Baranof Island Housing Authority
245 Katlian Street, Sitka Alaska 99835
Phone: 1-866-962-6835 Fax: 907-531-2911

RENTAL HOUSING APPLICATION

This application packet can be used to apply for any of our rental housing programs. Additional information and documents are used to verify what is written in the applications form. Please make an appointment with one of our housing department staff to review what you will need, or if you have any questions about how to complete the application.

ABOUT BIHA RENTAL HOUSING PROGRAMS

Baranof Island Housing Authority (BIHA) is the Tribally Designated Housing Entity (TDHE) for Sitka Tribe of Alaska (STA). BIHA also provides housing that is available to all members of the Sitka community. Programs have different eligibility criteria based on funding source.

LOW RENT HOUSING (NAHASDA): Tribal Families earning 80% or less of Sitka's Median Family Income (MFI)

Funding allows BIHA to provide assistance to eligible STA Tribal Citizens and other Alaska Natives and American Indians living in Sitka. This program is income-based and rent charges are limited to 30% of the household's total adjusted family income. To remain eligible for NAHASDA housing, tenants must participate in an annual re-certification process by providing updated household income and other information. Tenants are responsible for utilities charges.

> ***PLEASE NOTE:*** Under NAHASDA, BIHA may also offer limited assistance to Tribal families who earn up to 100% of Sitka's median family income, as well as assistance to "Essential" Families (essential to the well-being of tribal families) and Law Enforcement Officers.

HEADWATERS: Very Low-Income Households

The Headwaters Rental Housing program is open to all residents of Sitka who are income eligible. This program accepts AHFC Housing Choice vouchers and HUD Veterans Affairs Supportive Housing vouchers. Preference is given to voucher holders. Tenants are responsible for utilities charges.

MONASTERY SENIOR HOUSING

Monastery Senior Housing is open to all residents of Sitka, primarily serving elderly and near elderly. This program accepts AHFC Housing Choice vouchers and HUD Veterans Affairs Supportive Housing vouchers. Rent is a flat rate charge that includes all City utilities.

GENERAL HOUSING

BIHA owns a few general housing units that are open to the public. Rent is based on Fair Market Rent for Sitka and tenants are responsible for utilities charges.

VERIFICATION OF APPLICATION INFORMATION

Applications will not be accepted or processed unless they are complete. All requested information and identification must be provided when the application is submitted. BIHA staff will be verifying all information that is provided and will document information that was not disclosed as required.

CREDIT AND CRIMINAL BACKGROUND CHECK

BIHA will conduct a credit check and background check on all adult household members to determine program eligibility. Certain criminal convictions may make an individual ineligible for BIHA housing based on the nature of the crime and the length of time since conviction. Some convictions have no limit on denial of housing assistance. More information can be found in our housing policy documents.

FALSE STATEMENT 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.

BIHA Rental Housing Program Application (mark selected programs below)**:**

☐ **Low Rent** (Low-Income Native) ☐ **Headwaters** (Voucher Priority)

☐ **Monastery** (Senior Priority) ☐ **General** (Fair Market Rent)

FIRST APPLICANT INFORMATION: This person will be considered the Head of Household and main contact person.

Name: _____Social Security #: _____-_____-_____ DOB: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell: _____Work: _____

Email: _____ Anticipated move in date_____

HOUSEHOLD DEMOGRAPHIC INFORMATION:

Are you, or anyone in your household: Choose all that apply and provide required verification where necessary.

☐ Alaska Native ☐ American Indian ☐ Honorably Discharged Veteran ☐ Persons with a disability ☐ Hispanic or Latinx

☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Black or African American ☐ Other:_____

HOUSEHOLD COMPOSITION: All people who will be living in the unit for more than two weeks in any calendar year.

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

APPLICANT CIRCUMSTANCES & HISTORY

Do you own any animals? ☐ **Yes** ☐ No

Please describe the species and number_____

Do any of these animals meet the criteria for a therapeutic assistance animal:

A family member listed above has a medically verified disability. ☐ **Yes** ☐ No

The animal is required to assist that family member to complete a major life activity. ☐ **Yes** ☐ No

If yes, ask staff about the Request for Reasonable Accommodation: Therapeutic Assistance Animal form.

Have you or a member of your household ever been:

- Convicted of a felony or misdemeanor in the past 5 years? ☐ **Yes** ☐ No
- Involved in/arrested for criminal activity against another person's property? ☐ **Yes** ☐ No
- Convicted of any drug related criminal activity? ☐ **Yes** ☐ No
- Convicted of domestic violence? ☐ **Yes** ☐ No
- Required to register as a sex offender? ☐ **Yes** ☐ No
- Reported as knowingly or purposely failing to provide required information? ☐ **Yes** ☐ No
- Evicted or notified of a non-renewal of a lease/agreement: ☐ **Yes** ☐ No

If answering yes to any of the above, please explain using the space provided on page 4 of this application.

BIHA Rental Housing Program Application (cont'd.)

SOURCES OF INCOME: ALL INCOME MUST BE REPORTED FOR THOSE INDIVIDUALS LISTED BELOW WHO ARE OVER THE AGE OF 18 **Unearned income (benefits) for individuals under the age of 18 MUST ALSO be reported.** 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, and Native Corporation Dividends.

