

BARANOF ISLAND HOUSING AUTHORITY

Low Rent Application

245 Katlian Street, Sitka, AK 99835

907-747-5088



HOUSING APPLICATION INTERVIEW AND CERTIFICATION CHECKLIST

- APPLICANT INTAKE INTERVIEW COMPLETED
- PHOTO ID & SOCIAL SECURITY CARDS FOR EVERYONE OVER 6 YEARS OF AGE
- TAX RETURNS FOR LAST THREE YEARS OR CERTIFICATION BY APPLICANT IF NO INCOME TAX RETURNS FILED.
- CERTIFICATE OF INDIAN BLOOD
- 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 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

REQUIRED DOCUMENTATION

1. SOCIAL SECURITY CARDS OR PHOTO ID SHOWING SS# FOR ALL FAMILY MEMBERS OVER 6 YEARS OF AGE.
2. COMPLETE SETS OF TAX RETURNS FOR THE LAST THREE (3) YEARS.
3. DOCUMENTATION OF PROOF OF INDIAN BLOOD.
4. NAME, ADDRESS & PHONE NUMBER OF CURRENT EMPLOYER, AND FAX NUMBER IF AVAILABLE.
5. AT LEAST THREE (3) MOST CURRENT PAYCHECK STUBS AND ANY OTHER INCOME DOCUMENTATION RECEIVED BY ANY HOUSEHOLD MEMBER OVER THE AGE OF 18.
6. STATEMENTS FROM THE FOLLOWING AGENCIES SHOWING THE AMOUNT OF BENEFITS/INCOME AND THE NAME OF THE RECIPIENT:
 - SOCIAL SECURITY BENEFITS
 - DISABILITY
 - PUBLIC ASSISTANCE/TANF
 - CHILD SUPPORT
 - ALIMONY
 - PENSION OR RETIREMENT BENEFITS
 - NATIVE CORPORATION DIVIDENDS IN EXCESS OF \$2,000 PER RECIPIENT, PER YEAR
 - LONGEVITY
 - UNEMPLOYMENT
 - VETERANS ADMINISTRATION PAYMENTS
 - ANY OTHER INCOME OR REGULARLY RECEIVED PAYMENT RECEIVED BY HEAD OF HOUSEHOLD, OR RECEIVED ON BEHALF OF ANY MEMBER OF HOUSEHOLD, MINOR OR ADULT (EVEN IF TEMPORARILY ABSENT)
 - ANY INCOME DERIVED FROM ASSETS SUCH AS: REAL, PERSONAL OR RENTAL PROPERTY, INTEREST ON ACCOUNTS, STOCK, DIVIDENDS, CD'S, IRA'S, ETC.
7. NAME, ADDRESS, PHONE OR FAX# OF COMPANY PAYING RETIREMENT OR PENSION BENEFITS.
8. NAME AND ADDRESSES OF BANKS, AND ALL ACCOUNT NUMBERS AS WELL AS COPIES OF BANK STATEMENTS (3 MOST CURRENT MONTHS) FOR EACH ACCOUNT.

ANY FALSE INFORMATION OR DELIBERATE OMISSION OF INFORMATION PROVIDED BY THE APPLICANT THAT MATERIALLY AFFECTS ELIGIBILITY WILL BE GROUNDS FOR DENIAL OF THE APPLICATION OR TERMINATION FROM THE PROGRAM.

PRELIMINARY APPLICATION FOR PROGRAM PARTICIPATION

Baranof Island Housing Authority does not discriminate on the basis of age, color, sex, religion, national origin, handicap or familial status. Alaska Native/American Indian applicants receive preference in applying for Baranof Island Housing Authority programs.

CRITERIA FOR ACCEPTANCE OF THIS APPLICATION

All information requested in this application is necessary to satisfy our selection guidelines or to satisfy HUD requirements. Be sure that all of your information is correct.

1. **Application must be fully complete, dated and signed prior to processing of application;**
2. Application must list all persons who would be living in the unit, their sex, date of birth, and relationship, including the following information:
 - ✓ Applicants address and a telephone number.
 - ✓ Family characteristics.
 - ✓ Social security numbers for all members of the household who are six years of age or older.
 - ✓ An estimate of the family's anticipated income for the next twelve months and the sources of that income.
 - ✓ Names of previous and current employers, banks, and any other information such as income tax returns for the past three years. BIHA needs to verify the applicant's income and deductions, and to verify the family composition.
 - ✓ Certification of Indian Blood.
3. Certification of Application. The application must provide for the applicant's certification of family's composition. By signing the application, you are stating that all information contained in the application is true and correct.
4. It is the applicant's responsibility to update the application and provide a valid phone number for contact. This update is required annually.

REQUIREMENT TO PROVIDE TAX INFORMATION

Baranof Island Housing Authority requires each applicant to provide copies of Income Tax Returns for the most recent three years, or if taxes were not filed, to complete the attached Certification of no Taxes Filed. The Certification must state reasons for not filing and be notarized.

