but is not limited to the following; hourly wage, salary, income from a business, public assistance, Social Security, disability, child support, alimony, unemployment, VA benefits, regular payments from an annuity or trust, pensions or other retirement accounts, Native Corporation Dividends exceeding \$2,000 per year, any income received from assets, etc. Provide GROSS INCOME, before deductions.

**ALL INCOME MUST BE REPORTED FOR THOSE INDIVIDUALS LIVING IN THE HOME OVER THE AGE OF 18.**

Name	Source of Income	Total Annual Income	PFD
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	

**TOTAL:**

\$ \_\_\_\_\_  
**ASSETS/DIVIDEND INCOME:**

Assets include, but are not limited to; real property, non-commercial boats, recreational vehicles/watercraft, rental property, stocks, interest in non-native held corporations, etc. Documentation of current value of each asset must be provided with the application.

Name	Description of Asset	Current Value
1.	Home* (tax assessed value)	\$
2.		\$
3.		\$
4.		\$
5.		\$

**NATIVE CORPORATION SHARES:**

Shareholder	Corporation	# Shares
1.		
2.		
3.		
4.		

**BANK ACCOUNTS:**

List all checking and savings accounts, CD's, IRA's, Bonds, etc. Use a separate sheet if necessary.

Name Account Holder	Bank or Lending Institution	Account Numbers
1.		
2.		
3.		



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## CREDIT REPORT AUTHORIZATION AND RELEASE

BY MY SIGNATURE BELOW I AUTHORIZE BARANOF ISLAND HOUSING AUTHORITY to obtain a Consumer Credit Report and/or Background Report on me. This authorization is valid for purposes of verifying information given pursuant to mortgage lending, leasing, rental, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

By my signature below, I hereby authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, country and federal courts and agencies, military services and persons to release all information they may have about me. This authorization shall be valid in original or copy form.

Applicant's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Co Applicant's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone number: (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### For Office Use Only:

Credit Report Fee Paid: \$ \_\_\_\_\_ Individual Adult \$ 11.00 Married \$22.00



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## Certification by Applicant of no Income Tax Returns Filed

I/we, \_\_\_\_\_ certify that I/we have not filed income tax returns for the following years: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. The reason I/we have not filed taxes is:

\_\_\_\_\_

**Section 1001 of title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

By signing below, I/we acknowledge that if it is determined that I/we have misrepresented this information that I/we are subject to prosecution for misrepresentation of income and/or assets for the purpose of unlawfully obtaining federal funds.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

The State of Alaska  
First Judicial District **ss.**

The Foregoing Instrument was acknowledged before me by \_\_\_\_\_

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Witness my hand and seal.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed name of Notary Public

My Commission Expires: \_\_\_\_\_





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## **Release of Information Authorization**

I \_\_\_\_\_ authorize the release of information requested by Baranof Island Housing Authority and its employees to release and share housing and account information. This information will not be shared with any other person or organization that is not listed on this form. This release will be effective upon signature and will remain so for one year.

Persons and organizations BIHA may share housing and account information with are as follows: The Sitka Tribe of Alaska, Temporary Assistance to Needy Families (TANF), Alaska Housing Finance Corporation (AHFC), The Salvation Army, Adult Public Assistance, The Social Security Administration, and The Office of Child Services (OCS).

\_\_\_\_\_  
Tenant Name (Printed)

\_\_\_\_\_  
Other Adult Name (Printed)

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Today's 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. 1/31/2014

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

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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Head of Household	Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.