Agenda

- Introduction to the 811 PRA Program

  Jennifer Smerud, Alaska Housing Finance Corporation

- Break
- Initial Application and Role of Sponsoring Agencies

  Lisa Rosay, State of Alaska – DHSS/Behavioral Health.

- Federal Application and Selecting a Unit

  Lori Nealley, NeighborWorks Alaska

Alaska Section 811 Project Rental Assistance Program

April 25, 2019

Jennifer Smerud

Planning

What is the Section 811 PRA Program?

- Project-Based Rental Assistance
  - Restricted to eligible units at eligible properties.
- Permanent Supported Housing
  - Rental assistance is available to tenant until they are no longer able to retain independence.
  - Re-certification required annually and/or when income changes +/- $200 per month.
    - Tenants are able to age in place and do not lose eligibility at 62 years of age.
  - Support services are voluntary.

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Who is eligible for the program?

Individuals who are:

- Extremely low income (30 percent below AMI) and
- Between the ages of 18-61 with a disability and
- Eligible for community-based long-term services and
- Meet the definition of Tier One or Tier Two

Who is eligible for the program?

Tier 1: Individuals currently in Assisted Living Homes, on state General Relief and supported by state general funds, and are appropriate candidates for independent supportive housing.

Tier 2: Individuals re-entering the community from institutional care: i.e. those discharged (within last 12 months) from an inpatient psychiatric or residential treatment facility, jail, or prison, long-term nursing home stay (over 6 months) or transition-age youth aging out of foster care, other institutions or transitioning from youth to adult continuum of care.

What definition of disability is applied here?

42 U.S.C § 8013(k)(2) and/or 24 CFR § 891.305

Individual having a physical, mental, or emotional impairment:

- (1) that is expected to be of long-continued and indefinite duration;
- (2) that substantially impedes his or her ability to live independently; and
- (3) is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Who is not eligible for the program?

Disqualifying Criteria: Section 811 PRA program applicants will be excluded from program participation per the following HUD defined disqualifying criteria:

- Any household with a member(s) who was evicted in the last three years from federally assisted housing for drug-related activity, with the following exceptions:
  - The evicted household member has successfully completed an approved, supervised, drug rehabilitation program; or
  - The circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household).
- Any household with a member(s) who is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
- Any household with a member who is subject to a sex-offender lifetime registration requirement in any state.
- Any household where there is reasonable cause to believe that a member's behavior from abuse or pattern of abuse of alcohol may interfere with the health, safety, and right to peaceful enjoyment by other residents.

Who does what?

Alaska Housing: Manages funding, reporting and contracts with property owners/managers.

State of Alaska DHSS: Screens clients for basic eligibility, provides rental assistance for up to 40 units and additional funding for supportive services.

NeighborWorks Alaska: Contracted with Alaska Housing to process applications, maintain waitlist, process federal rental assistance payments through LOCCS system.

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How does the property owner benefit?

- Property use agreement supports long-term planning.
- Choice in tenants. Property owners still get final say.
- Sponsoring Agencies are on call for questions and requests for assistance.
- Damages fund for incidents that exceed the security deposit.

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Where are people being housed?

- Anchorage has 45 contracted/contracting
- Fairbanks has 5 in negotiation
- Mat-Su has 5 in negotiation
- 14 will be housed in new construction Juneau/Mat-Su

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How does someone apply?

- Applicants Need a Sponsoring Agency
  - Nonprofit providing supportive services to help individual achieve and maintain independent housing.
    - Services are voluntary and not a condition of receiving Section 811 PRA.
- Three Steps to Housing
    - Initial application sent to DHSS to determine program eligibility (Tier One, Tier Two).
    - HUD application that includes verification of income, criminal background, age and disability status.
    - Landlord screening once the tenant selects a property.

For additional information

- **Properties or Program Components**

  Jennifer Smerud

  Alaska Housing Finance Corporation

  jsmerud@ahfc.us

  907-330-8276

- **Sponsoring Agencies and Applicant Questions**

  Lisa Rosay

  Division of Behavioral Health

  907-269-3600

  Email: dbhrecovery@Alaska.gov

  Jordyn Grant

  Senior & Disability Services

  907-456-3186

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Questions?

