



Applicant's Name (print legibly): \_\_\_\_\_

**KIHA Use Only:** Date & time signed application received by KIHA:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

## **CLIFFWOOD & HARBORVIEW APARTMENTS APPLICATION PACKET**

**INSTRUCTIONS:** COMPLETE & RETURN THIS ENTIRE APPLICATION PACKET.  
DELIVER, FAX OR MAIL YOUR COMPLETED PACKET (including this page) TO:

**KODIAK ISLAND HOUSING AUTHORITY**

Attn: Housing Advocate

3137 MILL BAY ROAD

KODIAK, AK 99615

Telephone: (907) 486-8111 Fax: (907) 486-4432 Email: kiha@kiha.org

**Office Hours:** 8:00 AM - 12:00 Noon & 1:00 PM - 4:30 PM Monday through Friday (Except holidays)  
(Closed 12:00 Noon to 1:00 PM for lunch)

All vacancies are filled from a waiting list that is updated regularly. Applicants must demonstrate sufficient income to pay rent and must pass other admission criteria. References are required. A \$400 security deposit and first month's rent will be required prior to or at the time of move-in. Apartments are not furnished. No pets are allowed.

**CLIFFWOOD APARTMENTS:** 39-unit apartment complex in 4 buildings, located on Selief Lane in Kodiak. Heat, water and sewer are included. Tenant pays for electricity.

**HARBORVIEW APARTMENTS:** 48-unit apartment complex in 2 buildings located at 201 Kashevaroff Circle in the downtown area of Kodiak. Heat, electric, water and sewer are included.

**I am applying for the following apartment:** select the apartment complex(s) & size(s) you desire. You may select more than 1 option:

- Cliffwood Apartments:**
  - Efficiency apartment, rent of \$803.00
  - 1 bedroom apartment, rent of \$928.00
  - 2 bedroom apartment, rent of \$1153.00
  
- Harborview Apartments:**
  - Efficiency apartment, rent of \$878.00
  - 1 bedroom apartment, rent of \$1028.00
  - 2 bedroom apartment, rent of \$1253.00

Rents shown above take effect February 1, 2016 and include City Sales Tax. Please provide KIHA with a copy of your City of Kodiak sales tax exemption card if you are to be the head of household and are a Senior Citizen aged 65 or older.

## **BRIEF STATEMENT OF CLIFFWOOD AND HARBORVIEW APARTMENTS POLICY**

1. Kodiak Island Housing Authority (KIHA) is an Equal Opportunity Housing provider. We do not discriminate against any person because of race, color, religion, sex, disability, familial status, or national origin. KIHA complies with the Federal Fair Housing Act and all State and Local Fair Housing Laws.
  2. Wait List: We maintain wait lists of applicants based on number of bedrooms. Apartments are offered as they become available. The Wait list is updated periodically. Failure to respond to a request for updated information may cause your name to be dropped from the Wait list.
  3. Occupancy guidelines: Your apartment must become your primary residence. We may restrict the number of people who may reside in an apartment. In determining these restrictions, we adhere to all applicable Fair Housing Laws. Exceptions to occupancy guidelines are permitted in certain circumstances.
  4. Application process. We will conduct a preliminary evaluation of your completed rental housing application. KIHA will notify you in writing of preliminary acceptance or denial of your application. If accepted, your name will be placed on a Wait list based on the date and time your application was received by KIHA. Preliminary acceptance of your application only establishes a placement on our Wait list, and does not guarantee that we will offer an apartment to you.
  5. Qualified Applicant:
    - Rental History -- You must have satisfactory rental references with us or with others. If you have not rented before, you must provide other references that can verify your credit worthiness.
    - Current probation status or a criminal history may cause your application to be denied. Failure to disclose such information will cause your application to be denied.
    - Disclosure -- If you fail to fully disclose requested information including information regarding your income, or if you deliberately misrepresent your situation, your application will be denied.
    - KIHA accepts rental assistance vouchers from Alaska Housing Finance Corporation (AHFC). KIHA units are in compliance with AHFC housing standards.
    - Native American (Native Alaskan or American Indian) applicants with low income may be eligible for rental assistance through KIHA. Ask us about this program.
  6. Admission criteria: KIHA will notify you either verbally or in writing when an apartment is expected to be available. We will require a face-to-face meeting, payment of the \$400 security deposit & the first month's rent prior to move-in. If applicable, you will also be required to show proof of establishment of the electricity account connection with Kodiak Electric Association.
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**KODIAK ISLAND HOUSING AUTHORITY  
APPLICATION FOR HOUSING  
CLIFFWOOD OR HARBORVIEW APARTMENTS**

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**Instructions: Please print legibly. Complete all information,** or indicate N/A if it does not apply. Failure to provide information may cause your application to be delayed or denied.

