

MAKING APPLICATION FOR ASSISTED HOUSING: INFORMATION SHEET

APPLICATION PACKET CONSISTS OF: INFORMATION SHEET AND SELECTION CRITERIA, APPLICATION, INFORMATION ABOUT FEDERALLY ASSISTED HOUSING PROGRAMS

Chenana Apartments, 5190 Amherst Drive, Fairbanks, AK 99709; 907-479-4690 or fax 907-479-3457

Executive Estates Apartments, 1620 Washington Drive, Fairbanks, AK 99709; 907-479-3655 or fax 907-479-2913

Little Dipper Apartments, 1910 Turner Street, Fairbanks, AK 99701; 907-452-6092 or fax 907-452-6547

The information you have received is for your benefit in understanding the program you are applying for and how it applies to your household. Please take time to read this information. A representative will assist you if you have question concerning your application. Please keep this information sheet and information about federally assisted housing programs for your records. If you wish to see the policy concerning our Resident Selection Plan, it is available at the site office during office hours.

Instructions for Completing Your Application:

1. **Please print legibly or type in black ink.** Supply all requested information. (A fax number or email address may be given in place of a mailing address for references.)
2. Write "NA" in any area of the application that does not apply to you or any member of your household.
3. Disclose and provide verification of the complete and accurate Social Security numbers assigned for all household members.

NOTE: SSN documentation is required for all household members before the household can occupy an apartment. Disclosure and verification of SSNs is not required to be placed on the waiting list. Placement on waitlist will be terminated 90-days from the 1st offering of a unit, if SSN documentation is not received then the next eligible applicant will be offered the unit.

4. List all household members, whether related or not, who will actually live in your unit. Use their correct legal name.
5. All members of the household, 18 years of age or older, **must** sign this application and Authorization for Release of Information form. If you do not have rights to legally sign for yourself then your agent must do so.
6. Immediately notify The Apartments in writing of any changes to your application.
7. The application **must be mailed or hand-delivered** to the office a fax is not acceptable.
8. Provide proof of any preferences you apply for.
9. **When you return the application make sure you submit the following:**

| | |
|---|--|
| <u>1</u> - Current State or Local Photo Identification if 18 and older | <u>2</u> -Birth certificate for all members |
| <u>3</u> -Social security number verification for all household members | <u>4</u> -Proof of any special considerations: |
| <u>5</u> -Non-citizenship declaration: green card, other documentation | <u>6</u> -Proof of custody of all dependants. |
10. If you are pregnant and wish to have the unborn child considered in determining which waiting list to be placed on. PROVIDE PROOF OF PREGNANCY.
11. If you are legally married and intend to occupy the unit without your married partner, you must provide legal documentation of the pending divorce or separation. Proof of domestic violence can be supplied if the cause for separation.
12. Room mates must complete their own application as head of household. All applications for the proposed household will need to be submitted together.
13. If head and co-head or other adult household members do not share a three year living history, please submit sufficient information on the living history portion of application to individually provide the three year history.
14. If you are a student of higher education there are additional criteria you must meet to be eligible for assistance. Please ask management if you meet those criteria before you complete the application.
15. IF you are the victim of domestic violence, dating violence, sexual assault or stalking ask for a copy of your Occupancy Rights under VAWA.

We do not require a pre-application. There is no fee for submitting an application. When an application is submitted it is reviewed for completeness at the time it is hand-delivered or mailed to the office. If it is incomplete, it will be returned to you. If it is complete, we will place you on the waiting list with the date and time we received it. We allow ourselves 2 weeks to process a complete application.

Your placement on the waiting list may change due to another applicant's verified preference. The Apartments will notify you in writing of the status of your application. If your application is denied, you may submit a written appeal as described in the letter.

