



RurAL CAP Affordable Housing Rental Application

Central Leasing Office
161 Klewin St., Suite 206A
Anchorage, AK 99508
Phone: (907) 868-4600
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Application for: Affordable Housing Karluk Manor Sitka Place 325 E 3rd Avenue* Muldoon Garden*
*(*Low Income Tax Credit Property)*

Application Date:

Desired Date of Occupancy: _____ **Size and Type of Unit Desired:** _____

PERSONAL INFORMATION

Last Name:	Middle:	First Name:	Date of Birth: / /	SSN: - -
Home Phone:	Work Phone:	Cell Phone:	Driver's License or State ID #:	State:

ITEMS NEEDED FOR ALL APPLICATIONS (FOR ALL MEMBERS OF HOUSEHOLD 18 AND OVER) THIS SECTION FOR STAFF USE ONLY

Completed?	Forms <i>(*additional Forms required for LITC Properties **where applicable)</i>	Received by	Date Received
	Housing Application	Number of Submitted Forms	
	Student Certification Form*		
	Marital Status Form*		
	Native Dividend Verification*		
	Medical/Child Care Expenses Verification*		
	Turning 18 Affidavit*		
	Certification of Child Support*		
	Self-Employment Income Affidavit*		
	Homeless Verification*		
	Copy of Government Issued Photo ID		
	Verification of Social Security Number and Date of Birth		
	Birth Certificate and/or guardianship papers for all minor children on application*		
	Copy of Voucher for Rental Assistance**		

- Income includes all gross income, monetary or not, the household currently receives AND anticipates receiving from all sources for ALL household members. Sources include, but are not limited to, full-time, part-time, and seasonal employment, Public Assistance, Social Security, unemployment, pensions and retirements, child support and alimony, monetary gifts, stipends, dividends. Self-employment will need additional information to determine income received.
- Assets include, but are not limited to, checking and savings accounts, certificate of deposits, cash on hand, safety deposit box, stocks, bonds, IRA accounts 401K accounts, trust funds, real estate and land contracts, lump sum receipts, capital investments, whole life insurance policies (exclude term), retirement and pension funds, personal property held as an investment.

First Month's Rent and Security Deposit Due at Time of Move In

(Cashier's Check or Money Order Only Made Payable to RurAL CAP Affordable Housing)

Date & Time Received:



HOUSEHOLD COMPOSITION

	Name (Last, First, Middle Initial)	Marital Status	Date of Birth	Age	Social Security Number
Head of Household					
Co-head					
3					
4					
5					
6					
7					

INCOME SOURCES

ALL amounts, monetary or not, that go to or are received on behalf of the family head, spouse or co-head (even if the family member is temporarily absent), or any other family member; and/or **ALL** amounts anticipated to be received from a source outside the family during the 12-month period following admission or annual recertification effective date. This includes, but is not limited to: Full and/or part-time employment, seasonal employment, welfare assistance, social security, pensions, SSI, disability, military pay/benefits, unemployment, child support, alimony, student grants/loans, self-employment, PFD, Native Dividends, income from the sale of property, income from trusts and any other income received from people not residing with you.

Must mark YES or NO on all Sources Listed <i>*includes rent and utility payments paid on behalf of family, and other cash or noncash contribution provided on a regular basis</i>	Applicant Name:			Applicant Name:		
	Yes	No	Monthly Amount	Yes	No	Monthly Amount
SSI						
SSA						
SSDI						
APA/OAA						
ATAP						
Veteran's Pension						
Senior Assistance						
Pensions/Retirement						
Employment						
Unemployment						
Child Support						
Alimony						
(1)Native Corp (list name):						
(2)Native Corp (list name):						
Monetary Gift*(list):						
Other (list):						
Other (list):						

Do all members in the household receive a PFD? Yes No
 If No, please explain who doesn't and why:

NON-CASH BENEFITS

<i>(continue from above)</i>	Yes	No	Monthly Amount	Yes	No	Monthly Amount
Housing Choice Voucher						
Public Housing						
Permanent Supportive Housing						
HUD – VASH						
Affordable Care Act Subsidy						