**1. Applicant Information (head of household):**

Full legal name: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Current Physical residence address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of current Employer: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

Current Landlord name: \_\_\_\_\_

Current landlord telephone number: \_\_\_\_\_

Name of your nearest living relative: \_\_\_\_\_

Telephone number of relative named above: \_\_\_\_\_

List other names you have used in the past 10 years, including nicknames: \_\_\_\_\_

Email Address \_\_\_\_\_

**2. Co-applicant Information:** Full legal name: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Current Physical residence address: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of current Employer: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

Current Landlord name: \_\_\_\_\_

Current landlord telephone number: \_\_\_\_\_

Name of your nearest living relative: \_\_\_\_\_

Telephone number of relative named above: \_\_\_\_\_

List other names you have used in the past 10 years, including nicknames: \_\_\_\_\_

\_\_\_\_\_

**3. List all other people who will live in the apartment with you. Print legibly:**

First & last name	Date of birth	Sex: M or F	Social security number	Relationship to head of household

**4. Applicant & co-applicant: Provide the following information regarding your previous addresses and landlords. Begin with your last address & go back 3 years. Use additional paper if necessary:**

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_ Did you: Own Rent  
 Address of property including city & State: \_\_\_\_\_  
 Name of landlord or Mortgage servicer: \_\_\_\_\_  
 Telephone number including area code: \_\_\_\_\_  
 What was your name when you lived here: \_\_\_\_\_

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_ Did you: Own Rent  
 Address of property including city & State: \_\_\_\_\_  
 Name of landlord or Mortgage servicer: \_\_\_\_\_  
 Telephone number including area code: \_\_\_\_\_  
 What was your name when you lived here: \_\_\_\_\_

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_ Did you: Own Rent  
 Address of property including city & State: \_\_\_\_\_  
 Name of landlord or Mortgage servicer: \_\_\_\_\_  
 Telephone number including area code: \_\_\_\_\_  
 What was your name when you lived here: \_\_\_\_\_

**5. Household Income: Please indicate your gross monthly household income for all adult wage earners. State the amount earned before taxes and other withholdings:**

\$ \_\_\_\_\_ per month for (household member's name) \_\_\_\_\_  
 Source of this income (wages, child support, public assistance, dividends, etc): \_\_\_\_\_

\$ \_\_\_\_\_ per month for (household member's name) \_\_\_\_\_  
 Source of this income (wages, child support, public assistance, dividends, etc): \_\_\_\_\_

\$ \_\_\_\_\_ per month for (household member's name) \_\_\_\_\_  
 Source of this income (wages, child support, public assistance, dividends, etc): \_\_\_\_\_

**Other household income:** \_\_\_\_\_  
 \_\_\_\_\_

**6. Household bank accounts:** Please list your bank and credit union accounts that belong to the adult members of your household:

Name of Bank or credit union	Type of account (checking, savings, etc)	Account number	Current balance

**7. Former employment over past 2 years for both applicant and co-applicant:** Provide the following regarding previous jobs or employment you have had in the past 2 years. Provide information for all adults in your household. If you were self-employed, please indicate this. If you were un-employed during part of this time, please indicate this also.

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

Dates of employment (month/day/year): From \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 What was your name when you worked there? \_\_\_\_\_

**8. Personal References for applicant:** Provide the names and contact information for 3 people **(not related to you)** who can provide a personal reference for you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_

9. Have you or a member of your household ever been arrested, charged or convicted of any crime other than a traffic violation?  YES  NO

If yes, please explain the date and type of arrest and/or conviction: \_\_\_\_\_  
\_\_\_\_\_

10. Have you or a member of your household been evicted or had a lease terminated?

YES  NO If yes, please explain when and why: \_\_\_\_\_  
\_\_\_\_\_

11. Do you or a member of your household owe money to a current or a past landlord, including any other Housing Agency or Housing Authority?

YES  NO If yes, please state to whom you owe and explain:  
\_\_\_\_\_  
\_\_\_\_\_

12. Does anyone in your household have a disability that requires a unit with handicap accessibility features?  YES  NO If yes, what features would you require?

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

13. Based on disability, does anyone in the household require the presence of an assistance animal?

(If yes, please include certification & training documentation)  Yes  No  
\_\_\_\_\_

14. Do you have a relationship with any Kodiak Island Housing Authority employee?

No Relationship  Associated  Close relative  Employee  Member of Family

**CERTIFICATION, CONSENT AND AUTHORIZATION:**

I certify that the above information is true and correct. I understand that my current and former landlords and references will be contacted. I authorize Kodiak Island Housing Authority to obtain a credit report or other form of verification regarding the information I have provided. I consent to and authorize Kodiak Island Housing Authority to verify any and all information provided here.