Section 811 Applications

- Two Applications
  - Initial Department of Health and Social Services (DHSS) application to determine preliminary program eligibility
  - Formal HUD application

Initial DHSS Application

- Three parts to the application
  - Sponsoring Agency Application and Eligibility Form
  - Participant Application Form
  - Release of Information (ROI)

Sponsoring Agency

- Participants must have a Sponsoring Agency to access the program
  - Permanent Supportive Housing program
    - Key component of this program is the support services a participant receives to maintain independent community living

Role of Sponsoring Agency

- Determine preliminary eligibility (meets criteria for accessing program)
- Assist the participant to apply for the program
- Assist the participant to find an apartment and move
- Help the participant access program funds
  - Funds available for purchasing items needed for an apartment (kitchen supplies, furniture, etc.)
  - Funds available for first and last month rent, security deposits, etc.

Role of Sponsoring Agency, cont.

- Offer and provide the participant any services and supports needed to ensure independent community living
  - Tenancy supports and housing stability services
    - Tenancy rights education, assistance with proactively addressing tenancy issues, skills training, community integration, etc.
  - Any other supports and services which may be needed
    - Case management, medication management, skills development, employment services, etc.

Role of Sponsoring Agency, cont.

- Services are voluntary and not a condition of receiving Section 811 housing
  - Sponsoring Agency is expected to *be available* to provide any supports and services needed
  - Sponsoring Agency is expected to reach out, check-in with participant, and continue to offer supports and services
- Any organization that can take on this role and these responsibilities can be a Sponsoring Agency
  - No application or approval process

State of Alaska/Department of Health and Social Services
Section 811 Project-Based Rental Assistance (PRA) Program
Application Directions

The Section 811 application must be completed and signed by both the Sponsoring Agency and the Participant. Please refer to *Section 811 Project-Based Rental Assistance Program Eligibility* below for detailed information regarding eligibility and program requirements.

- The application *must* include:
  - Sponsoring Agency Application and Eligibility Certification Form
  - Participant Application Form
  - DHSS Release of Information

Please send completed application to:

Attn: Jennifer Severance
3601 C Street, Suite 878
Anchorage, Alaska 99503
Fax: (907) 269-3623 / Phone: (907) 269-3600 or (800) 770-3930

Section 811 PRA Program Eligibility

Applicants must meet minimum eligibility requirements to be considered for the Section 811 PRA Program. In addition, applicants must successfully meet any landlord screening requirements.

Minimum Program Eligibility Requirements

To be eligible for this program, a person must meet the following criteria:

a) Meet the U.S. Department of Housing and Urban Development (HUD)'s definition of a disabled family (24 CFR 5.403); AND
b) Demonstrate qualification as extremely low-income, defined as less than 30 percent of Area Median Income; AND
c) Be eligible for community-based, long-term services as provided through Medicaid waivers, Medicaid state plan options, state funded services, or other appropriate services related to the target population [i.e. Division of Behavioral Health (DBH) funded Community Behavioral Health Services Provider, or Senior and Disabilities Services (SDS) funded provider]; AND
d) Meet one of the following target populations:
   a. Be residing in an Assisted Living Facility funded, in part, by the State of Alaska General Relief Assisted Living Home program (GR)
   b. Be re-entering the community from institutional care: i.e. those discharged (within last 12 months) from an inpatient psychiatric or residential treatment facility, jail or prison, or a long-term nursing home stay (over 6 months)
   c. Be a youth who is aging out of foster care, an institutional setting, or transitioning from the adolescent service system to the adult service system

Program Definitions for Eligibility

For the purpose of this program, a "**person with disabilities**" has been defined as follows: Persons with disabilities shall have the same meaning as defined under 42 U.S.C. § 8013(k)(2) and shall also include the following, as found in 24 CFR § 891.305:

A person who has a developmental disability, as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)), i.e., if he or she has a severe chronic disability which:

i. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
ii. Is manifested before the person attains the age of twenty-two;
iii. Is likely to continue indefinitely;
iv. Results in substantial functional limitation in three or more of the following areas of major life activity:
    a. Self-care;
    b. Receptive and expressive language;
    c. Learning;
    d. Mobility;
    e. Self-direction;
    f. Capacity for independent living;
    g. Economic self-sufficiency; and
    h. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; or

    A person with a chronic mental illness, i.e., a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and which impairment could be improved by more suitable housing conditions; or

    A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers from alcoholism or drug addiction, provided they meet the definition of "person with disabilities" in 42 U.S.C. § 8013(k)(2).

Extremely low income has been defined as households with incomes 30% or below of the median income for local area in Alaska. Income verification is required for participation in this program.