WAGES, SALARIES, BENEFITS (GROSS INCOME, before deductions)

Name of Household Member	Source of Income	Total Annual Income
1.		$
2.		$
3.		$
4.		$
	TOTAL	**$**

DID EVERY FAMILY MEMBER RECEIVE AN ALASKA PERMANENT FUND DIVIDEND? ☐ **Yes** ☐ **No**

Number of PFDs Received:_____ If NO, please explain: _____

BUSINESS INCOME (NET INCOME, after expenses have been calculated)

Name of Household Member	Source of Income	Total Annual Income
1.		$
2.		$

ASSETS/DIVIDEND INCOME (GROSS INCOME, before deductions)**:** included, but 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 of Household Member	Description of Asset	Current Value
Example	***Home****	$***(tax assessed value)***
1.		$
2.		$
3.		$

NATIVE CORPORATION SHARE AND DIVIDEND INCOME: Use a separate sheet if necessary.

Shareholder Name	Corporation Name	# Shares	Total Annual Income
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.		
5.		
6.		
7.		

BIHA Rental Housing Program Application (cont'd.)

To ensure that available housing is assigned according to Housing Program policies, this section must be filled out as completely and descriptively as possible.

PREVIOUS TENANCIES: Provide names and contact information for landlords that you have rented from in the past 5 years.
Use page 4 to provide additional landlord information and contact details.

Current Address:	City/State, Zip code:		
Number of Occupants:	*Number of bedrooms:*	*Monthly Rent Amount: $*	*Length of tenancy:*
Name of Landlord:			
Address of Landlord:	City/State, Zip code:		
Phone of Landlord:		Fax/Email of Landlord:	

Previous Address:	City/State, Zip code:		
Number of Occupants:	Number of bedrooms:	Monthly Rent Amount: $	*Length of tenancy:*
Name of Landlord:			
Address of Landlord**:**	City/State, Zip code:		
Phone of Landlord:		Fax/Email of Landlord:	

PREVIOUS HOUSING ASSISTANCE: Choose all that apply for your household.

☐ I have been a BIHA tenant in the past ☐ I have been a tenant of public or tribal housing somewhere else: _____

COMMUNITY HOUSING NEED INFORMATION: Do any of the following apply to your current housing?

☐ **Homeless:** Are you currently living in a shelter, institution, or public space not designed for human habitation? Do you lack a regular night-time residence?

☐ **Vouchers:** Are you currently approved or receiving housing assistance through the Housing Choice Voucher or HUD-VASH program?

☐ **Displaced:** Have you recently 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:** Is your current housing substandard and/or unsafe? ***If yes, please describe on page 4 of this application***.

☐ **None of the Above**

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.

_____
Head of Household (Print Name)

_____ _____
Signature of Head of Household Date Name and Signature of Spouse (if applicable) Date

_____ _____
Name and Signature of Other Adult (if applicable) Date Name and Signature of Other Adult (if applicable) Date

BIHA Rental Housing Program Application (cont'd.)

ADDITIONAL INFORMATION

If any household member answered 'yes' to questions listed on page 1 or 3 of this application, please provide additional information in the spaces provided below.

Additional information regarding **animals** (see page 1):

Additional information regarding **criminal history** (see page 1):

Additional information regarding **evictions and non-renewal of lease history** (see page 1):

Additional landlord information if previous two tenancies does not cover 5 years (see page 3):

Additional information regarding **substandard housing** (see page 3):

Baranof Island Housing Authority

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BACKGROUND & 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 $ 27.00 Married $54.00

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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 email: info@bihasitka.org or by mail.

_____ _____
Signature of Head of Household Other Adult (If applicable)

****

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

Payment History: Excellent ☐ Satisfactory ☐ Poor ☐ Other ☐

If poor, please explain: _____

Number of late payments in the last 12 months: _____

Utilities included: ☐ Yes ☐ No **Evicted:** ☐ Yes ☐ No **Evicted For Drug Related Activity:** ☐ Yes ☐ No

Housekeeping practices: _____ Neighborhood complaints: _____

Damage beyond normal wear and tear: _____

Members of household: _____

Additional Information:

_____

_____

_____

_____

_____

_____ _____

Landlord Name **Landlord phone number**

_____ _____

Landlord Signature **Date**

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BIHA APPLICANT VERIFICATION OF ELIGIBILITY
CITY AND BOROUGH OF SITKA UTILITIES ACCOUNT

BIHA Applicant Full Name _____

Date of Birth:_____ **Social Security Number:**_____

By signing this application, I give permission for the City and Borough of Sitka and Baranof Island Housing Authority to exchange information about my debt status with the City and Borough of Sitka.

