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| Returning Home Program (TBRA)DOC Eligibility Worksheet | ahfc_logo_large.jpg |
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| Head of Household Name |
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Screening:

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

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| 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 lifetime 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)
	1. Expenses incurred for the care of a disabled household member so an adult household member can work
	2. Expenses incurred so that a disabled household member can work (the expenses cannot exceed the income earned)
	3. Expenses incurred for the care of children (12 years of age or less) so that an adult family member can work or attend school
	4. Full-time enrollment status for any household member (persons 18 years of age and older) claiming full-time student status at an educational institution
	5. 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.