

Returning Home Program (TBRA) DOC Eligibility Worksheet



Head of Household Name

Screening:

DOC may choose to exclude individuals with a conviction for arson, manufacturing or distributing methamphetamines, or sexual offenses.

Yes	No	
		The family will lease in a TBRA service area (Anchorage, Fairbanks, Homer, Juneau, Ketchikan, Kodiak, Mat-Su Valley, Petersburg, Sitka, Soldotna/Kenai, Valdez, Wrangell).
		The returning citizen will remain under DOC supervision for a term of 12 months.
		The family's gross annual income is at or below 60 percent of area median income (https://www.huduser.gov/portal/datasets/il.html). The final determination will be made by AHFC.
		No adult in this household is subject to a <u>lifetime</u> registration requirement on a sex offender registry.
		No person in this household has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.

If "Yes" to all above, proceed. If "No" to any of the above, contact Carrie Belden, Director of Probation and Parole, for further direction.

Prepare and Submit Packet:

All forms are available at the local AHFC office or AHFC's web page for Tenant-Based Rental Assistance (<https://www.ahfc.us/homelessness/assistance-grants/tenant-based-rental-assistance/>). Completed packets are submitted to the DOC TBRA Selection Committee.

1. DOC Eligibility Worksheet (TBRA31)
2. Returning Home Program Referral (AP100ptp)
3. Security Deposit Assistance Request (TBRA06)
4. Application Information and Instructions (AP100i)
5. Application (AP100a)
6. Family Members (AP100fd) – not needed if family is a single individual
7. Supplement to Application for Federally Assisted Housing (HUD-92006)

Selection and Referral:

The DOC TBRA Selection Committee will collect and screen all applications. Successful applicants are forwarded to AHFC's Central Office for distribution to the local AHFC office for processing. The local AHFC office will contact the applicant family to schedule an eligibility interview. The local DOC point of contact will be notified with the family's appointment. DOC can choose to attend, or not attend, this appointment.



Eligibility:

AHFC will screen each household to determine if a debt is owed due to prior housing assistance participation. AHFC may negotiate a payment agreement with a family to enable them to participate in TBRA.

At the interview appointment, AHFC collects all relevant family information to make a final eligibility determination. Family documentation should be current or dated within 60 days of the interview appointment date. Families need to provide the following:

1. Proof of Social Security Number for all household members
2. Picture identification for all household members 18 years of age and older
3. Proof of age for all household members 62 years of age and older
4. Proof of birth/custody for all household members 17 years of age and younger
5. Proof of citizenship status for any household member claiming eligible, noncitizen status
6. Proof for all income sources – this includes earned (wages, self-employment, etc.) and unearned income (Social Security, ATAP/TANF, Child Support, Unemployment, Veteran’s benefits, etc.). Documentation must show the full amount received each period (day, month, week) and should cover two to three months of payments
7. Proof for all asset sources – this includes checking, savings, money markets, stocks, bonds, trust funds, retirement pensions, IRAs or 401Ks, etc.
8. Proof for allowable deductions – expenses must be out-of-pocket (not reimbursed) and paid by the family (not what is owed)
 - a. Expenses incurred for the care of a disabled household member so an adult household member can work
 - b. Expenses incurred so that a disabled household member can work (the expenses cannot exceed the income earned)
 - c. Expenses incurred for the care of children (12 years of age or less) so that an adult family member can work or attend school
 - d. Full-time enrollment status for any household member (persons 18 years of age and older) claiming full-time student status at an educational institution
 - e. Medical expenses incurred by an elderly or disabled family – provide at least three (3) months of receipts or documentation from the appropriate source.
 - Elderly family – the head, spouse, or co-head of the family is 62 years of age or older
 - Disabled family – the head, spouse, or co-head of the family is a person with a disability (as defined by HUD)

Coupon Receipt:

If a family is determined eligible, AHFC issues a coupon with a family budget (shopping guidelines) so that the family can select a unit to rent in the community. The family receives an initial period of 30 days to select a unit. Two additional 30-day periods are available if the family needs additional time to shop for a unit.

Returning Home Program Referral



Department of Corrections (DOC)

Head of Household Name	Supervision Level
Desired Community	LSIR Score

Yes No Is the Head of Household currently incarcerated?
If yes, what is the scheduled date of release (must be within 60 days)? _____
If yes, can the Head attend AHFC appointments to receive his/her TBRA coupon prior to release? Yes No

Yes No This household requires Security Deposit Assistance. DOC has reviewed this household's financial resources, and there are limited or no other sources of funding to assist this household.
How much will the family pay toward the Security Deposit? \$ _____

Attachments:

- AHFC Application and Family Member Details (if applicable)
- Letter from Office of Children's Services stating that unification is scheduled to occur within six (6) months, if applicable.

