



AFFORDABLE RENTAL HOUSING APPLICATION

CHICKALOON NATIVE VILLAGE FAMILY HOUSING APPLICATION

The application must be complete in order to determine the eligibility of each family requesting housing placement. Please read carefully and complete all the blanks. Use additional paper, if necessary.

Be sure to include:

- Proof of Tribal enrollment status (BIA Certificate of Indian Blood, tribal enrollment card, or ANCSA stock certificate).
- Copies of a valid driver's license or other form of picture identification.
- Verification of Social Security Number, date of birth, and a birth certificate and/or guardianship papers for each minor child on the application.
- Previous year's Tax Return for all members of your household who had income
- Proof of current income (paystubs or income verification letters from income source)
- Credit History Report
- Service or Emotional Support Pet Approval / Letter from qualified professional (if applicable)
- Homeless Verification (if applicable)
- Signature and date from each adult occupant on the Application and Consent to Release Information Form.

Housing placement is on a first come, first served bases with preference given to Chickaloon Native Village Tribal Citizens. First month's rent and security deposit are due at the time of move in.

RETURN TO:

P.O. Box 1105 Chickaloon, AK 99674-1105

Phone: 907-745-0749

Fax: 907-745-0709

e-mail: cvhousing@chickaloon-nsn.gov

Rev. 05/19

Chickaloon Native Village Family Housing



Applicant Name _____ Phone # _____
 Mailing Address _____ Email _____
 If applying to be added to existing lease, current resident name _____

HOUSEHOLD COMPOSITION – List all persons who will reside in the unit in the next twelve (12) months.

	NAME (Last, First, Middle Initial)	Marital Status	Birth Date	Age	Social Security Number	Student Status FT/ PT/ N/a	Race (Optional)
Head of Household							
Co-head							
3							
4							
5							
6							

Are you a Tribal citizen, Alaska Native or American Indian? No Yes If Yes, attach copies of BIA Certificate of Indian Blood and/or Tribal enrollment card. Which Tribe: _____

INCOME – ALL amounts, monetary or not, that goes to or is received on behalf of the family head, spouse or co-head, 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. 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. List the gross amounts of each type of income before any deductions.

Additional Sources of Income	Applicant Name:			Applicant Name:		
	Yes	No	Monthly Amount	Yes	No	Monthly Amount
Must mark yes or no on all sources listed						
Native Corp Dividends						
ATAP						
APA/OAA						
SSI/SSA						
Veteran's Pension						
Senior Assistance						
Pensions/Retirement						
Unemployment						
Child Support						
Alimony						
Monetary Gifts *						
Other:						
Other:						

*includes rent and utility payments paid on behalf of family, and other cash or noncash contributions provided on a regular basis

Do all members in the household receive a PFD? Yes No

If no, please explain who doesn't and why: _____

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EMPLOYMENT INFORMATION- Please complete for all employed household members.

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

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, etc.?
 Yes No If yes, please explain: _____

Have you, or any household member, ever participated in a Federally Funded Housing program? Yes No
 If Yes, when: _____

Are you presently on a waiting list for Federally Funded Housing? Yes No
 If Yes, which program(s): _____

Do you receive rental assistance? Yes No Agency: _____

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

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

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

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

Have you given legal notice where you currently reside? Yes No

What is the earliest date you can occupy a residence? ____/____/____

How did you hear about us? _____

Are you an employee, or a family member or business partner of a CNV employee? Yes No
 If yes, name of employee(s): _____

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

CURRENT RESIDENCE

Current Landlord Name:
Current Landlord Phone Number:
Dates of Residency:
Current Monthly Rental Amount:
Reason for Moving:
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ <input type="checkbox"/> In current Lease Agreement <input type="checkbox"/> Month to Month

If at current residence for less than 5 years (60 months) please complete the below section

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Number	
Dates of Residency	
Monthly Rental Amount	
Reason for Moving	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ <input type="checkbox"/> In current Lease Agreement <input type="checkbox"/> Month to Month	

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Number	
Dates of Residency	
Monthly Rental Amount	
Reason for Moving	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ <input type="checkbox"/> In current Lease Agreement <input type="checkbox"/> Month to Month	

REFERENCES - Please list at least three (3) personal and three (3) credit references below:

Name	Phone Number	Mailing Address	Account Number (if applicable)

A Credit History Report is required (free credit history reports are available at freecreditreport.com, experian.com, or creditkarma.com)

Interviewed by: (Housing staff) _____ Date: _____

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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 require 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: _____

Do you have any animals? No Yes If yes, please describe.