People with disabilities may request a reasonable accommodation. Disclosing that you have a disability is entirely voluntary. If your application is denied and you feel that your disability is the cause for the denial, or if you need assistance to live in a unit due to a disability, you may request a reasonable accommodation. A "Reasonable Accommodation Request" form is available upon request at The Apartments housing office. It is a right for individuals with disabilities to request reasonable accommodations to participate in the informal review process.

What we use to decide if you can live at our property

We check your name through the National Sex Offender registry. If your name is found there your application will probably be denied.

We check your name through Court View for the State of Alaska and any other State you may have lived in. If we find evidence that you have committed a crime against persons or property, have cases involving drugs or alcohol, or have a felony you may be denied. We do take into consideration the complete picture of your life. If you have a question about your history, talk it over with management.

History of drug related criminal activity is a denial. Open-unresolved court cases result in a denial until the case is closed. The only exception is divorce proceedings that are pending but have a court date assigned.

We run a credit check for all adults on the application. We hope to see that you pay your bills on time, but if you have gotten yourself behind, you will want to submit with the application the arrangements you have made with your creditors to pay what you owe. We do not consider collections for medical bills as a negative but charge offs or unpaid collections for other items can be considered negative. Late payments or delinquent accounts can be considered a negative.

Open collections, charge offs or late payments to utility type businesses or companies that together total more than \$500.00 is considered a negative and the application will probably be denied.

We ask for two personal references. These are people that know you outside of a professional setting and can answer three questions about if you are a responsible individual. If they come back negative, the application will probably be denied. Your behavior toward property staff is an indication of future ability to work with the staff and live in a close community with neighbors.

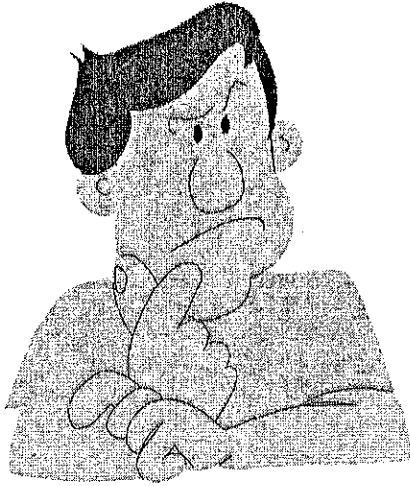
We ask for your living/rental history for all family members for the last 3 years. If you have couch surfed as part of the 3 year history it must be disclosed and verifying information provided. Additional sheets are available to complete your history. If the references come back negative or you have an open balance with a landlord the application will probably be denied. We do look at Court View for evictions or court action with a landlord.

If we are unable to get answers from the references you have provided us we will send you a letter stating what is missing. (We call this a Lack Of Information To Consider, LOITC letter.) We do this so you can contact your references and verify their mailing address, if they received the document, and do they intend to return it to us. We are happy to resend reference letters that were not received by the recipient, sent to the wrong address or the recipient lost the reference before returning it to us. Our goal is to process your application as quickly and efficiently as possible within program guidelines.

We do not make phone calls to get addresses for your references. It is your responsibility to provide them in a way that they can be read on the application.

We do not make phone calls to process applications.

Our program requires us to do verifications in writing. Providing email addresses or fax numbers for your references can speed up the verification process. Providing accurate mailing addresses can also help in the verification process.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
 - 10% of the family's monthly income
 - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

APPLICATION FOR ASSISTED HOUSING

PART I

Rental Property: Chenana/Executive Estates/Little Dipper

Check the housing complex(s) you want to be considered for

- Chenana-5190 Amherst Drive
- Executive Estates-1620 Washington Drive
- Little Dipper-1910 Turner Street
- Process with _____
- Addition of Adult Family Member(s) # _____

OFFICE USE ONLY:

