



Baranof Island Housing Authority

245 Katlian Street, Sitka, AK 99835 Phone: 1-907-747-5088 or 1-866-962-6835 (toll free) Email: info@bihasitka.org

## Student Housing Voucher Application

*All items listed below MUST be completed by May 31.*

***INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED***

**APPLICATION COMPLETE**

- Acknowledgement of Application Requirements Signed and Dated
- Applicant and Household Information Completed
- School & Financial Aid Office Information Completed
- College Housing Information Completed
- Sources of Income Completed
- Certification and Declaration of Truth Signed and Dated

**DOCUMENTS PROVIDED**

- Copies of government-issued identification and social security cards for household members over age 6
- Copies of Certificate of Indian Blood (CIB) and proof of Tribal Enrollment
- Proof of enrollment in an accredited school.
- Copy of previous school year transcript showing grades for all courses taken (if applicable)
- INCOME DOCUMENTS** (Student Applicant Income or Parental Income for Dependent Students)
  - TAX RETURNS FOR LAST 3 YEARS OR A COMPLETED AND SIGNED 4506-T FORM
  - PAYCHECK STUBS (LAST 3 MONTHS)
  - MOST RECENT STATEMENTS OF ALL BENEFITS (SSA, SSI, PUBLIC ASSISTANCE, UNEMPLOYMENT)
  - STATEMENTS FOR ALL BANK AND RETIREMENT ACCOUNTS (LAST THREE MONTHS)

SIGNED RELEASE OF INFORMATION (HUD)

**FILE CERTIFICATION FOR COMPLETENESS**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
BIHA Representative

\_\_\_\_\_  
Date



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## **STUDENT HOUSING VOUCHER PROGRAM INFORMATION**

This program has been developed to increase opportunities and encourage tribal members to seek higher education and professional training. BIHA shall provide up to \$2,000.00 (one time) per school year for eligible full-time students (12+ credits) or \$1,000.00 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.

### **Application**

The application period will open on the 1<sup>st</sup> of April and will close on the 31<sup>st</sup> of May. Awards are for the academic year beginning in fall semester, and notifications will be issued on or before July 31<sup>st</sup>. Funds for this program are limited and will be awarded based on eligibility criteria (tribal enrollment, student status at an accredited school, residency, and income level).

To verify federal eligibility requirements, a BIHA Student Housing Voucher application must be certified as complete by a staff member. Following the closing date, applications will be reviewed to confirm the applications are complete, and the applicant meets all eligibility criteria. Eligible applications will then be forwarded to the BIHA screening committee to determine final award selection.

### **Eligibility**

1. ***Member of a federally recognized tribe:***

Assistance is limited to students who are members of a federally recognized tribe.

2. ***Student Status:***

Applicants must be enrolled in an accredited technical or vocational school, 2-year or 4-year college or university, or graduate or professional school and are working towards a degree, diploma, or certificate, etc.

3. ***Income:***

Applicants for this program must demonstrate income that does not exceed 100% of the Area Median Income for Sitka, Alaska as determined by HUD annually. Priority will be given to applicants at or below 80% of the Area Median Income. Applicants whose income is documented as above 80% of the Average Median Income will be awarded assistance if funds allow.

**Adjusted Gross Income (AGI) on IRS Form 1040 (Individual Income Tax Return) will be used to determine income eligibility.** Applications will not be considered complete if tax returns or a signed 4506 T form is not provided with the application.

### **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.

BIHA will contact successful applicants after July 31 to confirm the name, address, phone and/or email details of the applicant's landlord. If BIHA does not receive a response from the applicant within 10 calendar days of making contact, BIHA will assume that the applicant is no longer interested in receiving the funds.

### **Required Academic Performance:**

Students receiving assistance must maintain passing grades (minimum 2.0 Grade Point Average or equivalent Pass/Fail determination) in all classes to remain eligible under this program. Students who fail to do so may be deemed ineligible for future assistance under this program.



## BIHA Student Housing Voucher Program Application

**APPLICANT INFORMATION:**

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

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

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

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Anticipated move in date \_\_\_\_\_

**Are you, or anyone in your household an:**

Enrolled member of Sitka Tribe of Alaska  Alaska Native  American Indian  Honorably Discharged Veteran

**HOUSEHOLD COMPOSITION:**

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

**SCHOOL & FINANCIAL AID OFFICE INFORMATION**

<b>Name of College/University/School</b>	<b>Financial Aid Office Address</b>
<b>Financial Aid Officer/Counselor</b>	City State Zip
<b>Financial Aid Office Phone #</b>	<b>Financial Aid Office Fax #</b>
<b>Financial Aid Office Website Address</b>	<b>Financial Aid Officer Email Address</b>

**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, then you must provide the school accreditation/certification information below:

\_\_\_\_\_

**COLLEGE HOUSING INFORMATION:**

Checks will be issued to the landlord after July 31.

If the landlord details are **NOT known** at the time of submission, please indicate this by **checking the box**.

If the name and contact details of the landlord are KNOWN at the time of submission, please provide them below.

I do not know where I will be living at this time. I will provide this information on or before August 10. I understand that if I do not provide this information, BIHA will not be able to provide these funds on my behalf.

<b>Name of Landlord:</b>			
<b>Address of Landlord:</b>			
	<b>City</b>	<b>State</b>	<b>Zip code:</b>
<b>Phone:</b>	<b>Fax:</b>		
<b>Email:</b>			

PLEASE NOTE: If your application is successful, we will contact you after July 31 to update the landlord’s information. If a successful applicant does not respond to BIHA’s request for this information by August 10, BIHA will assume that you are no longer interested in participating in the Student Housing Voucher program.

**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 Head of Household** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Spouse (if applicable)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Other Adult (if applicable)** \_\_\_\_\_  
**Date**

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**For Office Use Only:**

Received by: \_\_\_\_\_ Date \_\_\_\_\_ Application Complete: \_\_\_\_\_ Application Incomplete: \_\_\_\_\_

**SOURCES OF INCOME:**

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

**WAGES, SALARIES, BENEFITS, BUSINESS INCOME** (GROSS INCOME, before deductions) Includes 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.

Name of Household Members	Source of Income	Total Annual Income
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

**TOTAL:** \$ \_\_\_\_\_

**DID EVERY FAMILY MEMBER RECEIVE AN ALASKA PERMANENT FUND DIVIDEND?**

Yes  No # of PFDs Received: \_\_\_\_ Additional Comments: \_\_\_\_\_

**ASSETS/DIVIDEND INCOME**(GROSS INCOME, before deductions):

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

Name of Household Member	Description of Asset	Current Value
<i>Example</i>	<i>Home*</i>	<i>\$(tax assessed value)</i>
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

**NATIVE CORPORATION SHARES:**

Do not list distributions or dividends with a value less than \$2000

Shareholder Name	Corporation Name	# Shares	Most recent value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**BANK/RETIREMENT 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.		
4.		