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

Your application must include this form.

Anchorage, Alaska

In Person	**Mailing**
440 E Benson Blvd. Anchorage, AK (907) 330-6100	PO Box 241385 Anchorage, AK 99524-1385

Local Office Information

- Office Hours: 8:30 a.m. to 4:30 p.m., Monday through Friday
  Computer Lab Information: go to https://www.ahfc.us/tenants/jumpstart/class-calendar to check the schedule.
- Application Availability: pick-up anytime from flyer box or print from AHFC website at https://www.ahfc.us/tenants/how-to-apply-rental-assistance/waiting-list-status\
- Geographic Jurisdiction: the Municipality of Anchorage including Girdwood, Eklutna, and communities in between
- Dropbox: to the left of the main entrance door off Benson Blvd.
- Community Information: www.anchorage.net/

Program	**Notes**
1 Family Housing	These units are sizes zero (studio) through three-bedroom of various types (apartments and townhouses) located throughout Anchorage. • Residents pay their rent directly to AHFC. • Families are classified into the Classic or Step Program. • Family sizes up to seven (7) persons may apply.
2 Senior/Disabled Housing • Chugach Manor • Chugach View	These units are sizes one-bedroom units located in multistory buildings with elevators. • 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 three (3) persons may apply. • Chugach Manor – Families are placed in the Classic or Step Program.
3 Housing Choice Voucher Program	Families select a unit in the local community to rent. • Families and AHFC each pay a portion of the rent directly to the landlord. • Families are classified into the Classic or Step Program.
4 Third Party Referral Programs Available (see General Information sheet)	• Empowering Choice Housing Program • Foster Youth to Independence Voucher Program • Mainstream Voucher Program • Making a Home Voucher Program • Moving Home Program • Returning Home Voucher Program • Veterans Affairs Supportive Housing Program

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 https://www.ahfc.us/tenants/how-to-apply-rental-assistance/waiting-list-status\ for open waiting lists in all our program areas.

Housing Choice Voucher – this list is currently closed

Apply. Applicants may apply for the Anchorage waiting list during periodic openings (see waiting list link above for status).

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. If the applicant has not established residency in the community, the applicant will be required to live in the community for at least 12 months before being eligible to move or port.

AHFC-Owned Housing Programs

- ☐ **Family Housing- two and three bedroom units scattered throughout Anchorage**
- ☐ **Ptarmigan Park –two and three bedroom units in Central Anchorage**
- ☐ **Chugach Manor – one-bedroom senior/disabled housing**

Chugach View – this list is currently closed

Application Items That Must Be Submitted:

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

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.

Received by AHFC

Date:

Time:

Clear All Fields

Application

Alaska Housing FINANCE CORPORATION

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)	Ethnicity (Check Only One)	Citizenship (Check Only One)
☐ White	☐ Hispanic or Latino	☐ Eligible Citizen
☐ Black	☐ Not Hispanic or Latino	☐ Eligible Noncitizen
☐ American Indian/Alaska Native	Alien Registration Number	☐ Ineligible Noncitizen
☐ Asian		☐ Pending Verification
☐ Native Hawaiian/Pacific Islander		☐ Choose Not to State

Status (Check All That Apply)

☐ Adult	☐ Elder (62 or older)	☐ Displaced
☐ Disabled	☐ Near Elder (50 or older)	☐ Homeless
☐ Full-time Student		☐ 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)	Ethnicity (Check Only One)	Citizenship (Check Only One)
☐ White	☐ Hispanic or Latino	☐ Eligible Citizen
☐ Black	☐ Not Hispanic or Latino	☐ Eligible Noncitizen
☐ American Indian/Alaska Native	Alien Registration Number	☐ Ineligible Noncitizen
☐ Asian		☐ Pending Verification
☐ Native Hawaiian/Pacific Islander		☐ 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			
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OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.