Individuals "**eligible for community-based services**" has been defined as any individual deemed eligible to receive long term community-based DHSS-funded services through either the Division of Senior & Disabilities Services or the Division of Behavioral Health. These services are provided through Medicaid waivers, Medicaid state plan options, or grant funded services.

The following households may be ***excluded*** from Section 811 PRA:

- An individual or any member of the household* has been convicted of a drug-related crime in the past 36 months.
- An individual is required to register on a sex-offender registry in any state or country.
- An individual has been convicted of manufacturing methamphetamines at a federally funded housing property.

Support Services

For the purpose of this program, "supportive services" means services provided to participants for the purpose of enhancing the participant's ability to maintain independent living. The services offered must be reasonably sufficient to help the participant maintain housing in the community. Individualized service packages will be designed on a case-by-case basis based on the participant's specific needs and desires.

Although services are voluntary and not a condition of receiving housing, each Section 811 PRA participant will be required to have a Sponsoring Agency who will be available to provide the supportive services necessary to ensure long-term housing stability.

By submission of the Section 811 PRA Program Application, the Sponsoring Agency agrees to the following: At minimum, Sponsoring agencies agree to:

- Assist the participant in navigating the program process, completing applications, and attending required housing appointments;
- Assistance with helping the participant find an apartment and moving in to their apartment;
- Identify and secure needed funds to assist with the transition process (transition funds are available to purchase items needed to set up apartments, security deposits, etc., and are available through DBH ISA or the SILC);
- Maintain contact with the participant and be available to mitigate issues with the property owner if they arise; and
- Provide a check-in with the participant to ensure long-term tenancy and to offer any services or supports that may be needed.

In addition, while services are voluntary, sponsoring agencies are required to provide active outreach, engagement, and continue to offer any services or supports necessary to increase the likelihood that the program participant will maintain long-term housing stability. In addition to the supports listed above, sponsoring agencies agree to provide the following:

- Offer and provide supportive housing services which include tenancy supports and on-going housing stability services (e.g., tenant rights education, assistance with proactively addressing tenancy issues, skills training, community integration); and
- Offer and provide any services requested to support independent community living (e.g., case management, pharmacological management, skills development or training, employment services, etc.)

Sponsoring Agency Application and Eligibility Certification Form

Sponsoring Agency Information

Agency Name: _____
Address: _____
Lead Staff: _____
Phone: _____ E-Mail: _____
Participant Name: _____

Participant Program Eligibility

Does the participant meet the following criteria (must answer "yes" to all questions):
Yes: ___ No: ___

- Does the participant meet the HUD definition of a disabled person or family (see definition under *Program Eligibility* in the Directions section of the application)?
- Does the participant demonstrate qualification as extremely low-income, defined as less than 30 percent of Area Median Income? For information regarding HUD income limits, please view the following: https://www.huduser.gov/portal/datasets/il/il2018/select_Geography.odn
- Is the participant eligible to receive community-based services from a Division of Behavioral Health (DBH) funded Community Behavioral Health Services Provider or Senior and Disabilities Services (SDS) funded provider?
- Will the participant be between the ages of 18-62 at the time of entry into a housing unit?

Check the target population:

____Residing in an Assisted Living Facility funded, in part, by the State of Alaska General Relief Assisted Living Home program (GR)
____Re-entering the community from institutional care: i.e. those discharged (within last 12 months) from an inpatient psychiatric or residential treatment facility, jail or prison, or a long-term nursing home stay (over 6 months)
____A youth who is aging out of foster care, an institutional setting, or transitioning from the adolescent service system to the adult service system

Check the disability (may check more than one):

____Mental Health
____Intellectual or Developmental
____Physical

Does the participant meet any of the criteria listed below, which could potentially exclude them from program eligibility **No: ___ Yes: ___**

- Has the participant or any member of the household* been convicted of a drug-related crime in the past 36 months (conviction is not necessarily a barrier to the program)? Detail offense here:_____
  _____
  _____
  _____
- Is the participant required to register on a sex-offender registry in any state or country?
- Has the participant been convicted of manufacturing methamphetamines at a federally funded housing property?

By submission of this Section 811 Program Application, the Sponsoring Agency agrees to:
The sponsoring agency agrees to offer and provide any services or supports necessary for the purpose of enhancing the participant's ability to maintain independent living. At minimum, Sponsoring agencies agree to:

- Assist the participant in navigating the program process, completing applications, and attending required housing appointments;
- Assist participant with the verification process with the property owner, when a referral to a housing unit has been made;
- Assist the participant with moving in to their apartment;
- Identify and secure needed funds to assist with the transition process (transition funds are available to purchase items needed to set up apartments, security deposits, etc., and are available through DBH ISA or the SDS SILC);
- Maintain contact with the participant and be available to mitigate issues with the property owner if they arise; and
- Provide check-ins with the participant to ensure long-term tenancy and offer any services or supports which may be needed.

