



# Affordable Housing Rental Application

**Central Leasing Office**  
161 Klevin St., Suite 206A  
Anchorage, AK 99508  
Phone: (907) 868-4600  
Fax: (907) 868-4609

**Rural CAP**  
Rural Alaska Community Action Program, Inc.

## PLEASE READ THIS BEFORE FILLING OUT APPLICATION

### *When submitting your application, please note:*

- White-out cannot be used on this application or any documents submitted with this application.
- If a page or section does not apply, draw a line through the page, write “N/A,” sign and date.
- Applicants **must** meet all applicable eligibility requirements in order to be approved. This includes criminal background check, income eligibility, and other program-related requirements.
- Some programs require additional eligibility requirements (see table below). Click on the applicable supplemental application schedule below to open and download a copy.

#### **If you are applying for:**

#### **Complete this supplemental application**

Safe Harbor: Muldoon

[Schedule M](#)

325 E 5<sup>th</sup> Avenue, Muldoon Garden, 1255 E 11<sup>th</sup>  
Avenue or Huntsman Cr.

[Schedule T](#)

Karluk Manor, Sitka Place, 100 Davis, 400 N  
Lane, 3740 Peterkin

[Schedule S](#)

### **ITEMS NEEDED FOR ALL APPLICATIONS** (for all members of household 18 and older)

- Completed housing application
- Verification of Income (must be directly from income source, no older than 90 days printed) examples: paystubs, SS benefit letter, TANF, PFD, native dividend/shares disbursement
- Copies of government-issued photo ID, verification of Social Security Number, and date of birth required for all adults. Birth certificate and/or guardianship papers required for all minor children listed on application
- Copy of voucher for rental assistance (if applicable)

### **Applications\* may be submitted:**

1. In person: 161 Klevin St., Suite 206A, Anchorage, AK 99508
2. Via Fax: 907-868-4609
3. Email: [propertymanagement@ruralcap.com](mailto:propertymanagement@ruralcap.com)

*\*NOTE: incomplete applications will be not be accepted*





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Desired Date of Occupancy:				Property and/or Bedroom size:			
<b>HEAD OF HOUSEHOLD PERSONAL INFORMATION</b>							
Last Name:		Middle:	First Name:		Date of Birth: / /		SSN: - -
Cell Phone:		Work Phone:		Email:		Driver's License or State ID #:	State:
<b>HOUSEHOLD COMPOSITION – List all persons who are anticipated to reside in the residence</b>							
Name (Last, First, Middle Initial)		Relationship		Date of Birth		SSN	Student Status FT/PT or N/A
1		HEAD					
2							
3							
4							
5							
6							
7							
8							
<b>RESIDENCE HISTORY</b>							
Present Address:		Zip:	Rent Amt:	Dates:		Reason for Leaving:	Landlord Phone #:
Previous Address:		Zip:	Rent Amt:	Dates:		Reason for Leaving:	Landlord Phone #:
Previous Address:		Zip:	Rent Amt:	Dates:		Reason for Leaving:	Landlord Phone #:
<b>EMPLOYMENT INFORMATION</b>							
Primary Employer:			Address & Phone:			Occupation:	Monthly Earnings:
Secondary Employer:			Address & Phone:			Occupation:	Monthly Earnings:
Co-Applicant's Employer:			Address & Phone:			Occupation:	Monthly Earnings:
<b>REPRESENTATIVE PAYEE, CASE MANAGEMENT, &amp; EMERGENCY CONTACT (Complete those that apply)</b>							
Payee Name & Company:			Payee Address:			Payee Phone:	
Case Manager Name & Company:			Case Manager Address:			Case Manager Phone:	
Emergency Contact Name:			Emergency Contact Phone:			Relationship to Applicant	
<b>OFFICE USE ONLY</b>							
Application Received – Date and Time:						Received by:	

VEHICLE INFORMATION				
Make	Model	Color	Plate Number	State

*I hereby make application for an apartment and certify that this information is correct. I authorize RurAL CAP Affordable Housing (RCAH) to contact any references that I have listed. Signatures authorize RCAH to complete a full credit check of their own on these applicant(s).*

**APPLICANT SIGNATURE:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



*Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, disability, familial status, or national origin.*



Your signature on this form authorizes RurAL CAP to obtain information on your income, financial position and personal history to determine your eligibility for RurAL CAP rental housing. This authorization and the information obtained may be given to any related Limited Partnership or Federal, state or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial and personal information for all the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last five years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for RurAL CAP rental housing.

