

# Student Rental Assistance Program

## Application Packet & Checklist

The following is a list of information necessary to properly document your application file. Some items may not apply to you. The sooner you provide this information, the faster we can assist you. Failure to provide the information will result in determining your application as incomplete. Additional items may be required.

- ❑ **Completed & signed, legible application**
- ❑ **Student's Certificate of Indian Blood** issued by BIA, or other documentation from your tribe certifying your blood quantum. (not necessary if you are already a participant)
- ❑ **Birth Certificate and Social Security Card.** If you do not have your Social Security card you can obtain the application at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213.
- ❑ **Proof of income:** Most recent paystub and evidence of other sources of income, including PFD, Native dividends, etc.
- ❑ **Tax return:** provide a copy of your tax return for the most current year, including all W-2's, 1099's & all pages & schedules
- ❑ **Parent's tax return:** If you currently live with, or have lived with your parents in the past 12 months and they claim you as a dependent, you must also supply a copy of your parent's most current tax return to include all pages & schedules
- ❑ **Proof that you have been a resident on Kodiak Island for at least the past 6 months.** This can be an ID showing your physical residence address, a rent receipt, a current utility billing statement or other documentation that verifies your residence address, or a statement from a reliable, verifiable source.
- ❑ **Evidence of enrollment as a full-time student.** Vocational schools must provide you with a written statement with enrollment dates to verify your full-time enrollment.
- ❑ **Evidence of any other Student Aid you have received or will be receiving for this school year.** Suitable documentation includes copies of Scholarship or Grant award letters that state the amount, or other documentation to show the amount and source of assistance.
- ❑ **Proof of school costs.** This should be some form of written documentation from the school you will attend to detail your costs for tuition, books, fees, room & board, etc.
- ❑ **Evidence of the amount of your rent or student housing costs.** If you are to live off campus, provide a copy of your rental or lease agreement that lists the rent and states the names of all persons who will live in or share the apartment. If you will live on campus, provide a copy of the campus housing agreement. (KIHA will provide additional documentation for the landlord or school upon approval of your application)
- ❑ **Continuing participants:** If you were a participant in this program last year, your eligibility this year will require that you maintained a GPA of 2.0 or higher. Provide evidence of last year's GPA (even if you attended a different school).

# KODIAK ISLAND HOUSING AUTHORITY

3137 MILL BAY ROAD  
KODIAK, ALASKA 99615

Telephone: (907) 486-8111

Telephone TOLL FREE in Alaska: 1(800) 478-5442

Our Fax number: (907) 486-4432

E-mail: kiha@kiha.org

## THIS SECTION FOR KIHA USE ONLY:

Date received: \_\_\_\_\_ By: \_\_\_\_\_ Time received: \_\_\_\_\_

If completed by KIHA based on information provided by applicant, please indicate how information was obtained (verbally, statements, etc) \_\_\_\_\_

**Instructions: Please print legibly. Complete all sections, or indicate N/A if it doesn't apply. Contact our office if you have any questions with this form or the required paperwork. Return this form promptly to Kodiak Island Housing Authority.**

## STUDENT RENTAL ASSISTANCE APPLICATION

### 1. Student Applicant Information:

Full legal name: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you a Native American? \_\_\_\_\_ Yes \_\_\_\_\_ No

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Not married \_\_\_\_\_ Married, but not living with spouse

Current mailing address: \_\_\_\_\_

Current Physical residence address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of current Employer: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

Current Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of your nearest living relative: \_\_\_\_\_ Phone: \_\_\_\_\_

List other names you have used in the past 10 years, including nicknames: \_\_\_\_\_

### 2. School Information: Provide the following regarding the school you will attend:

Dates you will be attending: from \_\_\_\_\_ to \_\_\_\_\_

Full, Official Name of School: \_\_\_\_\_

Mailing address of school: \_\_\_\_\_

Physical address of school: \_\_\_\_\_

Telephone number for school: \_\_\_\_\_

Fax Number for school: \_\_\_\_\_

**3. Sources of Financial Aid:** List all grants, scholarships, loans, gifts, or other financial aid you (the student) have received or will receive for this school year. Use additional pages if necessary. Provide evidence.

Type of aid:	Source (name & telephone number):	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Housing costs during the school year:** Identify your housing costs. Be specific. Provide evidence.

Type of Expense (rent, shared rent, electric, heat, telephone, etc)	Paid to (name & telephone):	Monthly cost:

**5. Household composition:** List everyone who lives in your home, starting with yourself. If you are living with your parents or another adult family member, you must list them too. Use additional paper if necessary.