Complete Application Rec'd

Date: _____ Time: _____

Rec'd By: _____

Income Limit: _____

Bedroom Size: _____

Faxed to: CH EXE LD

Final Action: _____

Date: _____ Time: _____

ENTERED APPROVED

LACK OF INFORMATION

DENIED APPEALED

Requested RA _____

| | | | | | |
|--|---------------------------------------|---|--|---|--|
| Head of Household | Last Name & Sr., Jr. etc.: | First Name: | | Middle Initial: | Social Security Number: |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | Age: | Driver's License No. & State: | Other Surnames/Maiden Names: | |
| Marital Status: <input type="checkbox"/> Unmarried Partner/Living-Together <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed | | | Language: (Primary) | | Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander | | Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job training/School (No Income) <input type="checkbox"/> Veteran | | Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification | |
| Alien Registration Number: | | | | | |

| | | | | | |
|--|---------------------------------------|---|--|---|--|
| Co-Tenant/Spouse | Last Name & Sr., Jr. etc.: | First Name: | | Middle Initial: | Social Security Number: |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | Age: | Driver's License No. & State: | Other Surnames/Maiden Names: | |
| Marital Status: <input type="checkbox"/> Unmarried Partner/Living-Together <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed | | | Language: (Primary) | | Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander | | Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job training/School (No Income) <input type="checkbox"/> Veteran | | Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification | |
| Alien Registration Number: | | | | | |

Personal References: ~~Provide 2 persons. Not related to any household member or used to verify living situation. Someone known for a year.~~

| | | |
|--|---|--|
| Reference Name: | Mailing address, City, State, Zip Code | Daytime Telephone or Fax No. Or Email address |
| Reference Name: | Mailing address, City, State, Zip Code | Daytime Telephone or Fax No. Or Email address |
| APPLICANTS CONTACT INFORMATION: Provide: mailing address | | Home Telephone: |
| Message Telephone: | Messages C/O: | Emergency Contact & Phone: |
| | | Email: |

Yes No **Guardianship** Are you under the care of a payee, a conservator or guardian? A copy of a court order is required with the application.

Name _____ Phone _____

Payee / Conservator / Guardian

List all household members not on page 1, who will live with you. Household members include those who are temporarily absent due to military duty, attending school, or in foster care. If there are more than three (3) additional household members, request or make a copy of this page. Please use the codes below for relationship.

Relationship Codes:

C = Cousin F = Father K = Niece / Nephew M = Mother O = Non-Relation/Other R = Sister
 D = Daughter G = Grandchild L = Brother N = Foster Child P = Grandparent S = Son

| | | | | | |
|---|---|--|--|--|--------------------------------|
| Household Member | Last Name & Sr., Jr. etc.: | | First Name: | Middle Initial: | Social Security Number: |
| Relationship code: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | Date of Birth/Due Date: | Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (Dependant Only) <input type="checkbox"/> Veteran | |
| | Age: | | % of Time Minor Lives in Household: | | |
| Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification | | | Alien Registration Number: | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |

| | | | | | |
|---|---|--|--|--|--------------------------------|
| Household Member | Last Name & Sr., Jr. etc.: | | First Name: | Middle Initial: | Social Security Number: |
| Relationship code: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | Date of Birth: | Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (Dependant Only) <input type="checkbox"/> Veteran | |
| | Age: | | % of Time Minor Lives in Household: | | |
| Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification | | | Alien Registration Number: | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |

| | | | | | |
|---|---|--|--|--|--------------------------------|
| Household Member | Last Name & Sr., Jr. etc.: | | First Name: | Middle Initial: | Social Security Number: |
| Relationship code: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | Date of Birth: | Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (Dependant Only) <input type="checkbox"/> Veteran | |
| | Age: | | % of Time Minor Lives in Household: | | |
| Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification | | | Alien Registration Number: | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |

If you have more household members, please ask for an additional copy of this page.

