

KODIAK ISLAND HOUSING AUTHORITY
3137 Mill Bay Road, Kodiak , AK 99615
Phone 907-486-8111 Fax 907-486-4432

INFORMATION REQUIRED WITH YOUR APPLICATION

Please provide the following information with your application. If your application is incomplete, it will delay assistance. Failure to complete your application within 60 days will result in your application being placed in an inactive status and your place will be lost on the wait list. Reapplication would be required after that occurs.

Thank-you.

- _____ 1. Weatherization application and attachments, completed and signed by all Property Owners.
- _____ 2. Copy of last statement for each checking and/or savings account, stocks, bonds, IRA, etc.
- _____ 3. Copies of latest pay stubs for one month.
- _____ 4. Copies of completed, signed tax returns, W-2 forms and/or 1099's for the past three years.
- _____ 5. Copies of any contracts pertaining to additional income, i.e.; note receivables, child support, divorce settlements, rental income etc.
- _____ 6. Proof of Ownership of property weatherization is being applied for i.e.; Copy of Deed, Title Policy, Tax Billing etc.
- _____ 7. Names and addresses of current loans on subject property and loan balances.
- _____ 8. Proof of Alaska Native or American Indian Blood i.e.; Certificate of Indian Blood or other documents.

Additional information may be required based on your application and individual circumstances. Please note:
The more information provided at the time of application, the faster your application may be processed.

If you have any questions, contact KIHA at (907) 486-8111 or toll free 1-800-478-5442.

Kodiak Island Housing Authority Program Limits

The following income limits are the maximum for each program. Your total yearly gross income may **not** exceed these limits to be eligible. Effective December 2011

Family Size	All Programs
1	\$39,850
2	\$45,550
3	\$51,250
4	\$56,900
5	\$61,500
6	\$66,050
7	\$70,600
8	\$75,150

How do you file a housing application?

You are required to complete an application form. Do not leave any section blank. Mark “N/A” if the section does not apply. The head of household and other adults must sign the application when it is complete. We will assist you with any questions or concerns you may have in completing your application. An incomplete application will delay your eligibility.

What information is verified or checked for my housing application?

The following information will be verified: Family income, assets, social security numbers, immigration (alien) status, identity of 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 references
- *Personal references
- *Past participation in Federal Housing
- *Credit History

When will I hear on my application?

You will be notified of your eligibility. Questions about your application can be answered by calling 486-8111 or 1-800-478-5442.

Verbal and/or written notification of offer will be provided.

KODIAK ISLAND HOUSING AUTHORITY
3137 MILL BAY ROAD, KODIAK, AK 99615-7032
907-486-8111 OR TOLL FREE 1-800-478-5442

APPLICATION FOR: WEATHERIZATION/RENOVATION PROGRAM

APPLICANT:

APPLICANT'S FULL NAME: _____ TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

HOUSING INFORMATION: How long have you lived in your home? _____ Years

Is this home your principal place of residence? ___ Yes ___ No

Do you own your home jointly with someone who does not live with you? ___ Yes ___ No

What year was your home built? _____

HOUSEHOLD COMPOSITION: Complete this information for everyone who lives with you. List yourself first:

LEGAL NAME (Last, First)	Date of Birth	Sex	Relationship to Applicant	Social Security Number	Alaska Native/ American Indian?

HAVE YOU EVER PARTICIPATED IN ANY FEDERALLY SUBSIDIZED HOUSING PROGRAMS? ___ YES ___ NO

IF YES, FROM _____ TO _____; NAME OF HOUSING AUTHORITY _____

CITY & STATE: _____

DO YOU OWE MONEY TO KIHA OR ANOTHER HOUSING AGENCY? ___ Yes ___ No

PLEASE EXPLAIN: _____

FAMILY INCOME: All money received by every person in your home must be reported. If you are self-employed or seasonally employed, you must provide proof of income for the past three (3) years. List gross income for all family members (all types: wages, self-employment, government benefits, child support, Native Corp. Dividends, etc.)

FAMILY MEMBER NAME	EMPLOYER\INCOME SOURCE	HOURLY RATE	WEEKLY RATE	MONTHLY AMOUNT	YEAR TO DATE AMT.

IS ANYONE SELF EMPLOYED? ____ YES ____ NO IF YES, WHAT TYPE OF BUSINESS? _____

WHICH FAMILY MEMBERS RECEIVED OR WILL RECEIVE THE ALASKA PERMANENT FUND DIVIDEND.

ASSETS: Identify assets owned by your family in the section below. If you answer yes, please provide complete information. Include assets of all family members. Use additional sheets of paper if necessary.

YES	NO	ASSET	VALUE
		NATIVE CORPORATION STOCK OR OTHER STOCK: Number of Shares:_____ In whose name?_____ CORPORATION NAME:	
		BANK ACCOUNTS: Name of Bank: Name on Account:_____ <u>Name on Account</u> Checking Acct #:_____ Savings Acct #:	
		REAL PROPERTY or other real estate: (Provide copy of last assessment) Owner of property: Location of property:	
		LIFE INSURANCE (Other than term) Provide copy of last statement	
		BONDS: (Include US Savings Bonds, provide copy of bonds) Provide proof of value.	
		OTHER INVESTMENTS: (IRA's, retirement accounts or the like) Account or identify type: Whose name?	
		OTHER ASSETS: (please describe)	

Have you sold or given away any asset in the past two years? Yes__ No__ If yes, explain: _____

APPLICANTS CERTIFICATION

I\We certify that the information given to the Kodiak Island Housing Authority on the application is accurate and complete to the best of my knowledge and belief. I\We understand that false statements or information is punishable under Federal Law. I\We also understand that giving false statements or information is grounds for denial of assistance under this program.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

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.