First & last name	Date of birth	Sex: M / F	Social security number	Relationship to head of household
				SELF

**6) HOUSEHOLD INCOME:** Federal laws require that you disclose all household income. Please list all GROSS income (prior to taxes or withholdings) for all family members. This includes wages, government benefits such as Social Security, Unemployment, Senior Care, etc., child support income, Native or Indian Dividends, Alaska Permanent Fund Dividends, self-employment income, etc. You will be asked to provide documentation such as paystubs, tax returns, benefit statements, income tax returns, etc., and KIHA will verify the information. **Parent's income need not be disclosed if the student has not lived with the parents for 12 months and is not claimed as a dependent on parent's most recent tax return, or has been legally emancipated.**

Family member's Name	Employer or source of income (if self-employed, please state this)	Hourly or monthly rate	Hours worked per week	Is this regular or periodic work?	How much have you received this year?

List the names of all the people in your household who received the ALASKA PERMANENT FUND DIVIDEND (PFD) last year (even if it was garnished) (If all, state all): \_\_\_\_\_

**DO YOU RECEIVE CHILD SUPPORT INCOME? YES NO** If yes, please include above.

**7) ASSETS:** Please list assets owned by you and your immediate household. Please provide complete information. Include assets of all household members. If you don't own the Asset type listed, please write N/A next to that type.

TYPE OF ASSET	Number of Shares, if stock, or account number	PERSON WHO OWNS THIS ASSET	TODAY'S ESTIMATED VALUE OR ACCOUNT BALANCE	Description or location of asset, Name of Native Corporation, or name of Institution where asset or account is located
Checking Account				
Savings Account				
Native Shares			N/A	
Native Shares			N/A	
Real Property				
Bonds (US savings bonds, other type bonds)				
OTHER ASSETS				
OTHER ASSETS				

**Comments, additional assets not included above (use additional paper if needed):** \_\_\_\_\_

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Please answer all of the following questions, and provide detail as needed. If you need to provide an explanation use additional pages if necessary. False or incomplete information may be considered as fraud and carries serious consequences that can include fines or imprisonment.

**8. Have you or a member of your household ever been arrested, charged or convicted of any crime other than a traffic violation?**     YES     NO

If yes, please state who, explain the date and type of arrest and/or conviction: \_\_\_\_\_  
\_\_\_\_\_

**9. Have you or a member of your household been evicted or had a lease terminated?**

YES     NO    If yes, please explain when and why: \_\_\_\_\_  
\_\_\_\_\_

**10. Have you or a member of your household ever participated in a federally subsidized housing program?**     YES     NO

If yes, provide dates: from \_\_\_\_\_ to \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Address of Housing Authority: \_\_\_\_\_  
\_\_\_\_\_

**11. Do you or a member of your household owe money to a current or a past landlord, including any other Housing Agency or Housing Authority?**

YES     NO    If yes, please state to whom you owe and explain:  
\_\_\_\_\_  
\_\_\_\_\_

**12. If you are age 62 or over, are disabled or handicapped, do you have medical expenses that are NOT reimbursed by insurance or other programs?**

N/A     YES     NO    If yes, we may be able to factor these costs when calculating your payment. Briefly describe the expenses & attach proof:  
\_\_\_\_\_  
\_\_\_\_\_

**13. Child care costs: If you have children under age 13, do you pay for childcare in order to work or attend school?**     N/A     YES     NO    If yes, we may be able to factor these costs when calculating your payment. Provide the name and phone number of your child care provider, briefly describe the expenses & attach proof: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**14. Have you or any other member of your household sold, transferred or given away any asset in the past 24 months?** (assets can include but is not limited to real estate, automobiles, bank accounts, cash, stock, etc)     Yes     No    If yes, please explain when and what was sold, and for what price. Be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Notices and Disclosure Statements

## **OUR PRIVACY POLICY**

We collect non-public personal information about you from the following sources:

- \* Information we receive from you on applications or other forms;
- \* Information about your transactions with us or others; and
- \* Information we receive from others, such as a consumer reporting agency, court records, employers.

We do not disclose non-public personal information about you to anyone, except as authorized by you or permitted by law.

If you decide to close your account(s) or become an inactive client, we will adhere to the privacy policies and practices as described in this notice.

To maintain security of client information, we restrict access to your personal and account information to those employees who need to know that information to provide you with our products and/or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us:

Kodiak Island Housing Authority  
3137 Mill Bay Road  
Kodiak, Ak. 99615  
Telephone: (907) 486-8111 or Toll free: 1-(800) 478-5442  
Fax: (907) 486-4432 or (907) 486-8723  
Website: [www.kodiakislandhousing.org](http://www.kodiakislandhousing.org)

**PRIVACY ACT NOTICE:** This information is to be used by Kodiak Island Housing Authority (KIHA) in determining whether you qualify under its program(s), the recommended unit size, and the amount the participant must pay toward rent and utilities. It will not be disclosed outside KIHA except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval or continuance may be delayed or rejected. The information used in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA).