Do any of the animals listed above qualify as a service or emotional support animal? No Yes

If yes, a Pet Approval Form and additional documentation from a qualified professional will be required for approval of service or emotional support animals. Please request Pet Approval Form, if needed.

Are you currently homeless? (Please see the attached "homeless" definition.) Yes No
If yes, please attach necessary documentation.

Are you currently residing in a home that is leased or owned by family and/or friends? Yes No
If yes, how many total persons are residing in the household? : _____

If you are residing with family and/or friends, how many sleeping areas, including all bedrooms and living/family rooms, are in the home? : _____

Please note that if you responded affirmatively above, you will be requested to provide documentation from the homeowner/lease holder verifying this information.

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 the 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) Transitional or supportive housing for persons who qualify because of homelessness.
- (4) In any of the above places, but is being treated in a hospital or other medical facility for 30 days or less.
- (5) A family with 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.

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IMPORTANT FACTS TO KNOW

PURPOSE: This is to inform you that there is certain information you must provide when applying for housing assistance. There are penalties that apply if you knowingly omit information or give false information.

PENALTIES FOR COMMITTING FRAUD: The United States Department of Housing and Urban Development places a high priority on preventing fraud. If your application forms contain false or incomplete information, you may be:

1. Required to repay all overpaid housing assistance you received.
2. Fined up to \$10,000.
3. Imprisoned for up to five years.
4. Prohibited from receiving future assistance.

COMPLETING THE APPLICATION: When you give your answers to application questions, you must include the following information:

1. All income for all members of your household.
2. Any money you receive on behalf of your children.
3. Any anticipated income.
4. The names of all the people who will actually be living with you, whether or not they are related to you.

SIGNING THE APPLICATION: **Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.** Information you give on your application may be verified by the Housing Department.

BEWARE OF FRAUD: You should be aware of the following fraud schemes:

1. Do not pay any money to file application.
2. Do not pay any money to move up on the application list.
3. Do not pay anything not covered by your lease.
4. Get a receipt for any money you pay.
5. Get a written explanation if you are required to pay any money other than what your contract covers.

RECERTIFICATIONS: You must provide the required information at the time of application. Your income may be re-verified before assignment to housing. You must report any changes in the number of people residing in your home.

REPORTING ABUSE: If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the Director at (907) 745-0749, or by writing to the Chickaloon Village Housing Department at P.O. Box 1105, Chickaloon, AK 99674-1105

Signature is required from all adult members of household:

I HAVE READ AND UNDERSTAND THIS APPLICATION.

I DO HEREBY SWEAR THAT ALL OF THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT INQUIRIES MAY BE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE WITHIN THIS APPLICATION AND A CREDIT CHECK MAY BE MADE TO DETERMINE MY ELIGIBILITY.

I ADDITIONALLY UNDERSTAND THAT FRAUDULENT OR INACCURATE CLAIMS WILL DISQUALIFY ME FROM THIS AND OTHER SUPPORT SERVICE PROGRAMS.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

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CONSENT TO RELEASE INFORMATION (to be completed for each adult in household)

Name: _____ **DOB:** _____ **SSN:** _____

I hereby authorize Chickaloon Native Village (CNV) to obtain information regarding my income, credit/financial, references (personal, landlord, etc.) criminal and personal history to determine my eligibility for CNV's Low-Income Rental Housing Program. This authorization and the information obtained may be given to any Federal, State, or local program enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, and unearned income sources.

Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last five (5) years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for CNV Low-Income Rental Housing Program.

I agree that a photocopy of this authorization may be used for the purposed stated above. The original of this authorization is on file with CNV and will stay in effect for one (1) year and one (1) month from the date signed. I understand that this consent may be revoked by me in writing at any time, but that the revocation will not cover information that has already been released based on this authorization.

PROHIBITION OF RE-DISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by Federal Regulations (42 CFR Part 2) prohibiting you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of first offense and not more than \$5,000 in the case of each subsequent offense.

Applicant Signature

Date



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