If you believe you have been discriminated against, you may call the Fair Housing & Equal Opportunity National Toll-Free Hot Line at 1- 800- 478-4692 or 1-907-271-4663.

Notice: Any attempt to obtain Federal housing assistance by false information, impersonation, failure to disclose, or other fraud (and any act of assistance to attempt such) is a crime.

KODIAK ISLAND HOUSING AUTHORITY
HOUSING NEEDS ASSESSMENT SURVEY

WEATHERIZATION/RENOVATION PROGRAM

Kodiak Island Housing Authority is conducting a survey to gather information concerning the housing needs of Alaska Native/American Indian people within their jurisdiction. Your help in gathering this information is a very important part of identifying housing needs so that Federal funds can be allocated to meet those needs. This survey is required prior to consideration of your application.

PLEASE ANSWER THESE QUESTIONS ABOUT YOUR CURRENT HOUSING SITUATION

NAME: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

PHONE NUMBER: _____

Q1 Do you rent or own where you currently reside?

- RENT
- OWN
- OCCUPY WITHOUT PAYMENT OF RENT

Q2 What type of home do you live in?

- SINGLE FAMILY HOME
- MOBILE HOME/MANUFACTURED HOME ON OWN LOT
- MOBILE HOME/MANUFACTURED HOME IN PARK
- DUPLEX (2 unit structure)
- APARTMENT (3 or more unit structure)
- RESIDE WITH ANOTHER FAMILY
- OTHER (please specify) _____

Q3 How many rooms do you have in your home?

- ROOMS (do not count bedrooms, bathrooms, utility rooms, porches, hallways, foyers, or half rooms)
- BEDROOMS (please indicate the number of bedrooms)

Q4 Please estimate the year your house was built.

- BEFORE 1940
- 1940-1969
- 1970-1978
- AFTER 1978

SOME QUESTIONS ABOUT THE CONDITION OF YOUR HOME:

Q5 Please check the appropriate box for each of the following questions.

Question	<i>Yes</i>	<i>No</i>
DOES YOUR HOME HAVE A CONTINUOUS FOUNDATION?		
IS YOUR ELECTRICAL SYSTEM SAFE AND IN GOOD WORKING CONDITION?		
DOES YOUR PLUMBING SYSTEM LEAK, CLOG OFTEN, OR REQUIRE FREQUENT REPAIR?		
DOES YOUR HOME HAVE ANY FLOORS OR CEILINGS THAT SAG, CONTAIN LARGE CRACKS, OR SHOW SIGNS OF CONTINUAL DAMPNESS OR WATER STAINS?		
DOES YOUR HOME'S ROOF SAG, LEAK, OR HAVE POOR DRAINAGE?		
DOES YOUR HOME NEED TO BE MADE ACCESSIBLE FOR A FAMILY MEMBER?		

Q6 Please rate the general condition of each of the following elements in your home by checking the appropriate box below.

<i>Element</i>	Good	Adequate	Needs Repair	<i>Comment on Repairs Required</i>
Plumbing				
Electrical system				
Heating system				
Foundation				
Interior walls				
Exterior siding				
Roof				
Floors				
Windows				
Insulation				

Q7 Please rate the overall condition of your current dwelling.

- EXCELLENT (no repairs needed)
- GOOD (only a few minor repairs needed)
- FAIR (needs many minor repairs)
- POOR (needs major repairs)

Q8 Please list or describe any additional problems with your home, not identified above: _____

Q9 When is the best time to contact you? _____

Contact phone number: _____

KODIAK ISLAND HOUSING AUTHORITY

3137 Mill Bay Road, Kodiak, AK 99615

Phone: 907-486-8111 Fax: 907-486-4432

APPLICANT\TENANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, Social Security numbers, U.S. Citizenship, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I certify that the information given is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report within 10 days in writing any changes in income and any changes in my household size (when a person moves in or out of the unit). I understand the rules regarding guests\visitors under current KIHA programs and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether I owe any money to another Federal program. I certify that for this previous Federal assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment for which I will receive assistance from KIHA or for which I am currently receiving assistance from KIHA, will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying KIHA immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verifying my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial of assistance, termination of assistance, or eviction.

Criminal and Administrative Action for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of assistance, termination of housing assistance and\or termination of tenancy.

Signature and Date of Household Adults

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

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

Agencies or Individuals That KIHA May Contact

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



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak AK 99615 www.kodiakislandhousing.org
Phone: 907-486-8111 Toll Free: 800-478-5442 Fax: 907-486-4432

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
www.kodiakislandhousing.org

I/we have received a copy of this Privacy Policy.

_____ Dated: _____

_____ Dated: _____

\\Resource\Forms\Privacy Policy with signature line 10-26-2007
\\userfiles\Forms\Privacy Policy with signature line