

Application Information and Instructions



These are the instructions for an Alaska Housing Finance Corporation (AHFC) rental assistance program application.

- AHFC uses the term “family” throughout this application; a family can be one or more persons.
- Security deposits or other rental expenses are a family’s responsibility.
- An AHFC representative can assist you if you have questions concerning your application.

Reasonable Accommodation Process

If you, or a family member, is a person with a disability, you have the right to ask for a Reasonable Accommodation. You may request a Reasonable Accommodation any time you find it necessary. If you would like more information on the Public Housing Division’s Reasonable Accommodation process or need assistance with the application process, please contact your local AHFC office.

1. Completing your application:
 - a. Apply only for waiting lists which are open – see the Community Information Sheet, check AHFC’s website at www.ahfc.us/publichousing/rental-programs/waiting-list-status/, or call the local office.
 - b. Print clearly or type.
 - c. Answer all the questions to the best of your ability.
 - d. If you are applying for more than one community, you must fill out a new application for each community.
2. Submitting your application:
 - a. Return your application package (see the Community Information Sheet) to the AHFC office in the community in which you wish to live.
 - b. The application may be mailed or hand-delivered to AHFC.
 - c. AHFC does not accept applications by email.
 - d. If you are mailing your application to AHFC, please use the post office box address (if listed). The address for each office is listed on the Community Information Sheet and page 2 of this sheet.
3. Status of your application:
 - a. If you are approved for a waiting list, your place is determined by the date and time your application is received.
 - b. AHFC will notify you in writing with the status of your application.
 - c. If your application is denied, you are entitled to an informal review.

AHFC Fair Housing Statement

It is the policy of Alaska Housing Finance Corporation to further Fair Housing in all its programs. No person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under AHFC housing programs on the grounds of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status.



AHFC Housing Program Locations

Numbers after the city name indicate the available programs in that area

1. AHFC Family Housing
2. AHFC Senior/Disabled Housing
3. Housing Choice Voucher

Anchorage (1,2,3) 440 E Benson Blvd. P.O. Box 241385 Anchorage, AK 99524-1385 907-330-6100 Fax: 907-274-7176	Ketchikan (1,2,3) 130 Bryant St. P.O. Box 5124 Ketchikan, AK 99901 907-225-6030 Fax: 907-225-1729	Sitka (1,2,3) 422 Andrews St. Sitka, AK 99835 907-747-5700 Fax: 907-747-3767
Bethel (1) 1029 Ridgecrest Dr. P.O. Box 587 Bethel, AK 99559 907-543-2228 Fax: 907-543-2191	Kodiak (1,3) 521 Maple St. P.O. Box 317 Kodiak, AK 99615 907-486-5513 Fax: 907-486-4065	Soldotna (3) 44539 Sterling Hwy., Ste. 201-A Soldotna, AK 99669 907-260-7633 Fax: 907-260-7635
Cordova (1,2) 401 Second St. P.O. Box 1728 Cordova, AK 99574 907-424-7697 Fax: 907-424-7699	Nome (1) 406 East I St. P.O. Box 930 Nome, AK 99762 907-443-2888 Fax: 907-443-2541	Valdez (1,3) 104-B Bremner St. P.O. Box 926 Valdez, AK 99686 907-835-2119 Fax: 907-835-2067
Fairbanks (1,2,3) 1441 22nd Ave. Fairbanks, AK 99701 907-456-3738 Fax: 907-456-2142	Petersburg (3) (serviced from Sitka office) 422 Andrews St. Sitka, AK 99835 907-747-5700 Fax: 907-747-3767	Wasilla (2,3) 1201 North Lucille St., Ste. 104 P.O. Box 873347 Wasilla, AK 99687 907-376-5744 Fax: 907-376-1229
Homer (3) 3670 Lake St., Ste. 400 Homer, AK 99603 907-235-2447 Fax: 907-235-7535	Seward (2) 200 Lowell Canyon Rd. P.O. Box 1475 Seward, AK 99664 907-224-3737 Fax: 907-224-5527	Wrangell (1,3) 720 Zimovia Hwy. P.O. Box 950 Wrangell, AK 99929 907-874-3018 Fax: 907-874-3449
Juneau (1,2,3) 3410 Foster Ave. Juneau, AK 99801 907-586-3750 Fax: 907-463-4967		

Community Information Sheet



This must be submitted with your application.

Cordova, Alaska

In Person 401 Second Street Cordova, AK (907) 424-7697	Mailing PO Box 1728 Cordova, AK 99574
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Local Office Information

- Hours: 8:30 a.m. to 3:30 p.m., Monday through Friday. Closed for the lunch hour between 12:00 and 1:00 p.m. Please call before coming to the office to ensure someone is present.
- Application Availability: pick-up during office hours, the Application Box in the Sunset View lobby, or print from AHFC website at www.ahfc.us/publichousing/rental-programs/applications/
- Geographic Jurisdiction: city of Cordova
- Dropbox: located at 401 Second Street
- Community Information: www.cityofcordova.net

Program	Notes
1 Family Housing	These units are all three-bedroom units in multifamily buildings. <ul style="list-style-type: none">• Residents pay their rent directly to AHFC.• Families are classified into the Classic or Step Program.• Family sizes up to 7 persons are welcome to apply.
2 Senior/Disabled Housing <ul style="list-style-type: none">• Sunset View	These are all one-bedroom units located in a multistory building with an elevator. <ul style="list-style-type: none">• The head of household, spouse, or co-tenant must be at least 62 years of age or a person with a disability.• Residents pay their rent directly to AHFC.• Family sizes up to 3 persons are welcome to apply.
4 Third Party Referral Programs Available (see General Information sheet)	Empowering Choice Housing Program – referrals receive preferential placement on the Public Housing waiting list

Please complete page 2 and submit it with your application.