Services are voluntary and not a condition of receiving Section 811 PRA housing. While services are not mandatory, sponsoring agencies *are required* to provide active outreach, engagement, and continue to offer any services or supports necessary to increase the likelihood that the program participant will maintain long-term housing stability. In addition to the supports listed above, sponsoring agencies agree to provide the following:

- Offer and provide supportive housing services which include tenancy supports and on-going housing stability services (e.g., tenant rights education, assistance with proactively addressing tenancy issues, skills training, community integration); and
- Offer and provide any services requested to support independent community living (e.g. case management, skills development, medication management, etc.).

By signing the Section 811 PRA Program application, the Sponsoring Agency acknowledges this application is complete, accurate, and includes all required documentation.

Agency Contact Name: _____
Signature: _____
Date: _____

**household member* refers to any person who intends to reside in the housing unit with the participant

Participant Application Form

Applicant Information

Applicant Name: _____

Date of Birth: _____ Social Security Number: _____

Housing and Service Needs

This program was designed to provide both affordable housing and a full range of supportive services through a Sponsoring Agency. All services are optional, but applicants are required to have a Sponsoring Agency who will be available to provide any supportive services they may need to transition to independent community living. Applicants should be actively involved in the development of their plan for services.

1. Do you have a Sponsoring Agency that can support you in your housing?
   ☐Yes ☐No
   If yes, list the agency: _____

2. Do you or any members of your household require any special household supports or accommodations?
   ☐Yes ☐No
   If yes, please list:
   _____
   _____
   _____
   _____

3. How many people will be living in the household, including you? _____

4. What size apartment are you applying for?
   ☐ 1 bedroom
   ☐ 2 bedrooms
   ☐ Other (specify): _____

5. What city in Alaska would you prefer to live?
   ☐ Anchorage
   ☐ If other, please specify: _____

By signing the Section 811 PRA Program application, I indicate that all information provided in this application is accurate and complete to the best of my knowledge and belief.

Applicant Name: _____
Applicant Signature: _____
Phone: _____ **Email:** _____
Date: _____

State of Alaska

Department of Health and Social Services
3601 C Street, Suite 878 • Anchorage, Alaska
99503 (907) 269-3600 • 1-800-770-3930

AUTHORIZATION FOR RELEASE OF INFORMATION

Name_____

Medicaid #_____Date of birth _____

Person/organization to receive information: *DHSS Section 811 Housing Committee & Sponsoring Agencies* (list all Sponsoring Agencies): _____

Person/organization to release information: *DHSS Section 811 Housing Committee & Sponsoring Agencies* (list all Sponsoring Agencies): _____

Description of information to be released: *Information related to the Section 811 Project-Based Rental Assistance (PRA) program participant, including behavioral health information, as needed for the coordination of care within the Section 811 PRA program.*

The purpose of this authorization is to obtain health care records and financial information needed to determine eligibility to receive or continue to receive services and other benefits through programs managed by the State.

I authorize the use and disclosure of health care and/or other information described above. I understand that

- *the* Notice of Use of Private Health Care Information *describes my rights and how my information will be used*
- *my authorization is voluntary, but a refusal to sign this authorization may affect my enrollment or eligibility, for benefits*
- *because my records may contain sensitive information, the individuals and organizations named are limited to requesting and releasing the minimum amount of information necessary*
- *my information may be released to others who must continue to keep this information confidential to the extent required by federal and state law*
- *I may specify the length of time for my authorization will be in effect*
- *my authorization may be revoked at any time in writing on a form that states it is a revocation of my authorization, but the revocation will have no effect on actions that happened before it was received*
- *I may request a copy of this signed authorization*

This authorization will expire upon participant's termination with the Section 811 Project-Based Rental Assistance (PRA) Housing Program.

