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No.:

Rental Application



AHFC does not discriminate in rental practices on the basis of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status.

This is an application for (olease check one): 💳	Alpine Terrace, Anchorag Etolin Heights, Wrangell	e [Desired Mov	ve-In Date	
Yes No Will you	be using rental assis		for an apart	tment?		
Head of Household In	formation					
Last Name	First			Mid	ddle	
Current Mailing Address	1		City, ST Zip			
Birth Date	Social Security No.		Cell Phone			
Any Other Names You've Used in	the Past		Home Phone			
Email Address			Other Phone			
Other Proposed Occu	pants					
Name (First and Last)	-	Social Security No.	Birth Date	R	elationship to Head	
	_	ooms are you into				
Yes No Do you or Ifyes,	does anyone in your h Wheelchair Accessible	ousehold require a Vision Features	_	_	features? atures in Unit	
Employment Informat	tion					
Applicant Name						
Employer						
Address						
Employer's phone						
Occupation						
Supervisor's name						
	From / To	From /	То		From / To	
Employment dates	/	/			/	



Residence ii	IIIOIII	nation (tell us where you have	e livea	for the last two years)			
Residence			Residence	R	esidence		
Applicant name							
Street address							
City, ST, zip code							
		From / To		From / To		From / To	
Dates of residency	y 	/		/		/	
Landlord/manage	r name						
Landlord phone n	umber						
Last rent amount	paid	\$		\$	\$	3	
Did you pay for an	y utilitie:	es? Yes No		Yes No		Yes No	
Reason for leaving	g						
Financial In	forma	ation					
Applicant Name							
Wages/salary	\$		\$		\$		
Other income*	\$		\$		\$		
Other income*	\$		\$		\$		
*If you have ot		urces of income you would like	us to	consider, list that income her	e.		
Checking account		Bank				\$	
	L						
Savings account		 				\$	
Other						\$	
General Info							
Yes No		any household member b	een (evicted from a rental resi	der	ice in the last 2 years?	
	If Yes, who and when?						
Yes No	□ No Does any household member owe money to a previous landlord?						
		s, how old is the debt?					
Yes No						ions within the last three	
(3) years? If Yes, who and for what?							
*If any answers		I more explanation, please sub	mit th	lese on a separate piece of pa	ner.		
-		d Certification		iooo on a coparate piece of pa	роп.		
 I certify the provide Alfail to do see I hereby a communication 	e stat HFC w so. uthori cate w	tements I have made are tru vith my current address and, ize AHFC to conduct a credit vith any and all names listed	/or te t and _/ d on tl	lephone number, and my a for criminal check, verify in his application. I understan	ppli form	cation may be cancelled if I nation I provided, and	
Adult Household N		may result in the rejection of		аррисацоп.		Date	

Release of Information to AHFC



Head of Household:	Last 4 of SSN:	

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Alaska Housing Financial Corporation (AHFC) any information or materials needed to complete and verify my application for AHFC rental housing.

<u>Verifications and inquiries that may be requested include, but are not limited to:</u>

- Identity and Marital Status
- Family Composition and Custody
- Police Records and Criminal History
- Residences and Rental Activity
- Credit History
- Income from Any Source
- · Assets of Any Kind

Groups or Individuals that AHFC May Contact

- Past and Present Landlords
- · Past and Present Employers
- Courts and Post Offices
- Law Enforcement Agencies
- Utility Companies
- Banks and Financial Institutions
- Private Social Service Agencies
- State of Alaska Departments

- Federal Agencies Administering Benefit Payments Declared as Monthly Income
- Retirement Systems
- Payees, Trustees, Conservators, Guardians
- Individuals Providing References or Other Documentation

Conditions

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for AHFC rental housing. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the date signed.

Head of Household Signature	Print Name	Date
Adult Household Member Signature	Print Name	Date
Adult Household Member Signature	Print Name	Date

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