

# Security Deposit Assistance Request Voucher Program



Submit this completed form along with the paperwork to request the unit's inspection to the local AHFC office.

Head of Household Printed Name \_\_\_\_\_

Unit Physical Address \_\_\_\_\_

City \_\_\_\_\_

## Owner or Owner's Agent

- 1 Monthly Rent Requested by Owner \$ \_\_\_\_\_
- 2 Total Preleasing or Holding Fees Already Received \$ \_\_\_\_\_
- 3 Total Security Deposit Requested by Owner (excluding holding or preleasing fees) \$ \_\_\_\_\_
- 4 Amount of Security Deposit Funds Already Received \$ \_\_\_\_\_
- 5 Security Deposit Requested from AHFC \$ \_\_\_\_\_ (Line 3 - 4)

### Owner/Owner's Agent Certification: I certify that

- I have disclosed all monies received for the security deposit for this tenancy.
- The security deposit I am requesting is in accordance with the Alaska Uniform Residential Landlord and Tenant Act (Alaska Statute 34.03).
- The security deposit I am requesting for this assisted unit is the same as the security deposit I request for comparable assisted units.
- The security deposit will be refunded to the client in compliance with the Alaska Uniform Residential Landlord and Tenant Act (Alaska Statute 34.03).
- AHFC pays security deposit assistance by checks.

Owner/Owner's Agent Printed Name \_\_\_\_\_

Owner or Owner's Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Family's Certification

### I certify that

- I have disclosed all household members, income, and assets to AHFC.
- I am not requesting a reimbursement of monies already paid to this Owner.

In the event that AHFC partially or fully denies this security deposit request, the family commits to pay the balance to the above listed owner or owner's agent.

Head of Household or Adult Household Member Printed Name \_\_\_\_\_

Head of Household or Adult Household Member Signature \_\_\_\_\_

Date \_\_\_\_\_



**Alaska Housing Finance Corporation (AHFC) Local Office**

Once the Request has been processed, a copy of page 2 will be provided to the Owner.

Yes  No Is the household a previous recipient of this AHFC security deposit assistance?

I certify that the security deposit charged by the Owner for this unit is reasonable and in line with local market conditions. **Maximum deposit charged cannot exceed more than two months' rent for a security deposit. This limit does not apply, however, to rental units where the rent is more than \$2,000 per month.**

Vendor Code	Vendor's Name	
Property Code	Tenant Code	AHFC Representative

AHFC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

If request is over the payment standard, the Supervisor must sign this request.

Approved  
 Disapproved

\_\_\_\_\_  
AHFC Supervisor Signature and Date

**Supervisory Justification**

After signature and family subsidy begins, scan and email to the PHD Central Office Key Users at [secdep@ahfc.us](mailto:secdep@ahfc.us). The key user processes the request and enters a payable for the next scheduled check run so long as the request is complete and has been received by Central Office, no later than Monday at 10am.

**PHD Central Office Key User**

Entered by	Date	Batch No.	Check No.
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Send Making a Home and Returning Home Request to Planning.

Yes  No **Approved Security Deposit?**

Vendor No.	Amount \$
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After entry, scan and email to the AHFC Representative noted above