_____ _____
Signature of named individual or legal representative (or witness, if signature is by mark) | Date

_____ _____
Printed name of legal representative or witness | Description of representative's authority

A photocopy of this authorization is as valid as the original

For SDS use only

Enter date the revocation of authorization was received: _____

Initial Application Process

- Complete the three parts of the DHSS application
- Fax completed application to Jennifer Severance
  - Fax: 907.269.3623
  - Phone: 907.269.3600
  - For information: Jennifer Severance or Lisa Rosay
- Sponsoring Agency will receive notice regarding approval
- Next step: HUD application

Application Process

NeighborWorks Alaska

Lori Nealley

The Alaska Department of Health and Social Services and Alaska Housing Finance Corporation have partnered with NeighborWorks® Alaska to oversee the eligibility determination process for the Section 811 Project-Based Rental Assistance Program.

To avoid delay in processing your application, please be sure to follow these instructions and return all required documents as listed below:

- Eligibility Application: Complete this application in its entirety. If something does not apply, mark "N/A". Be sure to complete, sign, date, and return all pages.
- Authorization to Release Information: Sign, date, and return.
- Student Certification: Needs to be completed even if you are not a student. Sign, date, and return.
- Verification of Disability for HUD 811 PRA Program: This document must be completed, signed, and returned by the applicant's case manager, care coordinator, or medical professional who made the applicant's assessment.
- Race and Ethnic Data Reporting Form: Complete, sign, date, and return.
- Enclose a copy of your photo ID.
- Enclose a copy of your social security card.
- Enclose a copy of your Social Security and/or SSI award letter for the current year.
- Enclose a copy of Public Assistance (APA, ATAP, TANF)
- Please provide 6 months bank statements for all accounts.
- If you are employed, please include copies of your last 6 paystubs.
- If you are a guardian completing these documents for the applicant, you must sign the documents as follows: "Suzy Smith, Guardian for John Doe". Enclose a copy of the legal guardianship papers (required by HUD).

The Department of Housing and Urban Development requires that we obtain third party verification of all income and assets.

Questions can be directed to: Compliance Department NeighborWorks® Alaska
Phone: 907-677-8490, Fax: 907-677-8451
compliance@nwalaska.org

Please mail, hand deliver, or fax all documents to:
NeighborWorks® Alaska Attn: Compliance Department
2515 A Street
Anchorage, AK 99503
Fax: 907-677-8451

Respond to all questions below, DO NOT LEAVE ANY BLANKS. Write N/A if a question does not apply.

Personal Information

First Name:_____ Last Name:_____ M.I.:_____

Current Mailing Address: _____

City:_____ State:_____ ZIP:_____

Birth Date: _____ Social Security Number:_____

Phone Number:_____ Email Address:_____

What is the best way to contact you (mail, phone, email, etc.)?:_____

State ID or Driver's License#:_____ State: _____ Type of ID:_____

List any names other names you have been known as in the past (maiden name, etc.): _____

_____

Are You a U.S. Veteran? ☐Yes ☐ No

General Information

1. Have you or any member of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? ☐Yes ☐No
    a. If yes, has the household member successfully completed an approved, supervised drug rehabilitation program? ☐Yes ☐ No
        i. If yes, list where and when:_____
    b. If yes, do the circumstances that lead to the eviction no longer exist? ☐Yes ☐ No
2. Are you or any member of your household currently engaged in illegal use of drugs or have a pattern of illegal use of a drug that may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents? ☐Yes ☐ No
3. Are you or any member of your household subject to the State sex offender lifetime registration requirement? ☐Yes ☐ No
4. Are you or any member of your household currently engaged in a pattern of abuse of *alcohol* that may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents? ☐Yes ☐ No

Does the head of household have a Legal Guardian, Conservator, or Payee? ☐ Yes / ☐ No

If yes, select all applicable: ☐ Guardian / ☐ Conservator / ☐ Payee

Representative Name:	Phone #	Fax #	Email:
Mailing Address:		City, State ZIP	

NeighborWorks® ALASKA

Income and Asset Questionnaire

Each household member 18years or older must complete a separate questionnaire. All household income and assets must be disclosed.

Income

1. Are you employed or anticipate being employed in the next 12 months? ☐Yes ☐No
2. Are you presently employed at a second job? ☐Yes ☐No
3. Are you self-employed? ☐Yes ☐No
4. Do you receive tips? ☐Yes ☐No
5. Are you receiving Social Security and/or Supplemental Social Security (SSI)? ☐Yes ☐No
6. Will you receive and/or do you anticipate receiving the Permanent Fund Dividend? ☐Yes ☐No
7. Do you receive dividends from a Native Corporation? ☐Yes ☐No
8. Do you receive monthly benefits from the Alaska Senior Care Program? ☐Yes ☐No
9. Are you receiving public assistance (APA/ATAP)? ☐Yes ☐No
10. Are you receiving or anticipate receiving child support or alimony in the next 12 months? ☐Yes ☐No
11. Do you currently receive unemployment or disability benefits? ☐Yes ☐No
12. Are you receiving income from a pension, annuity, or retirement fund? ☐Yes ☐No
13. Are you receiving insurance policy payments, death benefits, or veteran's benefits? ☐Yes ☐No
14. Are you receiving money regularly from your family, church, friends, or any other form of regular/periodic income? ☐Yes ☐No