Household Status:

- Single, Nonelderly
- Elderly
- Single Parent
- Two Parents
- Other

Local DOC Point of Contact

Name _____

Mailing Address _____

Telephone _____ E-Mail _____

I certify that the Head of Household was selected based on the criteria in our Selection Plan. In addition, DOC has reviewed all household members and their criminal histories and approves this household for participation in TBRA.

DOC Selection Committee Authorizing Agent _____ Date _____

Fax or email the referral and application package to Regina O'Keefe at rokeefe@ahfc.us, fax: (907) 338-1683.

Alaska Housing Finance Corporation (AHFC)

Approved for funding? Yes No Source: HOME MTW Entered? Yes No

Grant Agrmt: _____ IDIS Number: _____

PHD Signature and Date _____ Planning Signature and Date _____



Application Information and Instructions



These are the instructions for an Alaska Housing Finance Corporation (AHFC) rental assistance program application.

- AHFC uses the term “family” throughout this application; a family can be one or more persons.
- Security deposits or other rental expenses are a family’s responsibility.
- An AHFC representative can assist you if you have questions concerning your application.

Reasonable Accommodation Process

If you, or a family member, is a person with a disability, you have the right to ask for a Reasonable Accommodation. You may request a Reasonable Accommodation any time you find it necessary. If you would like more information on the Public Housing Division’s Reasonable Accommodation process or need assistance with the application process, please contact your local AHFC office.

1. Completing your application:
 - a. Apply only for waiting lists which are open – see the Community Information Sheet, check AHFC’s website at www.ahfc.us/publichousing/rental-programs/waiting-list-status/, or call the local office.
 - b. Print clearly or type.
 - c. Answer all the questions to the best of your ability.
 - d. If you are applying for more than one community, you must fill out a new application for each community.
2. Submitting your application:
 - a. Return your application package (see the Community Information Sheet) to the AHFC office in the community in which you wish to live.
 - b. The application may be mailed or hand-delivered to AHFC.
 - c. AHFC does not accept applications by email.
 - d. If you are mailing your application to AHFC, please use the post office box address (if listed). The address for each office is listed on the Community Information Sheet and page 2 of this sheet.
3. Status of your application:
 - a. If you are approved for a waiting list, your place is determined by the date and time your application is received.
 - b. AHFC will notify you in writing with the status of your application.
 - c. If your application is denied, you are entitled to an informal review.

AHFC Fair Housing Statement

It is the policy of Alaska Housing Finance Corporation to further Fair Housing in all its programs. No person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under AHFC housing programs on the grounds of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status.



AHFC Housing Program Locations

Numbers after the city name indicate the available programs in that area

1. AHFC Family Housing
2. AHFC Senior/Disabled Housing
3. Housing Choice Voucher

<p>Anchorage (1,2,3) 440 E Benson Blvd. P.O. Box 241385 Anchorage, AK 99524-1385 907-330-6100 Fax: 907-274-7176</p>	<p>Ketchikan (1,2,3) 130 Bryant St. P.O. Box 5124 Ketchikan, AK 99901 907-225-6030 Fax: 907-225-1729</p>	<p>Sitka (1,2,3) 422 Andrews St. Sitka, AK 99835 907-747-5700 Fax: 907-747-3767</p>
<p>Bethel (1) 1029 Ridgecrest Dr. P.O. Box 587 Bethel, AK 99559 907-543-2228 Fax: 907-543-2191</p>	<p>Kodiak (1,3) 521 Maple St. P.O. Box 317 Kodiak, AK 99615 907-486-5513 Fax: 907-486-4065</p>	<p>Soldotna (3) 44539 Sterling Hwy., Ste. 201-A Soldotna, AK 99669 907-260-7633 Fax: 907-260-7635</p>
<p>Cordova (1,2) 401 Second St. P.O. Box 1728 Cordova, AK 99574 907-424-7697 Fax: 907-424-7699</p>	<p>Nome (3) 406 East I St. P.O. Box 930 Nome, AK 99762 907-443-2888 Fax: 907-443-2541</p>	<p>Valdez (1,3) 104-B Bremner St. P.O. Box 926 Valdez, AK 99686 907-835-2119 Fax: 907-835-2067</p>
<p>Fairbanks (1,2,3) 1441 22nd Ave. Fairbanks, AK 99701 907-456-3738 Fax: 907-456-2142</p>	<p>Petersburg (3) (serviced from Juneau office) 3410 Foster Ave. Juneau, AK 99801 907-586-3750 Fax: 907-463-4967</p>	<p>Wasilla (2,3) 1201 North Lucille St., Ste. 104 P.O. Box 873347 Wasilla, AK 99687 907-376-5744 Fax: 907-376-1229</p>
<p>Homer (3) 3670 Lake St., Ste. 400 Homer, AK 99603 907-235-2447 Fax: 907-235-7535</p>	<p>Seward (2) 200 Lowell Canyon Rd. P.O. Box 1475 Seward, AK 99664 907-224-3737 Fax: 907-224-5527</p>	<p>Wrangell (1,3) 720 Zimovia Hwy. P.O. Box 950 Wrangell, AK 99929 907-874-3018 Fax: 907-874-3449</p>
<p>Juneau (1,2,3) 3410 Foster Ave. Juneau, AK 99801 907-586-3750 Fax: 907-463-4967</p>		