BIHA Applicant Signature: _____ Date:_____

----------**City & Borough of Sitka Finance Department Use Only**----------

[ ] This applicant is eligible at this time to open a utility account with the City and Borough of Sitka.
[ ] This applicant is not eligible at this time to open a utility account with the City and Borough of Sitka.
[ ] This applicant has a restriction on opening a utility account due to an unresolved debt.
[ ] Date of Delinquency:_____

Additional Instructions or Limitations Regarding Eligibility for Utilities:

_____

_____

_____

City & Borough of Sitka Signature _____ Date:_____

Please return this document to Baranof Island Housing Authority at 245 Katlian Street, Sitka AK 99835
This form may also be emailed to info@bihasitka.org

Baranof Island Housing Authority

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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, Central Council Tlingit and Haida Tribes of Alaska (CCTHITA), Temporary Assistance to Needy Families (TANF), Alaska Housing Finance Corporation (AHFC), The Salvation Army, Adult Public Assistance, The Social Security Administration, Southeast Alaska Independent Living (SAIL), Center For Community (CFC), Adult Protective Services(APS), and The Office of Child Services (OCS).

_____
Tenant Name (Printed)

_____
Other Adult Name (Printed)

_____
Tenant Signature

_____
Other Adult Signature

_____
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)
	Baranof Island Housing Authority 245 Katlian Street, Sitka AK, 99835

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.

SUPPORTING DOCUMENTS FOR BIHA RENTAL HOUSING APPLICATIONS

BIHA STAFF MEMBERS CAN HELP BY HIGHLIGHTING THE DOCUMENTS REQUIRED FOR ALL PROGRAMS SELECTED ON PAGE 1 OF THE APPLICATION

	PROOF OF IDENTITY (ALL HOUSEHOLD MEMBERS)
☐	**GOVERNMENT-ISSUED PHOTO ID** (STATE IDs, DRIVERS LICENCE, PASSPORTS)
☐	**SOCIAL SECURITY CARDS** (ALL HOUSEHOLD MEMBERS OVER 6 YEARS OLD)
☐	**TRIBAL STATUS** (TRIBAL ID CARDS AND CIB DOCUMENTS)
	PROOF OF EARNED INCOME (ALL HOUSEHOLD MEMBERS OVER 18)
☐	**TAX RETURNS FOR LAST 3 YEARS**
☐	**OR** IRS transcripts for last 3 years (use form 4506-T to apply and return the transcript to BIHA) **OR** notification from IRS regarding exemption from filing (use form 4506-T to apply and return notification).
☐	**PAYCHECK STUBS** (LAST 3 MONTHS)
☐	**BUSINESS PROFIT AND LOSS STATEMENT** (PREVIOUS 12 MONTHS IF APPLICABLE)
	PROOF OF UNEARNED INCOME (ALL HOUSEHOLD MEMBERS)
☐	**STATEMENTS OF GROSS BENEFITS** (ALL THAT HAVE BEEN RECEIVED IN THE PAST 12 MONTHS)
☐	SSA
☐	SSI
☐	SSID
☐	AK STATE SENIOR BENEFIT
☐	AK STATE UNEMPLOYMENT BENEFIT
☐	AK STATE OR TRIBAL GENERAL ASSISTANCE
☐	TANF or ATAP
☐	SNAP
☐	**MOST RECENT STATEMENTS FROM NATIVE CORPORATIONS** (PAST 12 MONTHS IF APPLICABLE)
☐	**COMPLETE UNALTERED STATEMENTS FOR *ALL* FAMILY MEMBER BANK ACCOUNTS** (PAST 3 MONTHS)
☐	**COMPLETE UNALTERED STATEMENTS FOR *ALL* FAMILY MEMBER RETIREMENT ACCOUNTS** (MOST RECENT QUARTER)
☐	**DIVORCE SETTLEMENT DOCUMENTS**
☐	**CHILD SUPPORT PAYMENT DOCUMENTS**
☐	**FOSTER CHILD/FOSTER ADULT PAYMENT DOCUMENTS**
	TENANCY REFERENCES
☐	**COMPLETED LANDLORD VERIFICATION FORM**
☐	**COPY OF CURRENT HOUSING VOUCHER DOCUMENTATION** (IF APPLICABLE)
☐	**COMPLETED VERIFICATION FROM CBS OF ELIGIBILITY TO HAVE A UTILITIES ACCOUNT** (IF APPLICABLE)
	CREDIT REPORT & BACKGROUND (ALL HOUSEHOLD MEMBERS OVER 18)
☐	**COMPLETED AUTHORIZATION SIGNED**
☐	**PROOF OF PAYMENT FOR CREDIT/CRIMINAL BACKGROUND REPORT**
	RELEASE OF INFORMATION (ALL HOUSEHOLD MEMBERS OVER 18)
☐	**SIGNED RELEASE OF INFORMATION (BIHA)**
☐	**SIGNED RELEASE INFORMATION AND PRIVACY (HUD)**
	HOME VISIT DOCUMENTATION
☐	**REPORT COMPLETED AND SIGNED BY BIHA STAFF MEMBER AT APPLICANT'S CURRENT RESIDENCE**
	REQUEST FOR REASONABLE ACCOMMODATIONS (IF APPLICABLE)
☐	**COMPLETED Live-In Aide Application Form**
☐	**COMPLETED Therapeutic Assistance or Service Animal Application Form**
☐	**COMPLETED Unit Modification Application Form**

Applicant assistance provided by: _____ **Date:** _____