- Yes No **Minor Children:** Do you have sole custody of the minor children in the household:
 The percentage of custody must be verified. Provide documentation with the application.
 Acceptable verification: court documents, notarized statement if not married to other parent.
- Yes No **Marital Status:** Are you currently married? If married and not legally separated or divorced,
 Documentation of absent spouse's income, accessibility to their income, and assets must be provided with application.
- Yes No If married and separated, have you filed for divorce? If so provide copy of papers filed. Date Filed: _____

Expected Family Additions:

- Yes No Due to adoption of a child. Estimated arrival date: _____
- Yes No Due to pregnancy. Estimated due date: _____
- Yes No Due to foster child(ren). Estimated arrival date: _____

Asset Information: List all assets and their value for all household members.

| Account | Name of Bank or Credit Union | Name on Account | Account Number | Account Balance |
|----------|------------------------------|-----------------|----------------|-----------------|
| Checking | | | | \$ |
| Savings | | | | \$ |
| Other | | | | \$ |

Do not leave blank. Answer with a 0 or NA if your household does not have the items below. Otherwise enter the value.

| | | | | | |
|----------------------------|----|---------------------------|----|-----------------------------|----|
| Commercial Fishing Permits | \$ | Recreational Vehicle/Boat | \$ | Certificate of Deposit (CD) | \$ |
| U.S. Savings Bonds | \$ | Property | \$ | IRAs | \$ |
| Stock and Bonds | \$ | Other | \$ | Native Stocks/Dividends | \$ |

Have you sold or given away any asset for less than it was worth in the last two (2) years? Yes No

Income Information: List sources of income and amounts for household members 18 years old and above. Include Seasonal Employment and Anticipated Changes for next 12 months.

| Household MBR Name: | Sources of Income Name & Mailing Address | Amount of Gross Income | Per | |
|---------------------|--|------------------------|---|---|
| | | | Wk/Bi-Wk/Mo | Bi-monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |
| | | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly |

Please list any household member(s) who **DID NOT** receive a PFD in the previous year and WHY.

Does anyone outside your household pay for any of your bills or give you money? Yes \$ _____ No

If yes, please explain.

Office Use Only:

Anticipated Income from all sources for the next 12 months

\$ _____

Rental History: List where each adult lived during last three (3) years. (If you need more space, use an additional sheet of paper.) page 4 of 6

| | | |
|---|--|---|
| Current address (include city, state): | Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other | Provide name and mailing address of landlord or property owner or person you are living with: Or Email address |
| From: To: | History For: | Landlord or Contact Telephone number/Fax No.: |
| Previous address (include city, state): | Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other | Provide name and mailing address of landlord or property owner or person you are living with: Or Email address |
| From: To: | History For: | Landlord or Contact Telephone number/Fax No.: |
| Previous address (include city, state): | Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other | Provide name and mailing address of landlord or property owner or person you are living with: Or Email address |
| From: To: | History For: | Landlord or Contact Telephone number/Fax No.: |
| Previous address (include city, state): | Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other | Provide name and mailing address of landlord or property owner or person you are living with: Or Email address |
| From: To: | History For: | Landlord or Contact Telephone number/Fax No.: |

Yes No Are you required to give landlord a 30-day notice to vacate?

List all States each member of the household has lived in:

Head: _____ Family Member # _____ : _____
 Co Head or Spouse: _____ Family Member # _____ : _____
 Family Member # _____ : _____ Family Member # _____ : _____

Tenancy Information Required by Law

- Yes No Has any household member applied for or been housed under any federal rental assistance program?
If yes, please list names, dates, and locations. _____
- Yes No Is any household member currently living in or assisted with federally subsidized housing? Please explain. _____
- Yes No Do you owe money to Chenana, Executive Estates, Little Dipper, AHFC or any other federally subsidized housing program? _____
- Yes No Have any household members been evicted from a federally subsidized housing property or program?
- Yes No Has any household member been evicted for reason of drug-related criminal activity; or evicted for disturbing neighbors or property destruction?
If yes, please identify whom and explain. _____
- Yes No Has any household member abused the use of alcohol resulting in an alcohol related arrest or traffic violation?
If yes, please identify who and explain. _____
- Yes No Has any household member been arrested and/or convicted for any criminal activity: against another person or another person's property; for any drug-related criminal activity; for abuse/use of alcohol?
If yes, please identify whom and explain. _____

- Yes No Is any household member subject to a lifetime registration under a state sex offender law?
- Yes No Has any household member been required to register on a State sex offender list?
If yes, please identify whom and explain. _____
- Yes No Has any household member had a criminal conviction in the last 3 years?
If yes, please identify whom and explain. _____
- Yes No Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony (or a high misdemeanor in New Jersey)?