Date:

Application

Time:



Posted:

Initials:

Programs:

Code:

You may request assistance with this document from AHFC.

Do You Require Language Assistance? If Yes, Which Language?

Yes No

Yes No Have you lived in the area where you are applying for at least 30 days prior to the completion of this application?

Head of Household

Last Name and Suffix (Jr., Sr., etc.)	First Name	Middle
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Other Names Used

Social Security Number	<input type="checkbox"/> I don't have a Social Security Number	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Mailing Address

City, State, Zip Code

E-Mail Address	Telephone
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Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	Ethnicity (Check Only One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Alien Registration Number	Citizenship (Check Only One) <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State
Status (Check All That Apply) <input type="checkbox"/> Adult <input type="checkbox"/> Disabled <input type="checkbox"/> Full-time Student	<input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Near Elder (50 or older)	<input type="checkbox"/> Displaced <input type="checkbox"/> Homeless <input type="checkbox"/> Veteran

Spouse/Co-Head

Last Name and Suffix (Jr., Sr., etc.)	First Name	Middle
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Other Names Used

Social Security Number	<input type="checkbox"/> I don't have a Social Security Number	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	Ethnicity (Check Only One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Alien Registration Number	Citizenship (Check Only One) <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State
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Status (for Spouse/Co-Head, Check All That Apply)

Spouse
 Co-Head

Disabled
 Full-time Student

Elder (62 or older)
 Near Elder (50 or older)

Number of people who will be living in this household including the head and spouse/co-head listed above

Guardian Information

Does the Head of Household have a guardian? If Yes, please enter the name of this person or agency.

Yes No Name -

Mailing Address

City, State, Zip Code

Telephone

Income – Estimated Monthly Income for All Household Members. This includes all monies received by all household members. Please do not include Permanent Fund Dividends here.

My household does not have any income at this time.

OR

\$

This is seasonal or temporary income.

If checked, how many months per year is this income received? _____

How many household members received the most current year's Permanent Fund Dividend? If no one, please enter "0" (zero).

Screening Process

Household members must pass AHFC's screening process to be eligible for housing assistance. The screening process includes verification of household members and their income, previous housing assistance participation, debts owed to AHFC or other housing authorities, citizenship status, previous tenancies, and any criminal activity or history. Families must meet income limits at the time of eligibility to qualify for assistance. Income limits are a maximum; there is no minimum income. Income limits are available at: www.huduser.org/portal/datasets/il.html.

Personal Certification and Notice

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

I understand that:

1. I must report the following changes promptly.
 - a. Any change to family composition (the members of my household).
 - b. **Any change to my mailing address** or telephone contact information.
2. Any discrepancy or lack of information in this application may result in its rejection.
3. I authorize AHFC to verify information I provided on this application, conduct any necessary screening for placement on a waiting list, and communicate with any and all names listed on this application.

I hereby certify under penalty of perjury under the laws of the United States of America and the State of Alaska that all of the information contained in this document is true and complete. I understand that making false statements on this document is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

Head, Spouse, or Co-Head of Household Signature	Date
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Family Members

Complete one block for each person who will be living in the household. Do not complete a block for the head of household or spouse/co-tenant listed on the Application. Ask for additional sheets, if needed.

A family may choose to disclose a current pregnancy or pending adoption for consideration of subsidy or unit size. Please enter this individual as "pending" under the Relationship to Head.

