

# Foster Youth to Independence Initiative (FYI) Voucher Program Referral



Head of Household Name	Desired Community
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## OCS Local Contact Information

Name

Agency Name

Mailing Address

Telephone	E-Mail
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Fax or e-mail the entire package to: Naomi Davidson, [Naomi.Davidson@alaska.gov](mailto:Naomi.Davidson@alaska.gov), fax: (907) 465-3656.

### For State of Alaska Office of Children's Services Use Only

1. I certify that this household meets the definition of an eligible household, **and**
2. This person is:  Homeless  At risk of homelessness
3. Attached to this referral is an AHFC application package.

Referring Individual Signature	Date
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### For Alaska Housing Finance Corporation (AHFC) Use Only

Received

Emailed

To

AHFC Representative Signature



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](http://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.

<input type="text"/>	<input type="text"/>
Head, Spouse, or Co-Head of Household Signature	Date

# 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
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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)	
<input type="checkbox"/> Adult		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Adult	
<input type="checkbox"/> Adult Full-time Student		<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Disabled	
<input type="checkbox"/> Elder (62 or older)		Alien Registration Number		<input type="checkbox"/> Foster Child	
<input type="checkbox"/> Youth (under 18 years old)				<input type="checkbox"/> Live-in Aide	
				<input type="checkbox"/> Youth (under 18 years old)	
Race (Check All That Apply)		Citizenship (Check One)		Race (Check All That Apply)	
<input type="checkbox"/> White		<input type="checkbox"/> Eligible Citizen		<input type="checkbox"/> White	
<input type="checkbox"/> Black		<input type="checkbox"/> Eligible Noncitizen		<input type="checkbox"/> Black	
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Ineligible Noncitizen		<input type="checkbox"/> American Indian/Alaska Native	
<input type="checkbox"/> Asian		<input type="checkbox"/> Pending Verification		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Choose Not to State		<input type="checkbox"/> Native Hawaiian/Pacific Islander	

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)	
<input type="checkbox"/> Adult		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Adult	
<input type="checkbox"/> Adult Full-time Student		<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Disabled	
<input type="checkbox"/> Elder (62 or older)		Alien Registration Number		<input type="checkbox"/> Foster Child	
<input type="checkbox"/> Youth (under 18 years old)				<input type="checkbox"/> Live-in Aide	
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<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Ineligible Noncitizen		<input type="checkbox"/> American Indian/Alaska Native	
<input type="checkbox"/> Asian		<input type="checkbox"/> Pending Verification		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Choose Not to State		<input type="checkbox"/> Native Hawaiian/Pacific Islander	





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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

# Screening Questionnaire



AHFC screens each adult household member using the following resources.

- The Dru Sjodin National Sex Offender website.
- The Alaska Court System public web site for criminal activity.
- Other criminal records if a family member has recently moved to Alaska.
- The U.S. Department of Housing & Urban Development’s Enterprise Income Verification system for current and previous rental assistance participation and money owed to a housing authority.

On a case-by-case basis, AHFC may consider mitigating circumstances for previous, ineligible activity. Please speak with your local AHFC representative during your interview if you have concerns or questions.

Head of Household Name
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Please answer each question below. For each answer marked “Yes,” please provide an explanation in the space provided.

1.  Yes  No Has any household member lived outside of Alaska during the last 36 months?

Name	City, State	When

2.  Yes  No Has any household member been released from incarceration in the last 36 months?

Name	Reason Incarcerated	Release Date

3.  Yes  No Is any household member subject to a registration requirement on a state’s sex offender registry?

Name	Requirement End Date

4.  Yes  No Is any household member a fugitive felon, parole or probation violator, or fleeing to avoid prosecution or incarceration?

Name	Name



5.  Yes  No Has any household member been convicted of the manufacture or production of methamphetamine on the premises of federally assisted housing?

Name	Date Convicted

6.  Yes  No Does any household member currently use an illegal drug?

Name	Name

Although Alaska allows the use of marijuana for personal consumption, marijuana is considered an illegal drug by the federal government. Because this program is funded with federal monies, the use of marijuana is prohibited in AHFC-owned properties and rental assistance programs.

7.  Yes  No Has any household member been evicted from assisted housing within the last 36 months?

Name	Reason Evicted	Date Evicted

8.  Yes  No Has any household member been terminated from the voucher, public housing, or any other HUD-assisted housing within the last 12 months?

Name	Reason Terminated	Date Terminated

9.  Yes  No Has any household member committed an act of fraud or bribery within the last 36 months in connection with a federally assisted housing program?

Name	Date of Action

10.  Yes  No Does any household member owe money from participation in the voucher, public housing, or any other HUD-assisted housing?

Name	Housing/Other Agency Name	Date



**11.** Has any household member been arrested, convicted, or released from incarceration within the last 36 months for:

**a.**  Yes  No Drug-related activity?

Name	Activity	Date

**b.**  Yes  No Criminal, alcohol-related, or other activity that threatened the health or safety of others or resulted in property damage?

Name	Activity	Date

**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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

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 of Household Signature Date

\_\_\_\_\_  
Adult Household Member Signature Date

\_\_\_\_\_  
Adult Household Member Signature Date

\_\_\_\_\_  
Adult Household Member Signature Date

\_\_\_\_\_  
Adult Household Member Signature Date

# Applicant Income and Composition Information

## Moving to Work Programs



Each household member 18 years of age and older must attend eligibility/interview appointments, sign required forms, and provide the documents shown below.

- You must accurately report all income, assets, deductions, and family members to AHFC.
- AHFC compares the income, employment, and household composition that you report to state and federal databases that include the U.S. Department of Health and Human Services, Department of Labor, National Directory of New Hires, and the Social Security Administration.

**All families must provide documents verifying each family member's identity or custody status and income sources.** Documents that are time-sensitive (such as a bank statement or paystub) must be the most recent statement and be dated within **60 days** of the interview date.

**1. Family Composition** - You must bring all information for each family member as listed below. If an adult household member has a guardian, the guardian must attend.

- a. Picture identification for all household members 18 years of age and older**
- b. Proof of social security number for all household members
- c. Proof of birth and custody status (where applicable) for all household members under 18 years of age
- d. Proof of citizenship status for all household members claiming eligible noncitizen status
- e. Proof of full-time enrollment status in an educational institution for any family member 18 years of age or older who is claiming student status

**2. Current and Anticipated Income**

- AHFC will verify unemployment benefits, child support payments, and ATAP/TANF payments processed by the State of Alaska.
- AHFC assumes that each household member has received the most recent Permanent Fund Dividend, and we will include it in the family's annual income.

a. Salaries or Wages – Provide:

- i. An employment offer letter that includes start date, rate of pay, work schedule, etc., **OR**
  - ii. Four to six current, consecutive pay stubs that include periodic gross pay amount, year-to-date gross earnings, etc.
  - iii. The most recent IRS tax filing for individuals that are self-employed
- b. Other sources of income: provide statements or benefit letters showing the amount and payment schedule. These sources include alimony, Alaska Native or other tribal corporation payments, annuities, disability income, insurance payments, pensions, retirement account payments, settlements, social security, trust payments, or veteran's benefits
- c. If any household member has a trust, the member must provide the trust documents

**3. Assets** – If your household's assets total \$10,000 or more, you must provide statements for all asset accounts. Assets include: current checking or saving accounts, bonds, money market accounts, mutual funds, stocks, trust funds, retirement accounts (IRA, 401k, PERS, Thrift Savings Plan, etc.), rentals, or real estate owned

