



Monastery Apartments - Housing Application

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 & BACKGROUND AUTHORIZATION SIGNED AND APPLICABLE FEES PAID
 - \$27.00 BACKGROUND & CREDIT CHECK FEE (Single Applicant)
 - \$54.00 BACKGROUND & CREDIT CHECK FEE (Married Applicants)
- 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 Application

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

APPLICANT INFORMATION:

Name: _____ Social Security #: _____ - _____ - _____ DOB: _____

Mailing Address: _____ City/State and Zip Code _____

Physical Address: _____ City/State and Zip Code _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Anticipated move in date? _____

HOUSEHOLD COMPOSITION

NAME	RELATIONSHIP (Head of Household)	DOB	AGE	GENDER	SOCIAL SECURITY #
1.	Self				
2.					

HISTORY

Do you own any pets?

Yes No *If yes, what kind of animal/s do you own?* _____

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: _____

- **Convicted of domestic violence?**

Yes No

If yes, please explain: _____

Is any member of your household required to register as a sex offender?

Yes No

Have you knowingly or purposely failed to provide required information?

Yes No

Has any member of your household been evicted/notified of a non-renewal of a lease?

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

Previous address:		City/State & Zip Code:
# of Occupants:	# of bedrooms:	Monthly Rent Amount: \$
Name of Previous Landlord:		
Address of Previous Landlord:		City/State & Zip Code:
Previous Landlord Phone:		Previous Landlord 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: _____

SOURCES 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 INDIVIDUALS LIVING IN THE HOME OVER THE AGE OF 18.

Note that Earnings, Assets, Dividends, Tribal Corporation Shares and Bank Accounts have separate sections.

Name of Household Member	Source of Wages/Earnings Income	Total Annual Income	Check if PFD
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	

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.

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

NATIVE CORPORATION SHARES:

Shareholder Name	Corporation	# Shares
1.		
2.		
3.		
4.		
5.		

BANK ACCOUNTS:

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

Account Holder Name	Bank or Lending Institution	Account Numbers
1.		
2.		
3.		
4.		
5.		



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 & Background Check Fee Paid: \$27.00 _____ \$54.00 _____



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: _____



Verification of Current Landlord

MUST BE RETURNED FOR APPLICATION TO BE COMPLETE

Applicant Name: _____

Current Address: _____

City/State/Zip: _____

The above-named individual has applied to Baranof Island Housing Authority 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 appreciated. Return via fax: (907) 747-5701 or by mail to 245 Katlian Street, Sitka Alaska 99835.

Signature of Head of Household Date

Signature of Other Adult Date

Length of time at residence: _____ Monthly payment: \$ _____ Utilities included: Yes No

Payment History: Excellent Satisfactory Poor Other _____

If poor, please explain: _____

Late payments in last 12 months): _____ Evicted: Yes If Yes, Was Eviction Drug Related?: Yes No

Comments: housekeeping practices: _____ neighborhood complaints: _____

Damage beyond normal wear and tear (please describe): _____

Names of household members:

Additional Information:

Landlord Name (Print)

Landlord Signature Date

Landlord Phone



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. 07/31/2021

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:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
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.