Head of Household Printed Name

Last Name			Last Name		
First Name		Middle	First Name		Middle
Social Security Number		Date of Birth	Social Security Number		Age
Maiden/Other Last Names			Maiden/Other Last Names		
			Gender		
			<input type="checkbox"/> Female		
			<input type="checkbox"/> Male		
Relationship to Head		If Youth, Custody Percentage	Relationship to Head		If Youth, Custody Percentage
Member Status (Check All That Apply)		Ethnicity	Member Status (Check All That Apply)		Ethnicity
<input type="checkbox"/> Adult		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Adult		<input type="checkbox"/> Disabled
<input type="checkbox"/> Adult Full-time Student		<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Adult Full-time Student		<input type="checkbox"/> Foster Child
<input type="checkbox"/> Elder (62 or older)		Alien Registration Number	<input type="checkbox"/> Elder (62 or older)		<input type="checkbox"/> Live-in Aide
<input type="checkbox"/> Youth (under 18 years old)			<input type="checkbox"/> Youth (under 18 years old)		
Race (Check All That Apply)		Citizenship (Check One)	Race (Check All That Apply)		Citizenship (Check One)
<input type="checkbox"/> White		<input type="checkbox"/> Eligible Citizen	<input type="checkbox"/> White		<input type="checkbox"/> Eligible Citizen
<input type="checkbox"/> Black		<input type="checkbox"/> Eligible Noncitizen	<input type="checkbox"/> Black		<input type="checkbox"/> Eligible Noncitizen
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Ineligible Noncitizen	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Ineligible Noncitizen
<input type="checkbox"/> Asian		<input type="checkbox"/> Pending Verification	<input type="checkbox"/> Asian		<input type="checkbox"/> Pending Verification
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Choose Not to State	<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Choose Not to State

Last Name			Last Name		
First Name		Middle	First Name		Middle
Social Security Number		Date of Birth	Social Security Number		Age
Maiden/Other Last Names			Maiden/Other Last Names		
			Gender		
			<input type="checkbox"/> Female		
			<input type="checkbox"/> Male		
Relationship to Head		If Youth, Custody Percentage	Relationship to Head		If Youth, Custody Percentage
Member Status (Check All That Apply)		Ethnicity	Member Status (Check All That Apply)		Ethnicity
<input type="checkbox"/> Adult		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Adult		<input type="checkbox"/> Disabled
<input type="checkbox"/> Adult Full-time Student		<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Adult Full-time Student		<input type="checkbox"/> Foster Child
<input type="checkbox"/> Elder (62 or older)		Alien Registration Number	<input type="checkbox"/> Elder (62 or older)		<input type="checkbox"/> Live-in Aide
<input type="checkbox"/> Youth (under 18 years old)			<input type="checkbox"/> Youth (under 18 years old)		
Race (Check All That Apply)		Citizenship (Check One)	Race (Check All That Apply)		Citizenship (Check One)
<input type="checkbox"/> White		<input type="checkbox"/> Eligible Citizen	<input type="checkbox"/> White		<input type="checkbox"/> Eligible Citizen
<input type="checkbox"/> Black		<input type="checkbox"/> Eligible Noncitizen	<input type="checkbox"/> Black		<input type="checkbox"/> Eligible Noncitizen
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Ineligible Noncitizen	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Ineligible Noncitizen
<input type="checkbox"/> Asian		<input type="checkbox"/> Pending Verification	<input type="checkbox"/> Asian		<input type="checkbox"/> Pending Verification
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Choose Not to State	<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Choose Not to State



Security Deposit Assistance Request*



Submit this completed form along with the landlord paperwork (*Unit Approval Request*, etc.) to the local AHFC office.

Head of Household Name	Request Date
Monthly Rent requested by Landlord	\$ _____
1 Total Security Deposit requested by Landlord	\$ _____
2 How much can the Tenant contribute to the Security Deposit?	\$ _____
3 Amount of Security Deposit contributed by Other Source	\$ _____
Source: _____	
4 Amount of Security Deposit requested from AHFC (Line 1 minus Line 2 minus Line 3)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the security deposit already been paid to the Landlord?	

I certify that I have not received prior security deposit assistance from AHFC, and I do not have the necessary funds to pay the requested deposit, excepting any amounts shown above.

Head of Household Signature	Date
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Alaska Housing Finance Corporation (AHFC)

Yes No Is the Tenant already living in the place where the subsidy will be used?
If yes, for how long? _____

I certify that the security deposit charged by the landlord for this unit is reasonable and in line with local market conditions.

AHFC Representative Signature	Date
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After signature, scan and email to the PHD Central Office.

Grant Agrmt _____	IDIS Number _____
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Is the household a previous recipient of security deposit assistance? Yes No

Approved for funding? Yes No Funding Source HOME Other

Amount approved \$ _____	AHFC Portion \$ _____	Tenant Portion \$ _____
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Authorizing Signature and Date

*Making A Home or Returning Home programs only



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.