- Yes No Are you or any member of your household currently prescribed and using medical marijuana?
 - Yes No Are you or any member of your household currently using or intend to use marijuana in any form?
 - Yes No Are you or any member of your household currently using any form of illegal drug?
 - Yes No Are you or any member of your household currently using any synthetic substance such as "spice"?
- If yes to any of the about questions, please explain. _____
- _____
- _____

Yes No Will you and all of your household members comply with all aspects of the Lease and project House Rules as well as the Alaska Landlord Tenant Act?

Yes No Have you had bedbugs in the unit you are vacating?

Special Considerations:

If you or any member of your family with a disability requires a Reasonable Accommodation, please speak with the staff for more information. (A reasonable accommodation is as a request for us to change the policy or procedures, repair or change the apartment, repair or change a part of the property or a change in the way we communicate with you.)

To qualify for certain benefits or apartment features, households must meet the established requirement as a disabled household and need the feature offered in the unit. Please answer the questions below if you feel you need one these accommodations.

- Yes No Disability: Do you or your spouse meet the Social Security definition of a disability? (Definition below or a more comprehensive definition can be requested from management.)
- Yes No If a person in your household is a person with a disability, does your household require a wheelchair accessible unit and/or a unit with sight/sound accessible features?
 Wheel Chair Accessible Sight / Sound Accessible

Fair housing and Equal Opportunity Statement

It is our policy to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, familial status, gender identity or sexual orientation. We do not discriminate on the basis of disability status in admission or access to assisted housing programs/activities.

Definition of Disability (Social Security & Fair Housing)

A person who has a: physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. MAJOR LIFE ACTIVITIES: activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking. (HUD 4350.3)

Acceptable Verification of Social Security Numbers

Most individuals should be able to verify all SSNs with a Social Security card. If you are unable to produce the Social Security card for any or all household members, other documents showing the household member's SSN may be used

for verification. If a SSN card is not available one or more of the alternate verifications maybe required. ALTERNATE DOCUMENTATION: a) Original document issued by a federal or state government agency which contains the name, SSN and other identifying information of the individual. b) driver's license with SSN, c) earning statements on payroll stubs, d) bank statement, e) Form 1099, f) SSA benefit award letter, g) retirement benefit letter, h) life insurance policy, i) court records, j) DHS letter.

Personal Declaration

(All household members 18 years of age and older must sign the application and release of information forms):

I do hereby attest that all the information provided above about my household members and me is true and complete. I understand that I must report to the apartment management all changes in household income and household membership to retain my correct placement on the waiting list. I further understand that the deliberate submission of false or misleading information may lead to the denial of the application.

Warning: Title 18, Section 1001, of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements in this application. Such false or fraudulent statements are punishable as crimes under Title 11 and 12 of the Alaska Statutes.

Signature of Head of Household: _____ Date: _____

Signature of Spouse / Co-Tenant: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

How did you hear about us? **(Please check one)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Flyer/Brochure | <input type="checkbox"/> Sister Property Referral | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Resident Referral | <input type="checkbox"/> Walk in |
| <input type="checkbox"/> Newspaper AD | <input type="checkbox"/> Complex Website: benlomondinc.com | <input type="checkbox"/> Other |

OFFICE USE: ADDITIONAL VERIFICATIONS

- Student Eligibility Questionnaire
- Independent Student
- Non-Citizenship Verification
- Seasonal Work / Part time Work History
- Request for Reasonable Accommodation
- Tax Return Requested: _____
- Disposal of Assets
-

Applicant,

Please print clearly in black ink the following information to assist Credit Services, Inc., dba Tenant Watch, A National Credit Repository in providing us a copy of your credit report for review in determining eligibility for our housing program.