#### Computer Matching Notice and Consent

I understand and agree that RurAL CAP may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

#### Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with RurAL CAP and will stay in effect for one (1) year and one (1) month from the date signed. I understand that I have the right to review my file and correct any information that may be incorrect.

#### Statement of Truth

I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of this application. I authorize release of information regarding my credit, references (personal/landlord, etc.), criminal history, and financial information to a representative of RurAL CAP for a period on one (1) year and one (1) month from the date signed.

---

Applicant/Resident Name (Please print)

Date

---

Applicant/Resident Signature

Date

---

Guardian Signature

Date

## INCOME/ASSET QUESTIONNAIRE

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Initial Certification

Re-certification

Other \_\_\_\_\_

Development \_\_\_\_\_

Unit # \_\_\_\_\_

### EACH HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

#### INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from self employment) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <u>Name of Employer</u>  1) _____  2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Social Security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC, General Assistance)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.  <input type="checkbox"/> I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments	\$ _____

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

**INCOME INFORMATION CONTINUED**

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.  If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real estate or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Alaska Senior Care program.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Native Dividends.  List sources: _____ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household will receive the Alaska Permanent Fund Dividend.  If yes, how many people will receive the dividend? _____	\$ _____

**ASSET INFORMATION**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s).  If yes, list all bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s)  If yes, list all bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s)  If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate.  If yes, provide description and location: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills  If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

**ASSET INFORMATION CONTINUED**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

**NON-CASH BENEFITS INFORMATION**

YES	No		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Non-Cash benefit received from any source in past 30 days?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care Services	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	TANF Transportation Services	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Denali Kid Care	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services	\$
<input type="checkbox"/>	<input type="checkbox"/>	Housing Choice Voucher	\$
<input type="checkbox"/>	<input type="checkbox"/>	Public Housing	\$
<input type="checkbox"/>	<input type="checkbox"/>	Permanent Supportive Housing	\$
<input type="checkbox"/>	<input type="checkbox"/>	HUD – VASH	\$
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance	\$
<input type="checkbox"/>	<input type="checkbox"/>	Affordable Care Act Subsidy	\$
<input type="checkbox"/>	<input type="checkbox"/>	Child Care Voucher	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other:	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other:	\$

**ANTICIPATED/APPLIED FOR INCOME INFORMATION (PLEASE SPECIFY)**

<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

\_\_\_\_\_  
DATE

**EQUAL HOUSING OPPORTUNITY STATEMENT: WE ARE PLEDGED TO THE LETTER AND SPIRIT OF U.S. POLICY FOR THE ACHIEVEMENT OF EQUAL HOUSING OPPORTUNITY THROUGHOUT THE NATION. WE ENCOURAGE AND SUPPORT AN AFFIRMATIVE ADVERTISING AND MARKETING PROGRAM IN WHICH THERE ARE NO BARRIERS TO OBTAINING HOUSING BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS, OR NATIONAL ORIGIN.**



THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Employer) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit # (if assigned) \_\_\_\_\_

I hereby authorize release of my employment information to Rural Alaska Community Action Program, Inc.

\_\_\_\_\_  
Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

Rural Cap Affordable Housing  
Central Leasing Office  
161 Klevin St. Suite 206A  
Anchorage, AK 99508  
FAX: 907-868-4609

**MAIL OR FAX THIS FORM TO:**

THIS SECTION TO BE COMPLETED BY EMPLOYER-ALL spaces must be completed or list "N/A" if not applicable. Cannot accept "unknown" or "varies" as an answer to a question.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed:  Yes Hire Date: \_\_\_\_\_  No Last Day of Employment: \_\_\_\_\_

Current Wages/Salary: \$\_\_\_\_\_  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$\_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$\_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$\_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$\_\_\_\_\_  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

Included in the year-to-date figure above?  Yes  No

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

Does the employee participate in a 401 (k) retirement account?  Yes  No Can the employee access the funds?  Yes  No

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's SIGNATURE Employer's Printed Name and Title Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

The Alaska Permanent Fund Dividend is available to Alaska Residents who have been a resident of the State for at least one calendar year (January 1st - December 31st). An Alaska Resident is defined as an individual who is physically present in the State with the intent to remain in the State indefinitely and to make a home in the State.

