

Anchorage Housing Choice Voucher Lottery Information Sheet



The Housing Choice Voucher Program allows an eligible family to select a unit in the private market to rent, and AHFC pays a portion of the rent directly to the Landlord. An Alaska Housing Finance Corporation (AHFC) representative will assist you if you have questions concerning your application.

Drop Box	Mailing Address
440 East Benson Blvd. Anchorage, AK	PO Box 241385 Anchorage, AK 99524-1385

Anchorage Office Information

- Office Hours: 8:30 a.m. to 4:30 p.m., Monday through Friday
- Geographic Jurisdiction: the Municipality of Anchorage including Girdwood, Eklutna, and communities in between
- Drop box is to the left of the main entrance door off Benson Blvd.
- Community Information: www.anchorage.net/

Residency Requirement. A family must reside in the community where they are applying for at least 30 days prior to their application date to be eligible to move or port their voucher. For this lottery, if the applicant has not established residency in Anchorage's jurisdiction, the applicant will be required to live in the jurisdiction for at least 12 months before being eligible to move or port.

To Get an Application

Waiting List Lottery Applications will be available on July 1, 2019 and can be submitted electronically or as a paper application.

1. Go to www.ahfc.us/publichousing/rental-programs/waiting-list-status.
 - a. Choose the Anchorage Lottery Application to submit a paper application, OR
 - b. Choose the Anchorage Electronic Application.
2. Pick up a paper application at the Anchorage Family Investment Center at 440 East Benson Blvd., Anchorage.

Electronic Application. To apply online, a family needs an email address. If you do not have an email account or access to a computer, AHFC has a computer lab. You can find the computer lab address and hours at <https://www.ahfc.us/publichousing/gateway-education/computer-lab-hours>.

Completing Your Application

1. Please print legibly or type.
2. Answer all the questions to the best of your ability.
3. All applications must meet income eligibility guidelines. Income Limits are listed below.



Instructions for Submitting Your Application

1. Applications will be accepted from July 1, 2019 to July 31, 2019. Applications postmarked as of July 31, 2019 will be accepted.
2. Submit your paper application by:
 - a. Mailing it to PO Box 241385, Anchorage, AK 99524-1366, OR
 - b. Placing it in the drop box (see drop box location above)
3. **Applications will not be accepted at the front counter at any AHFC office location.**

This is a Lottery

1. Each applicant family may submit only one application. Duplicate applications will be withdrawn.
2. Date and time of application submission **will not** factor into the applicant's final placement on the waiting list.
 - a. Once the application period has closed, each eligible applicant will receive a lottery number.
 - i. The lottery number will determine the applicant's waiting list position.
 - ii. Every applicant has an equal opportunity to be ranked at the top of the list.
 - b. Applications must meet income eligibility guidelines (see Income Limits below).
3. Eligible applicants will receive a Waiting List Placement letter along with their random lottery number.

All applicants meeting income eligibility for the lottery will be placed on the Anchorage Housing Choice Voucher Program Waiting List. Before receiving rental assistance, families will be screened for eligibility. Screening 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.

Income Limits

1. Count the total number of persons that will be in your assisted household.
2. The gross annual income of all family members cannot exceed the limit for that number of persons.
3. Applications with income that exceed these limits will be rejected.

Family Size	Gross Annual Income Limit	Family Size	Gross Annual Income Limit
1 Person	36,750	5 Persons	56,650
2 Persons	42,000	6 Persons	60,850
3 Persons	47,250	7 Persons	65,050
4 Persons	52,450	8 Persons	69,250
For families with more than 8 persons, add \$5,530 for each additional family member.			

AHFC Fair Housing Statement

It is the policy of Alaska Housing Finance Corporation to further Fair Housing in all its programs. No person shall on the grounds of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under AHFC housing programs. If you would like more information on the Public Housing Division's Reasonable Accommodation process, please contact your local AHFC office.

Date:

Time:

Anchorage Housing Choice Voucher Lottery Application



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
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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
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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
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Status (for Spouse/Co-Head, Check All That Apply)

☐ Spouse

☐ Disabled

☐ Elder (62 or older)

☐ Co-Head

☐ Full-time Student

☐ 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

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.

Anchorage Housing Choice Voucher Lottery Frequently Asked Questions

1. Can I apply if I don't live in Alaska or Anchorage?

Yes, but you will not be eligible to port your voucher to another location until after you have resided in Anchorage for 12 months with your voucher.

2. How will I know if my application is accepted in the lottery?

- If you submit your application electronically, you will receive a confirmation number and an email to the address you supply.
- Once the lottery is closed, AHFC will contact all successful lottery applicants in writing with an approximate waiting time and a lottery number. The lottery number is your position on the waiting list. Please keep AHFC updated with your current mailing address.

3. Does AHFC have any special voucher rules?

Yes. AHFC has an alternate method for calculating a family's level of subsidy.

- A Classic Program family (www.ahfc.us/publichousing/classic-program) has a triennial examination schedule and must follow the standard HUD rules to port a voucher to another housing authority (please also see question 1).
- A Step Program family (www.ahfc.us/publichousing/step-program) has rental assistance limited to five years, subsidy that slowly "steps" down, and specific criteria to port a voucher to another housing authority.

4. What if I owe money to AHFC or another housing authority?

- Owed to AHFC – You **must** pay off your debt before receiving housing assistance. To inquire about your balance, contact AHFC at 907-330-8426 or 800-478-2432 (outside Anchorage).
 - If your debt is at our Collection Agency, you must pay them. You can contact Cornerstone Credit Services at 907-770-8100 or 877-375-8100 (outside Anchorage).
 - If your debt is still with AHFC, you may pay it at the office at 4300 Boniface Parkway, Anchorage. Ask for Jane or Regina in Public Housing.
- Owed to Another Housing Authority – Contact them immediately. You will need to pay your balance in full and provide proof of payment to be eligible for housing with AHFC.