Head of Household:

| | | | |
|--------------------------|------------------------|------------------------------|--------|
| _____ | _____ | _____ | _____ |
| Last name | First name | Middle Name | Suffix |
| _____ | _____ | _____ | _____ |
| Birth Date | Social Security Number | Driver's License No. & State | |
| _____ | _____ | _____ | |
| Current Physical Address | City/State | Zip | |
| _____ | _____ | _____ | |
| Prior Physical Address | City/State | Zip | |
| _____ | _____ | _____ | |

Spouse or Co-head of Household:

| | | | |
|--------------------------|------------------------|------------------------------|--------|
| _____ | _____ | _____ | _____ |
| Last name | First name | Middle Name | Suffix |
| _____ | _____ | _____ | _____ |
| Birth Date | Social Security Number | Driver's License No. & State | |
| _____ | _____ | _____ | |
| Current Physical Address | City/State | Zip | |
| _____ | _____ | _____ | |
| Prior Physical Address | City/State | Zip | |
| _____ | _____ | _____ | |

I (we) authorize the release of this information to THE APARTMENTS, and Credit Services, LLC, d/b/a Tenant Watch™ (TW), any subscriber of TW, any national credit repository or credit reporting agency or any other person or company in order to supply the landlord with information requested concerning me (us).

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date



**AUTHORIZATION FOR
RELEASE OF INFORMATION**

Ben Lomond Inc., Management Agent for
Chenana Apartments 5190 Amherst Drive Fairbanks, AK 99709
Executive Estates Apartments 1620 Washington Drive Fairbanks, AK 99709
Little Dipper Apartments 1910 Turner Street Fairbanks, AK 99701

Head of Household: _____

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to THE APARTMENTS any information or materials needed to complete and verify my application for, or participation in, any HUD assisted housing program. Verification and inquiries that may be requested include, but are not limited to:

- | | |
|---------------------------------------|------------------------------------|
| * IDENTITY AND MARITAL STATUS | * INCOME FROM ANY SOURCE |
| * POLICE RECORDS AND CRIMINAL HISTORY | * ASSETS OF ANY KIND, INCLUDING |
| * EMPLOYMENT INCOME | ASSETS DISPOSED OF WITHIN THE |
| * RESIDENCES AND RENTAL ACTIVITY | LAST TWO (2) YEARS |
| * CREDIT HISTORY | * MEDICAL OR CHILD CARE ALLOWANCES |
- Credit Reports provided by Credit Services, Inc., dba-Tenant Watch, A National Credit Repository.

Groups or Individuals That Executive Estates May Contact

- | | |
|---|--|
| * PAST AND PRESENT LANDLORDS | * PAST AND PRESENT EMPLOYERS |
| * COURTS AND POST OFFICES | * DEPT. OF HEALTH & SOCIAL SERVICES |
| * SCHOOLS AND COLLEGES | * DEPT. OF LABOR AND WORKFORCE DEVELOPMENT |
| * LAW ENFORCEMENT AGENCIES | * DEPT. OF EDUCATION & EARLY |
| * UTILITY COMPANIES | SOCIAL SECURITY ADMINISTRATION |
| * BANKS AND FINANCIAL INSTITUTIONS | * MEDICAL AND CHILD CARE PROVIDERS |
| * AK PERMANENT FUND CORPORATION | * RETIREMENT SYSTEMS |
| * PRIVATE SOCIAL SERVICE AGENCIES | * PAYEES, TRUSTEES |
| * 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, and 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 15 months from the date signed.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Co-Tenant

Print Name

Date

Signature of Adult Member

Print Name

Date

Signature of Adult Member

Print Name

Date

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) | |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.