REPRESENTATIVE PAYEE & CASE MANAGEMENT *(Complete those that apply)*

Payee Name & Company:	Payee Address:	Payee Phone:
Case Manager Name & Company:	Case Manager Address:	Case Manager Phone:
Emergency Contact Name:	Emergency Contact Phone:	Relationship to Applicant

EMPLOYMENT INFORMATION *(Complete for each 18+ Applicant)*

	Applicant Name:	Applicant Name:	Applicant Name:
Employer Name:			
Mailing Address:			
Phone Number:			
Fax Number:			
Occupation:			
Supervisor's Name:			
Wage & #Hours Weekly:			
Dates of Employment:	From/To	From/To	From/To

Does anyone in the household anticipate gaining part or full-time employment status within the next 12 months?
 Yes No If Yes, please explain:

Does anyone in the household anticipate obtaining any other source of income, i.e., Social Security benefits, Public Assistance, Unemployment Insurance, Child Support, etc. within the next 12 months?
 Yes No If Yes, please explain:

Has anyone in the household **applied** to receive income such as: Social Security benefits, Public Assistance, Unemployment Insurance, Child Support, Alimony, etc.?
 Yes No If Yes, please explain:

Do you receive rental assistance? Yes No If Yes, List Agency:

RESIDENTIAL HISTORY *(Please list last five (5) years of residential history)*

CURRENT RESIDENCE: Rent Own Other (explain)
 In a Current Lease Agreement Month-to-month Tenancy

Current Landlord Name:

Current Address:

Current Landlord Phone:

Dates of Residency:

Current Monthly Rent Amount:

Reason for Moving:

IF AT CURRENT RESIDENCE FOR LESS THAN 5 YEARS (60 MONTHS) PLEASE COMPLETE THE BELOW SECTIONS:

Applicant Name:

Previous Residence Address:

Previous Landlord Number:

Dates of Residency:

Monthly Rental Amount:

Reason for Moving:

Rent Own Other (explain)
 In a Current Lease Agreement Month-to-month Tenancy



Applicant Name:	
Previous Residence Address:	
Previous Landlord Number:	
Dates of Residency:	
Monthly Rental Amount:	
Reason for Moving:	

Rent Own Other (explain)
 In a Current Lease Agreement Month-to-month Tenancy

Applicant Name:	
Previous Residence Address:	
Previous Landlord Number:	
Dates of Residency:	
Monthly Rental Amount:	
Reason for Moving:	

Rent Own Other (explain)
 In a Current Lease Agreement Month-to-month Tenancy

Have you, or any household member, ever been evicted from any housing? Yes No
 If Yes, please explain when and why:

Have you, or any household member, ever been convicted of a violent crime, i.e. assault? Yes No
 If Yes, please explain when and why:

Have you, or any household member, ever been convicted of a drug-related crime? Yes No
 If Yes, please explain when and why:

Have you, or any household member, ever been convicted of a felony? Yes No
 If Yes, please explain when and why:

Have you given legal notice of moving where you currently reside? Yes No Not Applicable

Does anyone in the household meet the definition of disabled? *(Please see the attached "Person with Disabilities" definition)*
 Yes No

Does anyone in the household requires the features of an accessible unit? Yes No
 If Yes, please list:

Does anyone in the household request any reasonable accommodations/modifications? Yes No
 If Yes, please list:

Are you a Mental Health Trust Beneficiary? Yes No

VEHICLE INFORMATION

Make	Model	Color	Plate Number	State



VOLUNTARY SELF-IDENTIFICATION (HEAD OF HOUSEHOLD)*The questions in this section are voluntary. Please check below the following that apply to you***Do you have health coverage?** Yes No Don't Know Refuse**If Yes, What kind of coverage?** Medicaid Medicare Denali Kid Care
 VA Medical Services Native Alaska Care Employer Provided
 COBRA Private Pay State Ins. For Adults**Gender:** Male Female Transgender Female-to-Male Transgender Male-to-Female
 Gender non-conforming Don't Know Refused**Primary Race:** American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White Multi-Racial (two or more)
 Other Don't Know Refused**Ethnicity:** Hispanic, Latino or Spanish Origins Non-Hispanic, Latino or Spanish Origins
 Don't Know Refused**Marital Status:** Single Married Partner Separated Divorced Widowed**Highest Education Level:** Nursery School to 4th Grade 5th to 6th Grade 7th to 8th Grade 9th Grade
 10th Grade 11th Grade 12th Grade, no diploma
 High School Diploma/GED 12th Grade, some Post-Secondary School
 Graduate of Post-Secondary School 2 years College Graduate
 4 years College Graduate Don't Know Refused**Household Type:** Single Person Two Adults, no Children Single Parent-Female Single Parent - Male
 Two Parent Household Non-Related Adults with Children Multigenerational Household
 Other (describe):**Ethnic Origin:** Athabascan Aleut Alutiiq Inupiaq Yup'ik Cup'ik Haida Eyak
 Tsimshian Tlingit St. Lawrence Island Yupik Other:**Primary Native Corporation:** Ahtna Corporation Aleut Corporation
 Arctic Slope Regional Corp. Bering Straits Native Corp. Bristol Bay Native Corp.
 Calista Corporation Chugach Alaska Corporation CIRI Doyon Limited Corporation
 Koniag Corporation NANA Regional Corporation Sealaska 13th Regional Corporation**Primary Language:** **Secondary Language:****Oral English Fluency:** Excellent Good Moderate Poor Not at all**Written English Fluency:** Excellent Good Moderate Poor Not at all**Do you require assistance with English?** Yes No**Do materials need to be translated?** Yes No**Who do you want to interpret for you?** Family Member Friend SHD provided Interpreter N/A
 Other:**Military Status:** Not Applicable Active Duty, combat Reserves/National Guard, combat Vietnam, combat Gulf War, combat
 Active Duty, noncombat Reserves/National Guard, noncombat Vietnam, noncombat Iraq War, noncombat
 Afghan War, combat Retire, combat Retired, noncombat Veteran, other eras**Is there an open case at Office of Children Services?** Yes No**Have you completed a service plan related to your housing?** Yes No**Have you participated in housing skills training?** Yes No

How did you hear about RurAL CAP Affordable Housing?



VOLUNTARY SELF-IDENTIFICATION (OTHER HOUSEHOLD MEMBER)*The questions in this section are voluntary. Please check below the following that apply to you***Do you have health coverage?** Yes No Don't Know Refuse**If Yes, What kind of coverage?** Medicaid Medicare Denali Kid Care
 VA Medical Services Native Alaska Care Employer Provided
 COBRA Private Pay State Ins. For Adults**Gender:** Male Female Transgender Female-to-Male Transgender Male-to-Female
 Gender non-conforming Don't Know Refused**Primary Race:** American Indian/Alaska Native Asian Black/African American
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 Active Duty, noncombat Reserves/National Guard, noncombat Vietnam, noncombat Iraq War, noncombat
 Afghan War, combat Retire, combat Retired, noncombat Veteran, other eras**Is there an open case at Office of Children Services?** Yes No**Have you completed a service plan related to your housing?** Yes No**Have you participated in housing skills training?** Yes No

FOR THE PURPOSE OF THIS APPLICATION, PLEASE NOTE THE FOLLOWING DEFINITIONS:

Person with Disabilities:

A person with a disability is any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment

Homelessness:

“Homelessness includes a family residing in one of the following places and does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or State law:

1. A place not meant for human habitation (i.e. car, park/camp, sidewalk, or abandoned building)
2. An emergency shelter, which might include a church
3. In any of the above places, but is being treated in a hospital or other medical facility for 30 days or less
4. A family which children that is doubled-up with family or friends AND who receives services from an Alaska School District under the McKinney-Vento Homeless Assistance Act.

Documentation Required:

1. A letter from the shelter, transitional, or supportive housing agency on letterhead stating the applicant’s current residency in their shelter, or;
2. A letter from a social worker, social service agency, health care official, family intervention advocate, or school official on letterhead having firsthand knowledge that the family resides in one of the places listed above, or;
3. A letter from an Alaska School District staff Homeless liaison, or designee, verifying services via the McKinney-Vento Homeless Assistance Act on letterhead.

STATEMENT OF TRUTH

I understand that all the information give on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (person/landlord, etc.), criminal history, and financial information to a representative of RurAL CAP Affordable Housing for a period of one (1) year and one (1) month from the date signed.

Applicant’s Signature

Date

Applicant’s Printed Name

Co-Applicant’s Signature

Date

Co-Applicant’s Printed Name