**SECTION: I**

Please complete the following information: List all members that will be living in this household & provide date of birth, social security #, eligible or not eligible to receive PFD and date of AK. residency for each household member.

Print Name of Household Member	Date of Birth	Social Security Number	Eligible and / or received PFD Yes or No	Date of Alaska Residency

If all household members listed above were Eligible, & you answered "YES", received the PFD then you have completed this statement. Please sign & date in section III below.

If any household members listed above were Ineligible & you answered "NO", did not receive the PFD, please write the household member line number listed above, under appropriate reason in Section II below.

**Section: II**

All Household members that answered "NO", to receiving the PFD may be required to provide additional documentation as proof of non-receipt.

	Did not meet Alaska residency requirement of 1-year and will not meet the requirement before they are issued again.
	Did not meet Alaska residency requirement of 1-year but will meet the requirement before they are issued again.
	Alaska State Eligible Resident & applied but, my/our application was received by PFD office after deadline date
	Garnishment by IRS, State, Civil lawsuit, lien, child support or other
	Other, Explain

**Section: III**

I/We certify that the above information is true and correct. Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (printed name) \_\_\_\_\_ (social security #)  
 hereby grant my permission for you to release to RurAL CAP, information regarding my assets.

Please complete the remainder of this form and mail or fax back to the address / fax number listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Bank Name: \_\_\_\_\_

**Checking Accounts:** *Please, no statements* (Write N/A if no interest)  
 \*\*\*Please provide Avg. 6 mo balance **or** list the last 6 monthly ending balances \*\*\*

<b>Account #</b> _____ <b>Interest Rate:</b> _____ <b>Average 6 month balance:</b> _____ <p style="text-align: center;"><b>Or</b></p> <b>Please list the last 6 monthly ending balances:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Month/Year</th> <th style="text-align: left; border-bottom: 1px solid black;">\$ Monthly Ending Balance</th> </tr> </thead> <tbody> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> </tbody> </table>	Month/Year	\$ Monthly Ending Balance	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____	<b>Account #</b> _____ <b>Interest Rate:</b> _____ <b>Average 6 month balance:</b> _____ <p style="text-align: center;"><b>Or</b></p> <b>Please list the last 6 monthly ending balances:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Month/Year</th> <th style="text-align: left; border-bottom: 1px solid black;">\$ Monthly Ending Balance</th> </tr> </thead> <tbody> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> <tr><td>_____/____</td><td>\$ _____</td></tr> </tbody> </table>	Month/Year	\$ Monthly Ending Balance	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____	_____/____	\$ _____
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**Savings Accounts:**

<b>Account#</b>	<b>Current Balance</b>	<b>Interest Rate:</b> <b>Write N/A if no interest</b>
# _____	\$ _____	% _____
# _____	\$ _____	% _____

**Bonds/CD/s/Other Securities:** If applicable, describe asset amount and income projected for the next 12 months.

<b>Type of Asset</b>	<b>Current Balance</b>	<b>Projected Amount</b>	<b>Interest Rate:</b> <b>Write N/A if no interest</b>
_____	\$ _____	\$ _____	% _____
_____	\$ _____	\$ _____	% _____

Bank Representative Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_  
 Bank Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Fax # \_\_\_\_\_

**PLEASE FAX TO: (907)868-4609 RurAL CAP**  
 ATTN: Supportive Housing Division PHONE: (907)868-4600

Regional Corporation: \_\_\_\_\_

shareholder

descendent

Village Corporation: \_\_\_\_\_

shareholder

descendent

Other: \_\_\_\_\_

shareholder

descendent

I, \_\_\_\_\_ (printed name) \_\_\_\_\_ (social security number) do hereby authorize the above-mentioned regional or village corporation to release the information regarding benefits and/or dividends for all family members of my household listed below, to RurAL CAP. RurAL CAP is required to count as Annual Income ANSCA dividends received in excess of \$2,000 per person per year. However, RurAL CAP needs for its records the full amount of cash dividends received. Please complete the remainder of this form and mail or fax back to the address / fax number listed below.