Head of Household Printed Name

I am submitting my application (attached) for the following programs. Please see our updated waiting list information at www.ahfc.us/publichousing/rental-programs/waiting-list-status for open waiting lists in all our program areas.

AHFC-Owned Housing Programs

- ☐ **Family Housing**
☐ **Sunset View**

Accessibility Feature Needs

If you, or a member of your household, is a person with a disability who requires special features in a unit, the applicant can disclose this need here.

- ☐ Mobility Accessible Features
☐ Vision-Impaired Accessible Features
☐ Hearing-Impaired Accessible Features
☐ Other. Please describe below.

Application Items That Must Be Submitted:

- Community Information Sheet, page 2
- Application
- Family Member Details

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

Other Names Used

Social Security Number

☐ I don't have a Social Security Number

Date of Birth

Gender

☐ Male

☐ Female

Mailing Address

City, State, Zip Code

E-Mail Address

Telephone

Race (Check All That Apply)

- ☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Ethnicity (Check Only One)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Citizenship (Check Only One)

- ☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Status (Check All That Apply)

- ☐ Adult
☐ Disabled
☐ Full-time Student

- ☐ Elder (62 or older)
☐ Near Elder (50 or older)

- ☐ Displaced
☐ Homeless
☐ Veteran

Spouse/Co-Head

Last Name and Suffix (Jr., Sr., etc.)

First Name

Middle

Other Names Used

Social Security Number

☐ I don't have a Social Security Number

Date of Birth

Gender

☐ Male

☐ Female

Race (Check All That Apply)

- ☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Ethnicity (Check Only One)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Citizenship (Check Only One)

- ☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State



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

Family Member List

AHFC-Owned Housing waiting lists are divided by bedroom size. In order to determine the best waiting list on which to place a family, the family's composition must be disclosed. Complete one line for each person who will be living in the household; include the head of household and spouse/co-tenant listed on the application.

Relationship to Head:

Spouse	Son	Father	Nephew	Brother	Grandparent	Live-in Aide
Co-Head	Daughter	Mother	Niece	Sister	Cousin	Foster child

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.

	First and Last Name	Relationship to Head	Age
1		HEAD	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
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20			



Residency Information for AHFC-Owned Housing

You must tell AHFC where all adults have been living for the last **two (2) years**. AHFC will use the information on this page to verify residency and tenancy references.

- If you were homeless for any period, please write "Homeless" under the Residence Address, fill in the dates, and enter the Shelter Name and City/State where you were homeless.
- If all adults have not lived together for the last two years, please complete this information for each adult. Please ask for additional sheets, if needed.

Head of Household Printed Name	This Residency Information is for (print adult household member name)
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Now	From	To	If You Rent, Name on Lease	<input type="checkbox"/> Own or Rent <input type="checkbox"/> Live w/Someone <input type="checkbox"/> Other
	Residence Address			City, State, Zip Code
Landlord/Shelter/Family Name			Landlord Telephone	
Landlord/Shelter/Family Address			City, State, Zip Code	

Previous	From	To	If You Rented, Name on Lease	<input type="checkbox"/> Own or Rent <input type="checkbox"/> Live w/Someone <input type="checkbox"/> Other
	Residence Address			City, State, Zip Code
Landlord/Shelter/Family Name			Landlord Telephone	
Landlord/Shelter/Family Address			City, State, Zip Code	

Previous	From	To	If You Rented, Name on Lease	<input type="checkbox"/> Own or Rent <input type="checkbox"/> Live w/Someone <input type="checkbox"/> Other
	Residence Address			City, State, Zip Code
Landlord/Shelter/Family Name			Landlord Telephone	
Landlord/Shelter/Family Address			City, State, Zip Code	



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.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

Declaration of Eligibility Status



Name:	Name:
I am: <input type="checkbox"/> Head of Household <input type="checkbox"/> Adult Family Member AND I certify that I am (choose only one): <input type="checkbox"/> a U.S. citizen or U.S. national <input type="checkbox"/> a noncitizen with eligible immigration status <input type="checkbox"/> not an eligible citizen or choosing not to state my immigration status	I am: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Tenant <input type="checkbox"/> Adult Family Member AND I certify that I am (choose only one): <input type="checkbox"/> a U.S. citizen or U.S. national <input type="checkbox"/> a noncitizen with eligible immigration status* <input type="checkbox"/> not an eligible citizen or choosing not to state my immigration status

The following minors have eligible immigration status.

U.S. Citizen or U.S. National		Eligible Noncitizen	
Name		Name	

The following minors do not have eligible immigration status, or I am choosing not to state their immigration status.

Name	Name

- I declare under penalty of perjury under the laws of the state of Alaska that the above is true and correct to the best of my knowledge.
- Those family members declaring ineligible citizen status or choosing not state are not eligible for subsidy, but may reside in the household if they meet all other AHFC screening criteria.

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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Head of Household / Adult Signature

Date

Adult Signature

Date



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

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