If you are unable to provide tax returns because:

- ✓ you are not required to file returns due to lack of income; or
- ✓ you have filed tax returns, but have lost your copy;

Please fill out the Request for Transcript of Tax Return form number 4506-T and submit the Request to the IRS per form instructions. It takes a minimum of 10 days for the IRS to process this request. Your application will not be considered complete until the information is received.

Baranof Island Housing Authority is a federally funded housing assistance program. By failing to file Income Tax Returns for any reason other than an exemption from the IRS from the requirement to file, you are in violation of federal law. BIHA cannot admit applicants who have been or are currently in violation of any local, state or federal laws.

REASONS APPLICATION MAY BE DENIED

- ✓ **Incomplete application;***
- ✓ **Provision of misleading or false information on application;**
- ✓ **Omission of tenancy history;**
- ✓ **Negative endorsements from previous and current landlords, such as non-payment of rent, destruction of property, eviction, a history of violence to persons and/or property, or a history of poor housekeeping;**
- ✓ **Any false information provided by the applicant that materially affects eligibility;**
- ✓ **Failure of the applicant to sign the required application and other forms required;**
- ✓ **Over (or under) income limits;**
- ✓ **Failure to update application annually. ****

VERIFICATION REQUIREMENTS

Staff will do third party verification of; income, employment, unemployment, AFDC, social security, retirement, child support, permanent fund dividends, native dividends, assets, family composition, student status.

Should you have any questions, or need assistance in filling out the application, please call Baranof Island Housing Authority at 747-5088.

WARNING

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

** Applications will not be processed unless they are complete with all requested information and identification. A list of items needed is included with this application.*

*** Applications not updated annually will be deemed inactive. Staff will send one notice to update. If no response is received within the allotted time, the application will be terminated.*

APPLICATION FOR ADMISSION

It is the responsibility of the applicant to update this application as changes in family circumstances occur. Failure to update information at least annually or within the time frame specified in a written request for updated information will result in the application being deemed inactive.

Initial Application

Update Information

Addition to Household

APPLICANT INFORMATION:

Name of Applicant: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

HOUSEHOLD COMPOSITION

NAME	RELATIONSHIP	DOB	AGE	GENDER	SOCIAL SECURITY #
1.	Head Household				
2.					
3.					
4.					
5.					
6.					
7.					

The following information is for Federal reporting purposes, and in some cases, for eligibility purposes.

Enrolled member of Sitka Tribe of Alaska* Alaska Native* American Indian*

**If you are claiming Tribal preference, documentation of enrollment in Sitka Tribe of Alaska must be provided. To claim preference as an Alaska Native / American Indian, you must provide a Certificate of Degree of Indian Blood from the Bureau of Indian Affairs, or other acceptable proof from a federally recognized Tribe.*

Have you or a member of your household ever been convicted of any crime other than a traffic violation?
 Yes No If yes, explain what the conviction was for: _____

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

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

Have you or a member of your household ever been convicted of domestic violence? Yes No

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.		

CURRENT HOUSING CONDITIONS:

In order to ensure prompt processing of the 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:

Please indicate if any of the following applies to your current housing situation. Verification of each claimed preferences is required.

- Homeless:** Are you living in a shelter, institution, or public place not designed for human habitation? Do you lack a regular nighttime residence?
- Involuntary Displaced:** Have you been displaced by a disaster, actual or threatened physical violence, action of a property owner or landlord*, or activity of a State or local governing body?
- Substandard:** Use the attached contract sheet to describe, in detail, the issues in your current housing that make it substandard or unsafe. Substandard conditions will be evaluated and documented during the home visit.
- Rent Burden:** Have you paid more than 50% of your income for rent for more than 90 days?
- Disability:** Does your current residence not meet a disabled household member's special needs?
- Overcrowded:** Are there more than two persons or multi-generations per bedroom where you currently live?
- Non-permanent housing:** Are you staying in a non-permanent situations, i.e. a hotel, friend or relatives home where you are not a permanent resident or party to the lease agreement?
- Local resident:** Have you lived in Sitka for at least six months and qualify for the Alaska PFD?
- Veteran:** Are you an honorably discharged veteran?

*Please note, situations where an eviction has been served by a landlord for non-payment or other good cause does not qualify as involuntary displacement.

Please describe any extraordinary circumstances related to your current housing situation:

Multiple horizontal lines for writing.

**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: _____



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

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

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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**VERIFICATION OF LANDLORD
MUST BE RETURNED FOR APPLICATION TO BE COMPLETE**

Applicant Name: _____

Address: _____

City/State/Zip: _____

The above named individual has applied to us for participation in a low income housing program. The signature of the applicant(s) on this form signifies their consent for you to provide us with the requested information.

Your prompt return of this verification is required. Return via fax: (907) 747-5701 or by mail.

Signature of Head of Household

Other Adult

Length of time at residence: _____ Monthly payment: \$ _____

Payment History: Excellent _____ Satisfactory _____ Poor _____ Other _____

Number of late payments in the last 12 months: _____

Utilities included: Yes No Evicted: Yes No Drug Related: Yes No

If poor, please explain: _____

Housekeeping practices: _____ Neighborhood complaints: _____

Damage beyond normal wear and tear: _____

Members of household: _____

Additional Information:

Landlord Signature

Date



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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(l)(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"/>
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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)