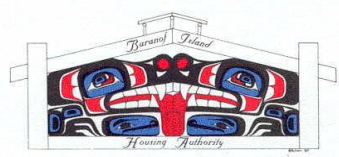


BARANOF ISLAND HOUSING AUTHORITY

Student Housing Voucher
Application
245 Katlian Street, Sitka, AK 99835
907-747-5088



STUDENT HOUSING APPLICATION CHECKLIST

- Copy of State Issued Identification Card
- Certificate of Indian Blood
- Verification of Full-Time or Part-Time Student Enrollment/Acceptance Letter
- Income Documentation
 - **Dependent-** Students Parents Income Information
 - Current Taxes
 - Pay Stubs (Last Three Months)
 - Bank Statements for all Bank Accounts (Last Three Months)
 - **Independent-** Students Income Information
 - Current Taxes
 - Pay Stubs (Last Three Months)
 - Bank Statements for All Bank Accounts (Last Three Months)
- Current Landlord Contact Information (Name, Address, Phone Number)
- Signed Release of Information

FILE CERTIFICATION FOR COMPLETENESS

Applicant Signature

Date

BIHA Representative

Date

Revised 01/18/2018

BIHA Student Housing Voucher Program



As with all BIHA programs, the Baranof Island Housing Authority General Admission and Occupancy Policy applies to the Student Housing Voucher program.

This program has been developed to increase opportunities and encourage tribal members to seek higher education and professional training. BIHA shall provide up to \$1,000.00 (one time) per school year for eligible full-time students (12+ credits) or \$500.00 for part-time students (6+ credits) for the purpose of assisting students by reducing housing costs associated with obtaining higher education or professional training. A new application must be submitted each year.

Funds for this program are limited and will be awarded based on the date of completed application and preferences.

Applications will be accepted for the applicable academic year until funding for the program year is exhausted.

Application

To verify federal eligibility requirements, a BIHA Student Housing Voucher application must be filled out and certified as complete by a staff member. Incomplete applications will not be considered when awarding funds. The closing date for acceptance of applications and verifications will be established annually and will provide sufficient time for applicants to provide required forms and documentation.

Following the closing date, applications will be reviewed by the BIHA screening committee, who will confirm the applications are complete, and the applicant meets all eligibility criteria.

Local residency is required. Enrolled members of Sitka Tribe of Alaska will receive preference for available funding. Preference will be applied as follows: Applications received from tribal members who have been deemed eligible under this program will be considered before applications received from non-tribal members who are otherwise eligible.

Eligibility

Applicants for this program must be at or below 80% of the area median income as determined by HUD (see Attachment A). Calculation of annual income for applicant students shall be based on independent student status or dependent student status. See the definitions for each below.

Student:

A student is an individual who has been accepted for enrollment and is taking 12 or more credits (full-time) or taking 6 or more credits (part-time) or who is enrolled, as a degree (diploma, certificate, etc.) seeking student in an accredited technical or vocational school, 2-year or 4-year college or university, or graduate or professional school.

Independent Students: For determining income, only the independent student's income and that of his or her household shall be counted. The income of his or her parents is not counted when determining the eligibility of an independent student.

A student is considered by the Federal standards as an independent or self-supporting student if he or she meets one of the following conditions:

1. Is at least 24 years of old by December 31st of the award year;
2. Is a student that has children who receive more than half of support from the student;
3. Is an orphan or ward of the court;
4. Is a veteran of the Armed Forces of the United States or on active military duty;
5. Is a married student;
6. Is a graduate or professional student;
7. Is a student who has legal dependents other than a spouse;
8. Is a student who is no longer claimed as a dependent by a parent or guardian on the current year's federal income tax return, and has filed his or her tax return the year.

Dependent Student:

A student who does not meet the federal definition of an independent student is considered a dependent student and must submit his/her parent's income and asset information on the application form.

Independent and Dependent students will be required to provide documents to verify their income and their parents' (or legal guardian's) income for the applicable year. To verify earned income, signed copies of students' and parents' most recent Federal Income Tax Return (1040) must be submitted. Non-taxable income can be verified by submitting the appropriate agency letter for the applicable year.

The type of income that will be counted for the purpose of this program shall be determined in line with the BIHA General A&O Policy, Section XII, Income, and Deductions.

Payment:

Funds granted are to be used for payment of school provided dormitory housing or rental of off-campus housing only. Payment shall be made directly to the school or landlord in a single payment. A current phone number and the physical address of the student will be kept on file. It is the responsibility of the student to ensure this information is current and correct.

Required Academic Performance:

Students receiving assistance must maintain passing grades in all classes to remain eligible for this program. Should the applicant fail in any one of his or her classes, or should his or her status as a full-time student change (i.e., student drops out or is no longer considered a full-time student due to reduced class load) prior to exhaustion of the funds granted, the remaining balance must be repaid to BIHA. It is the responsibility of the student to notify BIHA immediately of any such change and ensure any funds remaining are repaid to BIHA.

Failure to do so may result in denial of future assistance from BIHA, a civil action in court, or in extreme cases, criminal prosecution for the misuse of federal funds.

Student Housing Voucher Application

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.

APPLICANT INFORMATION:

Name of Applicant: _____

Mailing Address: _____

Physical Address: _____

Home#: _____ Cell#: _____ Work#: _____

Email: _____

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

Enrolled member of Sitka Tribe of Alaska Alaska Native Native American

Name	Relationship	DOB	Age	Gender M/F	Social Security Number
1.	Head Household				
2.					
3.					
4.					

School Information

Name of College/University/School	Financial Aid Address
Financial Aid Officer/Counselor	City State Zip
FAO Phone #	FAO Fax #
Website Address	Email Address

Are you a Full-Time or Part-Time Student?

Full-Time Part-Time

Is the school you're attending recognized by the U.S. Department of Education?

Yes
 No

If you answered No, than you must provide the school accreditation/certification information.

COLLEGE HOUSING INFORMATION:

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.

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 INFOMRATION 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 PUPROSE OF VERIFICATION.

Signature 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: \$ _____

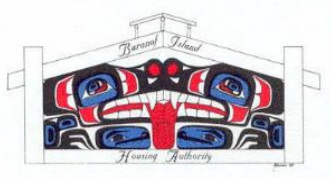
ASSETS/DIVIDEND INCOME:

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.		



Baranof Island Housing Authority

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

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: _____

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(1)(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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)