\_\_\_\_\_  
Signature of Head of Household or Adult Family Member

Date: \_\_\_\_\_

**THE FOLLOWING SECTION TO BE COMPLETED BY SOURCE**

If applicant is not a shareholder or descendent please mark "N" and specify no funds have been distributed "∅".

Name: \_\_\_\_\_ Shareholder Y  N  Descendent Y  N

Dates and amounts of distribution received for the **past 12 months** from: \_\_\_\_\_  
(Corporation Name)

<u>Date Received:</u>	<u>\$ Gross Amount Received</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Did this person receive payments on behalf of any other persons during the past 12 months? Y  N

If so, name? \_\_\_\_\_ Amount? \_\_\_\_\_

_____	_____	____/____/____	(____) _____
<b>Representative Name</b>	<b>Signature</b>	<b>Date</b>	<b>Phone</b>

**PLEASE FAX TO: (907)868-4609**  
**RurAL CAP Central Leasing Office**  
PHONE: (907)868-4600

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of payer) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my financial information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**MAIL OR FAX THIS FORM TO:**

THIS SECTION TO BE COMPLETED BY PAYER

Name of financial assistance provider: \_\_\_\_\_ Relationship: \_\_\_\_\_

Financial assistance monthly gross amount: \_\_\_\_\_

Are any changes to the above amount expected within the next twelve (12) months?  Yes  No

If yes, please complete the following:

Date of Expected Change: \_\_\_\_\_

Anticipated Monthly Gross Amount: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Printed Name and Title Date

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Financial Institution or Fund Administrator) Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my financial information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
 Project Owner/Management Agent

**MAIL OR FAX THIS FORM TO:**

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Type of account:  Fixed  Deferred Market Value: \$ \_\_\_\_\_  
 Variable  Life Surrender or Withdrawal Fee: \$ \_\_\_\_\_  
 Other \_\_\_\_\_

Is this person receiving regular payments:  Yes  No  
 If yes, what is the gross amount? \$ \_\_\_\_\_ Per (circle one) Month / Quarter / Other \_\_\_\_\_  
 Date benefits began: \_\_\_\_\_ Effective date of current amount: \_\_\_\_\_

Does the holder receive interest income:  Yes  No  Reinvested into account  
 Does the holder receive Dividend – Income?  Yes  No  Reinvested into account  
 If yes or reinvested into account, what is the interest rate? \_\_\_\_\_%  Fixed  Variable  
 If variable, provide current rate.

Is the holder able to withdraw the balance of the annuity/account?  Yes  No  
 If yes, what is the amount? \$ \_\_\_\_\_ Is there a penalty?  Yes  No  
 If yes, what is the penalty amount? \$ \_\_\_\_\_

\_\_\_\_\_  
Signature Printed Name and Title Date

Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Public Assistance Office)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my financial information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:



THIS SECTION TO BE COMPLETED BY CASE WORKER

Date of initial assistance: \_\_\_\_\_

Gross monthly payment \$ \_\_\_\_\_

(A) AFDC / ATAP / APA / TANF \$ \_\_\_\_\_

(B) Other \$ \_\_\_\_\_

Size of household: Adults: \_\_\_\_\_ Minors: \_\_\_\_\_

Date assistance will expire: \_\_\_\_\_

Is the client currently being penalized: YES NO If yes, by home much? \$ \_\_\_\_\_

Are any changes expected in the next 12 months YES NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Printed Name and Title Date

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Financial Institution or Fund Administrator) \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit # (if assigned) \_\_\_\_\_

I hereby authorize release of my financial information.

\_\_\_\_\_  
 Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
 Project Owner/Management Agent

**MAIL OR FAX THIS FORM TO:**

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

**401K / IRA / MONEY MARKET ACCOUNT / OTHER (PLEASE IDENTIFY)**

Type of Account	Cash Value	Interest Rate	Does Individual Have Access to These Funds?	Cost of Early Withdrawal

Is the individual currently receiving regular payments from any of the assets listed above?  Yes  No  
 If yes, how much? \_\_\_\_\_  Weekly  Monthly  Quarterly  Yearly

\_\_\_\_\_  
 Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Employer [Company] Name and Address

\_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



(To be completed by adult household members only, if appropriate.)

