

NORTH PACIFIC RIM HOUSING AUTHORITY
8300 King Street Anchorage, Alaska 99518
Phone 907-52-1444 Toll Free (within Alaska) 1-888-274-1444 Fax 907-562-1445

By taking the time to completely fill in each section and provide all the requested information and signatures you'll avoid needless delays in certifying your eligibility.

WHAT PROGRAM ARE YOU APPLYING FOR: CHECK ONE:

MUTUAL HELP HOUSING _____ AFFORDABLE RENTAL PROGRAM _____

City Applying for: _____ Date: _____

Applicant Name: _____ Telephone #: _____

Address: _____

Physical Address: _____

I. Composition of Household

Name		Relation	Sex	DOB	Birth Place	S.S.#
	1	Head				
	2					
	3					
	4					
	5					
	6					
	7					
	8					

NOTE: Copies of Social Security Cards are required for all members of the home. Copies of Certificate of Degree of Indian Blood (CIB) from a recognized Tribe of the Bureau of Indian Affairs, and copies of Alaska Drivers License or State ID are required for all adult members of the household.

Have you or a member of your household ever been convicted of any crime other than a traffic violation? ___Yes ___No If yes, explain: _____

Have you or anyone named on this application ever been convicted of a felony? ___Yes ___No
 If yes explain: _____

Have you or anyone else on this application ever been convicted of property damage? ___Yes ___No If yes, explain: _____

Have you ever participated in any other subsidized housing? ___Yes ___No If yes, from _____ to _____
 "Name of Housing Authority" _____ Address _____ City/State/Zip _____

Have you ever been evicted or had a lease terminated? ___Yes ___No If yes, explain: _____

Do you owe money to another Housing Authority or Landlord? ___Yes ___No If yes explain: _____

Have you ever lived in a NPRHA home or rental? ___Yes ___No

The following information will be verified: Family income, assets, social security numbers, immigration alien (status), identity of all adults, age and relationship of person listed on application if questionable, preference status (if claimed) and/or Alaska Native/American Indian Status (if claimed for preference in admission).

Other information that may be checked includes:

- *Criminal History**
- *Prior Landlord Reference**
- *Personal References**
- * Past Participation in Federal Housing**
- *Credit History**

If you are 62 years or older, disabled or handicapped, do you have medical expenses **NOT REIMBURSED** by insurance or other programs? ___Yes ___No

Proof of medical expenses must be provided.

Provider/Type of Expense: _____

Does anyone in your family have a disability which requires a unit with special features?
 ___Yes ___No

If so, what features would you require? _____

II. Employment Information

Fill out for each member of the Household over the age of 18.

If there is not enough space for multiple jobs, attach sheet.
 If employment is expected to change, attach explanation.

Adult One	Position:	Adult Two
	Employer	
	Street Address	
	City, State & Zip	
	Phone Number	
	Rate of Pay	
	Hrs Per Week	
	Overtime?	
	Prior Year W2 Amt	

Attach copy of Past Three (3) Years Taxes

III. INCOME FROM OTHER SOURCES FOR ALL FAMILY MEMBERS

Example: Self-employment, AFDC, Social Security, Retirement, Native Corporation Dividends, Unemployment, etc. If self-employed NPRHA needs a copy of your last three (3) years tax returns.

Family Member Name	Source	How Often	\$\$Amount
All Members	Permanent Fund	Annually	() Members
	Regional Corporation	Annually	
	Regional Corporation	Annually	
	Village Corporation	Annually	
	Village Corporation	Annually	

IV. ASSETS

List Assets you own i.e., land, real estate, boats, permits, stocks & bonds, etc. Do not include vehicles for personal use.

When listing self-employment assets, state value from depreciation or amortization schedule.

- 1.) _____ Market Value: _____
- 2.) _____ Market Value: _____
- 3.) _____ Market Value: _____
- 4.) _____ Market Value: _____

V. CHECKING, SAVINGS, CERTIFICATES With Balances over \$2,000.00

	Bank	Account #	Balance	Address
1				
2				
3				

**VI. ALL YES ANSWERS WILL REQUIRE ADDITIONAL VERIFICATION
THIS WILL REQUIRE ADDITIONAL TIME TO DETERMINE YOUR
ELIGIBILITY.**

Please Circle One

- | | | | |
|-----|--|-----|----|
| 1.) | Is any member of the family age 60 or older? | YES | NO |
| 2.) | Do you pay for childcare for a child under the age of 13 in order for a family member to go to work or school? | YES | NO |
| 3.) | Do you have verifiable medical expenses that exceed 3% of your family's gross annual income? | YES | NO |
| 4.) | Do you have verifiable expenses that exceed 3% of your family's gross annual income associated with the care of a handicapped or Disabled family member? | YES | NO |
| 5.) | Have you or anyone in your household ever applied for Section 8? | YES | NO |
| 6.) | Are you or anyone in your household presently in the Section 8 Programs? | YES | NO |

FEDERAL PREFERENCE QUESTIONS

- | | | | |
|-----|--|-----|----|
| 7.) | Are you living in substandard housing? | YES | NO |
| 8.) | Are you paying more than 50% of your monthly income for housing? | YES | NO |
| 9.) | Are you involuntarily displaced (homeless)? | YES | NO |

ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I understand that I must update this application whenever any changes in family composition, income, or other changes that may occur to remain eligible.