**Equal Opportunity Notice:** Kodiak Island Housing Authority does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. We do business in accordance with the Federal Fair Housing Law.

**Notice regarding Fair Housing:** If you believe you have been discriminated against you may contact the Fair Housing & Equal Opportunity Hot Line toll-free at 1-(800) 877-0246 or (206) 220-5170 or TTY (206) 220-5185, or write to: US Dept. of Housing & Urban Development Seattle Federal Office Building 909 First Avenue, Room 205 Seattle, Wa. 98104-1000

**15) CERTIFICATION AND AUTHORIZATION:**

I certify that the information I have provided to the Kodiak Island Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable under Federal Law. I also understand that providing false statements or information is grounds for termination of housing assistance and termination of occupancy. I hereby authorize Kodiak Island Housing Authority to verify information regarding my current or prior income, government benefits and assets and authorize a photocopy of my signature below to be used and accepted as if it were the original signature.

\_\_\_\_\_ Date signed: \_\_\_\_\_  
Signature of Student  
Printed Name: \_\_\_\_\_

\_\_\_\_\_ Date signed: \_\_\_\_\_  
Signature of Parent or other Adult Household member  
Printed Name: \_\_\_\_\_

\_\_\_\_\_ Date signed: \_\_\_\_\_  
Signature of Parent or other Adult Household member  
Printed Name: \_\_\_\_\_

If you have questions or need assistance in completing this form please contact Kodiak Island Housing Authority immediately.

PLEASE RETURN THIS ENTIRE FORM to:  
Kodiak Island Housing Authority  
3137 Mill Bay Road  
Kodiak, AK. 99615

/userfiles/Forms/Housing Forms/Housing Application Packets/Student RAP Application 4-2009

**Kodiak Island Housing Authority**

3137 Mill Bay Road Kodiak, Alaska 99615  
Telephone: (907)486-8111 Toll free:1 (800) 478-5442 Fax: (907)486-4432

**Authorization for Release of Information**

Printed name of Head of Household applicant: \_\_\_\_\_

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Kodiak Island Housing Authority (KIHA) any information or materials needed to complete and verify my application for, or participate in, any KIHA assisted housing program. Verifications and inquiries that may be requested include, but are not limited to:

- \* IDENTITY AND MARITAL STATUS
- \* CREDIT HISTORY
- \* POLICE RECORDS AND CRIMINAL HISTORY
- \* EMPLOYMENT INCOME
- \* RESIDENCES AND RENTAL ACTIVITY
- \* INCOME FROM ANY SOURCE
- \* ASSETS OF ANY KIND, INCLUDING ASSETS ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS
- \* MEDICAL & CHILD CARE PROVIDERS

**Agencies or Individuals That KIHA May Contact**

- \* PAST AND PRESENT LANDLORDS
- \* COURTS AND POST OFFICES
- \* SCHOOLS AND COLLEGES
- \* LAW ENFORCEMENT AGENCIES
- \* UTILITY COMPANIES
- \* VETERANS ADMINISTRATION
- \* FINANCIAL INSTITUTIONS
- \* AK PERMANENT FUND CORPORATION
- \* PRIVATE SOCIAL SERVICE AGENCIES
- \* PERSONAL REFERENCE
- \* PAST AND PRESENT EMPLOYERS
- \* DEPT. OF HEALTH & SOCIAL SERVICES
- \* DEPT. OF LABOR
- \* INTERNAL REVENUE SERVICE
- \* DEPT. OF EDUCATION
- \* PUBLIC RECORDS
- \* SOCIAL SECURITY ADMINISTRATION
- \* MEDICAL AND CHILD CARE PROVIDERS
- \* PENSION OR RETIREMENT SYSTEMS
- \* PAYEES, TRUSTEES

**AUTHORIZATION AND CONSENT:** I acknowledge and authorize Kodiak Island Housing Authority to verify information regarding my application for a housing program. I understand that this authorization will not be used for any information that is not pertinent to my application for housing. I consent to verification and give permission for a photocopy of my signature below be used and accepted as though it were an original signature. This authorization will expire 15 months from the date signed.

\_\_\_\_\_  
Signature of Applicant Date Signed: \_\_\_\_\_  
Printed Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date Signed: \_\_\_\_\_  
Printed Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date Signed: \_\_\_\_\_  
Printed Name of Applicant: \_\_\_\_\_