AHFC 2025 Western Alaska Disaster Rental Assistance Preference Application Information and Instructions

These are the instructions for an Alaska Housing Finance Corporation 2025 Western Alaska Disaster Rental Assistance Preference Application for the Bethel Public Housing Waitlist.
This preference closes on November 14, 2025 at 5pm.

- 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 Department'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 or call the local office.
   b. Print clearly or type.
   c. Answer all the questions to the best of your ability.
   d. You may apply for more than one community per application.

2. Submitting your application:
   a. Return your application package via mail to the AHFC office listed on the Community Information Sheet.
   b. The application may be faxed or hand-delivered to the local AHFC office listed on the following page.
   c. AHFC does not accept applications by email.
   d. If you are mailing your application to AHFC, please use the post office box address listed.

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 need to verify your displacement status in order to receive the natural disaster preference.
   c. AHFC will notify you in writing with the status of your application.
   d. 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. See descriptions on the AHFC Community Information Sheet.

1. AHFC Public Housing- Family
2. AHFC Public Housing- Senior/Disabled
3. AHFC Multifamily Housing
4. Housing Choice Voucher

Anchorage (1,2,3,4) 440 E Benson Blvd. P.O. Box 241385 Anchorage, AK 99524-1385 907-330-6100 Fax: 907-274-7176	**Ketchikan** (1,2,4) 130 Bryant St. P.O. Box 5124 Ketchikan, AK 99901 907-225-6030 Fax: 907-225-1729	**Sitka** (1,2,4) 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** (1,4) 521 Maple St. P.O. Box 317 Kodiak, AK 99615 907-486-5513 Fax: 907-486-4065	**Soldotna** (4) 44539 Sterling Hwy., Ste. 201-A Soldotna, AK 99669 907-260-7633 Fax: 907-260-7635
Cordova (1,3) 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** (1,4) 104-B Bremner St. P.O. Box 926 Valdez, AK 99686 907-835-2119 Fax: 907-835-2067
Fairbanks (1,2,3,4) 1441 22nd Ave. Fairbanks, AK 99701 907-456-3738 Fax: 907-456-2142	**Petersburg** (4) (serviced from Sitka office) 422 Andrews St. Sitka, AK 99835 907-747-5700 Fax: 907-747-3767	**Wasilla** (2,4) 1201 North Lucille St., Ste. 104 P.O. Box 873347 Wasilla, AK 99687 907-376-5744 Fax: 907-376-1229
Homer (4) 3670 Lake St., Ste. 400 Homer, AK 99603 907-235-2447 Fax: 907-235-7535	**Seward** (3) 200 Lowell Canyon Rd. P.O. Box 1475 Seward, AK 99664 907-224-3737 Fax: 907-224-5527	**Wrangell** (1,4) 720 Zimovia Hwy. P.O. Box 950 Wrangell, AK 99929 907-874-3018 Fax: 907-874-3449
Juneau (1,2,4) 3410 Foster Ave. Juneau, AK 99801 907-586-3750 Fax: 907-463-4967		

Community Information Sheet

Your application must include this form.

Alaska Housing Finance Corporation
Public Housing Department

Mailing
PO Box 101020 Anchorage, AK 99510-1020

Local Office Information: Please call before coming to the office to ensure someone is present.

- Hours: 8:00 a.m. to 5:00 p.m., Monday through Friday. Closed for the lunch hour between 12:00 and 1:00 p.m.
- Application Availability: pick-up during office hours or print from AHFC website at www.ahfc.us/publichousing/rental-programs/applications/
- Geographic Jurisdiction: city of Bethel
- Dropbox: next to the office front door
- Community Information: www.bethelak.com

Program	Notes
1 Family Housing	These units are bedroom sizes three through five and consist of single family residences. • Residents pay their rent directly to AHFC. • Families are classified into the Classic or Step Program. • Family sizes up to 11 persons may apply.

For AHFC Owned Public Housing: 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 may disclose this need here.

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

Received by AHFC

Date:

Time:

AHFC 2025 Western Alaska Disaster Rental Assistance Preference Application

Posted: Initials: Programs: Code:

You may request assistance with this document from AHFC.

Do You Require Language Assistance? If Yes, Which Language?

☐ Yes ☐ No

Head of Household

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

Mailing Address

City, State, Zip Code

E-Mail Address	Telephone

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 (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

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 (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 Members

Complete one block for each person who will be living in the household. Do not complete a block for the head of household or spouse/co-tenant listed on the Application.

A family may choose to disclose a current pregnancy or pending adoption for consideration of unit size. Please enter this individual as “pending” under the Relationship to Head.

Relationship to Head:

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

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Family Members

Complete one block for each person who will be living in the household. Do not complete a block for the head of household or spouse/co-tenant listed on the Application.

A family may choose to disclose a current pregnancy or pending adoption for consideration of unit size. Please enter this individual as "pending" under the Relationship to Head.

Relationship to Head:

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

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

Last Name

First Name | Middle

Social Security Number | Date of Birth | Age

Maiden/Other Last Names | Gender ☐ Female ☐ Male

Relationship to Head | If Youth, Custody Percentage

Member Status (Check All That Apply)
☐ Adult ☐ Disabled
☐ Adult Full-time Student ☐ Foster Child
☐ Elder (62 or older) ☐ Live-in Aide
☐ Youth (under 18 years old)

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Alien Registration Number

Race (Check All That Apply)
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander

Citizenship (Check One)
☐ Eligible Citizen
☐ Eligible Noncitizen
☐ Ineligible Noncitizen
☐ Pending Verification
☐ Choose Not to State

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)

Now	From	To	If You Rent, Name on Lease	☐ Own or Rent ☐ Live w/Someone ☐ 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	☐ Own or Rent ☐ Live w/Someone ☐ 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	☐ Own or Rent ☐ Live w/Someone ☐ Other

Residence Address	City, State, Zip Code
Landlord/Shelter/Family Name	Landlord Telephone
Landlord/Shelter/Family Address	City, State, Zip Code

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)

Now	From	To	If You Rent, Name on Lease	☐ Own or Rent ☐ Live w/Someone ☐ 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	☐ Own or Rent ☐ Live w/Someone ☐ 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	☐ Own or Rent ☐ Live w/Someone ☐ Other

Residence Address	City, State, Zip Code
Landlord/Shelter/Family Name	Landlord Telephone
Landlord/Shelter/Family Address	City, State, Zip Code

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**

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 Finance Corporation (AHFC) any information or materials needed to complete and verify my application for, or participation in, any AHFC assisted housing program.

I authorize AHFC to disclose my status including; application or rental assistance information to the Federal Emergency Management Agency (FEMA) or the Alaska Division of Homeland Security and Emergency Management if requested.

Verifications and inquiries that may be requested include, but are not limited to:

- 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, including Assets Disposed of within the Last Two (2) Years
- Medical or Disability-Related Expenses
- Child Care Expenses

Groups or Individuals that AHFC May Contact

- Past and Present Landlords
- Past and Present Employers
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Utility Companies
- Banks and Financial Institutions
- Private Social Service Agencies
- State of Alaska Departments
- Social Security Administration
- Internal Revenue Service
- Veterans Administration
- Medical and Child Care Providers
- 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, or continued participation in, a housing assistance program. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 60 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
Adult Household Member Signature	Print Name	Date