Assets

15. Do you have any checking accounts? ☐Yes ☐No
16. Do you have any savings accounts? ☐Yes ☐No
17. Do you have any cash on hand? ☐Yes ☐No
18. Do you have any money market accounts? ☐Yes ☐No
19. Do you own any treasury bills, certificates of deposit, stocks, or bonds? ☐Yes ☐No
20. Do you have a 401(k)/IRA/Keogh? ☐Yes ☐No
21. Do you receive money from a revocable or non-revocable trust fund? ☐Yes ☐No
22. Do you have whole or universal life insurance? ☐Yes ☐No
23. Do you earn income from a rental property? ☐Yes ☐No
24. Are you in the process of selling any real estate? ☐Yes ☐No
25. Do you hold a contract for real estate sold? ☐Yes ☐No
26. Do you own personal property held strictly as investment assets? ☐Yes ☐No
27. Have you disposed of assets within the last 2 years for less than fair market value? ☐Yes ☐No
28. Do you have income from assets or sources other than these listed? ☐Yes ☐No

Do you pay for any Medical and/or Dental Expenses out of pocket? ☐Yes ☐No

NeighborWorks® ALASKA

Employment Information

Employer:_____ Your Title:_____ Phone #:_____

City:_____ State:_____ Zip Code:_____

Supervisor Name:_____ Employment Start Date:_____

Income Information

List each source of income that your household receives or anticipates receiving in the next 12 months and provide the amount that is expected to be received from that source during the next 12 months. If more space is needed, please use an additional sheet of paper.

Household Member Name	Source of Income (SSI, APA, Native corps, etc)	

Asset Information

List all Assets and Accounts held by household members below

Household Member Name		

Residency History:

Current Residence:

Dates of Residency From:_____ To: _____

Address:_____ Unit #:_____

City:_____ State:_____Zip Code:_____

Landlord Name or Company: _____ Phone #:_____

Previous Residence:

Dates of Residency From:_____ To: _____

Address:_____ Unit #:_____

City:_____ State:_____Zip Code:_____

Landlord Name or Company: _____ Phone #:_____

NeighborWorks® ALASKA

Certification by Applicant(s)

I/We have understood and answered all questions on this application. I/WE certify that all answers are true to the best of my/our knowledge and that any misrepresentations of information or false statements are punishable under federal law. It is the policy of Alaska Housing Finance Corporation, the Alaska Department of Health and Social Services, and its Section 811 Project- Based Rental Assistance Program partners not to discriminate in rental practices on the basis of race, religion, sex, age, sexual orientation, national origin, or disability status.

☐ I understand that this application is for the purpose of determining eligibility for the Section 811 Project-Based Rental Assistance program and determining my initial rent responsibility.

☐ I understand that the landlord will provide me with an additional application to complete for the housing unit I wish to rent.

☐ I understand that the unit selected through the Section 811 Project-Based Rental Assistance Program will be my only residence.

☐ I agree to pay the rent required by the program under which I will receive assistance.

☐ I have received a copy of the Resident Rights and Responsibilities Brochure.

☐ I have received a copy of the HUD Fact Sheet "How Your Rent is Determined".

☐ I have received a copy of the EIV & You Brochure.

_____ _____

Applicant Signature (If guardian or conservator: Sign applicant's name "by" your name, title) Date

_____

Printed Name of Applicant or Guardian/Representative

For Office Use Only

Effective Date of Certification:_____Original Certification Date: _____

Certification Type: ☐ Move-In ☐Annual Re-Cert ☐ Transfer ☐ Interim

Household Size:_____Number of Bedrooms:_____

Comments:_____

Criminal:_____Sex Offender Registration: _____

Program Eligibility: ☐ Approved ☐ Denied **NWA Property Eligibility:** ☐Approved ☐ Denied

Eligibility Determined by: _____Date: _____

Property to be Rented:_____ Tenant Rent:_____Tenant Deposit: _____

NeighborWorks® ALASKA