Signature

Date

Print Name

Date

Signature

Date

Print Name

Date

**North Pacific Rim Housing Authority
8300 King Street**

Anchorage, AK 99518-3066 Phone (907) 562-1444/ Fax (907) 562-1445
Toll Free 1-888-274-1444

North Pacific Rim Housing Authority is required to check past landlord references.
Please list your current landlord and two previous landlord information

Current Landlord: _____

Address: _____

City, State & Zip Code: _____

Daytime Phone: _____

Fax phone: _____

2.) Previous Landlord _____

Address: _____

City, State & Zip: _____

Daytime Phone: _____

3.) Previous Landlord _____

Address: _____

City, State & Zip: _____

Daytime Phone: _____

NORTH PACIFIC RIM HOUSING AUTHORITY

WARNING: Section 1001 of Title 18 of the U.S. Code Makes it a criminal offense to make willful false statements or misrepresentations on any material fact involving the use or obtaining of federal funds.

EMPLOYMENT INCOME VERIFICATION

U.S. Government Required Information-Please respond within 5 days

To:

Company Name Address City, State, & Zip Code

Company Phone Fax

Re: (Applicant / Homebuyer) (Social Security Number)

The Employee named above has applied for or is decertifying eligibility for Federal Housing Assistance at our site. We are required to verify this person's employment income. Failure to submit this information requested below may result in denial in Housing Assistance. This information is used only in determining eligibility and household rent and will be kept confidential.

We appreciate your prompt return of this form. A self-addressed envelope is enclosed for your convenience. If you have any questions I may be reached at the number above.

Sincerely, Brenda Christoffersen
Housing Manager

.....
RELEASE: By my signature below, I hereby consent to the release of the information requested

Signature of Applicant/Tenant/Homebuyer

BELOW PORTION TO BE FILLED OUT BY EMPLOYER ONLY

Employed Since: _____ Present Position: _____
Still Employed: _____ Date of Last Work Day: _____
Expected gross earnings during the next 12 months: \$ _____
Gross earnings in the past 12 months: \$ _____
Current Salary-base rate pay \$ _____ per hour for
_____ hours per week; or \$ _____ every two weeks
_____ for 26 weeks: or \$ _____ annual salary; or other

Effective date of next salary increase _____ New rate: _____
Employee works Full Time Part Time Full Year Seasonal Temporary
Over Time rate per hour \$ _____
Expected hours of overtime in the next 12 Months _____ Hours _____
Other compensation not included above \$ _____ for (specify for commissions bonuses, tips, etc...)
Does employee receive vacation pay? Yes or No Number of days per year _____

Employer Signature /Title Date

Adult Member One

North Pacific Rim Housing Authority

8300 King Street Anchorage, Alaska 99518 Ph: 907-562-1444 Fax: 907-562-1445

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of all information regarding my income and assets to the North Pacific Rim Housing Authority. I understand that this information will be kept confidential. I accept that a photocopy of this authorization will be accepted as the original.

Printed Name

Signature

Date

Adult Member Two

North Pacific Rim Housing Authority

8300 King Street Anchorage, Alaska 99518 Ph: 907-562-1444 Fax: 907-562-1445

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of all information regarding my income and assets to the North Pacific Rim Housing Authority. I understand that this information will be kept confidential. I accept that a photocopy of this authorization will be accepted as the original.

Printed Name

Signature

Date

DECLARATION OF ALASKAN NATIVE CORPORATION STOCKS

- 1.) _____ I DO NOT OWN ANY STOCK
- 2.) _____ I OWN THE FOLLOWING _____
(Name of Corporation)
- 3.) _____ I AM CUSTODIAN FOR _____

Write in the number of shares and corporation name.

_____ SHARES IN THE REGIONAL CORPORATION:
_____ (Name of Corporation)

_____ SHARES IN THE REGIONAL CORPORATION:
_____ (Name of Corporation)

_____ SHARES IN THE VILLAGE CORPORATION:
_____ (Name of Corporation)

_____ SHARES IN THE VILLAGE CORPORATION:
_____ (Name of Corporation)

Signature

Date

Printed Name

You must have copies of BIA cards or certificate of Indian Blood attached to application for all family members that have one.

I understand the North Pacific Rim Housing Authority (NPRHA) is relying on this information to prove my household's eligibility for the Mutual Help or Affordable Rental Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in **criminal** penalties.

I authorize my consent to have NPRHA verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Affordable Rental requirements.

ALL ADULT (age 18 or older) Household Members Must Sign Below (if you need more space, add signatures below):

Signature Date

Signature Date

Signature Date

NPRHA Representative Date