Household Name: \_\_\_\_\_

Property: \_\_\_\_\_

Unit No. \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above (Alaska PFD, Senior Care Program, etc.).

2. Choose one:

- Currently, I have no income of any kind but I am actively seeking employment and anticipate working in the next 12 months.
- Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant: \_\_\_\_\_

Printed Name of Applicant/Tenant: \_\_\_\_\_

Date: \_\_\_\_\_



**RurAL CAP**  
Rural Alaska Community Action Program, Inc.

Supportive Housing Division  
731 E 8<sup>th</sup> Avenue  
Anchorage, AK 99501

## Authorization for Release of Information

Your signature on this form authorizes RurAL CAP to obtain information on your income, financial position and personal history to determine your eligibility for RurAL CAP rental housing. This authorization and the information obtained may be given to any related Limited Partnership or Federal, state or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska’s Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial and personal information for all the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last five years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for RurAL CAP rental housing.

### Computer Matching Notice and Consent

I understand and agree that RurAL CAP may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

### Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with RurAL CAP and will stay in effect for one (1) year and one (1) month from the date signed. I understand that I have the right to review my file and correct any information that may be incorrect.

### Statement of Truth

I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of this application. I authorize release of information regarding my credit, references (personal/landlord, etc.), criminal history, and financial information to a representative of RurAL CAP for a period on one (1) year and one (1) month from the date signed.

---

Applicant/Resident Name (Please print)

Date

---

Applicant/Resident Signature

Date

---

Guardian Signature

Date



## INCOME/ASSET QUESTIONNAIRE

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Initial Certification

Re-certification

Other \_\_\_\_\_

Development \_\_\_\_\_

Unit # \_\_\_\_\_

### EACH HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

#### INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from self employment) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <u>Name of Employer</u>  1) _____  2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Social Security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC, General Assistance)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.  <input type="checkbox"/> I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments	\$ _____

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

**INCOME INFORMATION CONTINUED**

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.  If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real estate or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Alaska Senior Care program.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Native Dividends.  List sources: _____ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household will receive the Alaska Permanent Fund Dividend.  If yes, how many people will receive the dividend? _____	\$ _____

**ASSET INFORMATION**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s).  If yes, list all bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s)  If yes, list all bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s)  If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate.  If yes, provide description and location: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills  If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

**ASSET INFORMATION CONTINUED**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

**NON-CASH BENEFITS INFORMATION**

YES	No		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Non-Cash benefit received from any source in past 30 days?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care Services	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	TANF Transportation Services	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Denali Kid Care	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services	\$
<input type="checkbox"/>	<input type="checkbox"/>	Housing Choice Voucher	\$
<input type="checkbox"/>	<input type="checkbox"/>	Public Housing	\$
<input type="checkbox"/>	<input type="checkbox"/>	Permanent Supportive Housing	\$
<input type="checkbox"/>	<input type="checkbox"/>	HUD – VASH	\$
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance	\$
<input type="checkbox"/>	<input type="checkbox"/>	Affordable Care Act Subsidy	\$
<input type="checkbox"/>	<input type="checkbox"/>	Child Care Voucher	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other:	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other:	\$

**ANTICIPATED/APPLIED FOR INCOME INFORMATION (PLEASE SPECIFY)**

<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

\_\_\_\_\_  
DATE

**EQUAL HOUSING OPPORTUNITY STATEMENT: WE ARE PLEDGED TO THE LETTER AND SPIRIT OF U.S. POLICY FOR THE ACHIEVEMENT OF EQUAL HOUSING OPPORTUNITY THROUGHOUT THE NATION. WE ENCOURAGE AND SUPPORT AN AFFIRMATIVE ADVERTISING AND MARKETING PROGRAM IN WHICH THERE ARE NO BARRIERS TO OBTAINING HOUSING BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS, OR NATIONAL ORIGIN.**