I agree that Kodiak Island Housing Authority may terminate any agreement with me, including an application and/or a lease agreement, if I have made a false statement or am aware of a false statement in this application. I authorize a photocopy of my signature below to be used and accepted as though it were an original signature.

Applicant's signature: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

*Kodiak Island Housing Authority does not discriminate against any person because of race, color, religion, sex, disability, familial status or national origin. We do business in accordance with the Federal Fair Housing Law. If you believe you have been discriminated against you may contact the Fair Housing and Equal Opportunity toll-free hotline at*

*1-(800) 669-9777 {TTY users: 1-(800) 927-9275}, or via the internet at [www.hud.gov](http://www.hud.gov).*

**Kodiak Island Housing Authority**

3137 Mill Bay Road Kodiak, Alaska 99615  
Telephone: (907)486-8111 Toll free:1 (800) 478-5442 Fax: (907)486-4432

**Authorization for Release of Information**

Printed name of Head of Household applicant: \_\_\_\_\_

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Kodiak Island Housing Authority (KIHA) any information or materials needed to complete and verify my application for, or participate in, any KIHA assisted housing program. Verifications and inquiries that may be requested include, but are not limited to:

- \* IDENTITY AND MARITAL STATUS
- \* CREDIT HISTORY
- \* POLICE RECORDS AND CRIMINAL HISTORY
- \* EMPLOYMENT INCOME
- \* RESIDENCES AND RENTAL ACTIVITY
- \* INCOME FROM ANY SOURCE
- \* ASSETS OF ANY KIND, INCLUDING ASSETS ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS
- \* MEDICAL & CHILD CARE PROVIDERS

**Agencies or Individuals That KIHA May Contact**

- \* PAST AND PRESENT LANDLORDS
- \* COURTS AND POST OFFICES
- \* SCHOOLS AND COLLEGES
- \* LAW ENFORCEMENT AGENCIES
- \* UTILITY COMPANIES
- \* VETERANS ADMINISTRATION
- \* FINANCIAL INSTITUTIONS
- \* AK PERMANENT FUND CORPORATION
- \* PRIVATE SOCIAL SERVICE AGENCIES
- \* PERSONAL REFERENCE
- \* PAST AND PRESENT EMPLOYERS
- \* DEPT. OF HEALTH & SOCIAL SERVICES
- \* DEPT. OF LABOR
- \* INTERNAL REVENUE SERVICE
- \* DEPT. OF EDUCATION
- \* PUBLIC RECORDS
- \* SOCIAL SECURITY ADMINISTRATION
- \* MEDICAL AND CHILD CARE PROVIDERS
- \* PENSION OR RETIREMENT SYSTEMS
- \* PAYEES, TRUSTEES

**AUTHORIZATION AND CONSENT:** I acknowledge and authorize Kodiak Island Housing Authority to verify information regarding my application for a housing program. I understand that this authorization will not be used for any information that is not pertinent to my application for housing. I consent to verification and give permission for a photocopy of my signature below be used and accepted as though it were an original signature. This authorization will expire 15 months from the date signed.

\_\_\_\_\_  
Signature of Applicant  
Printed Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant  
Printed Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant  
Printed Name of Applicant: \_\_\_\_\_

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



# Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak AK 99615

[www.kodiakislandhousing.org](http://www.kodiakislandhousing.org)

Phone: 907- 486-8111 Toll Free: 800- 478-5442 Fax: 907- 486-4432

## PRIVACY POLICY

We collect non-public personal information about you from the following sources:

- \* Information we receive from you on applications or other forms;
- \* Information about your transactions with us or others; and
- \* Information we receive from others, such as a consumer reporting agency, court records, employers.

We do not disclose non-public personal information about you to anyone, except as authorized by you or permitted by law.

If you decide to close your account(s) or become an inactive client, we will adhere to the privacy policies and practices as described in this notice.

To maintain security of client information, we restrict access to your personal and account information to those employees who need to know that information to provide you with our products and/or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us:

Kodiak Island Housing Authority  
3137 Mill Bay Road  
Kodiak, Ak. 99615  
Telephone: (907) 486-8111 or Toll free: 1-(800) 478-5442  
Website: [www.kodiakislandhousing.org](http://www.kodiakislandhousing.org)

**I/we have received a copy of this Privacy Policy.**

\_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_





# Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak AK, 99615

Phone: 907-486-8111 Toll Free: 800-478-5442 Fax: 907-486-4432

[www.kodiakislandhousing.com](http://www.kodiakislandhousing.com) Mortgage License # 287823

July 30, 2018

To: All Kodiak Island Housing Authority Customers

Subject: Payment Options

Effective October 01, 2018, Kodiak Island Housing Authority will no longer be accepting cash payments. We will accept Personal/Business checks, in person debit card payments, and Automatic ACH payments (see below). **We will no longer be able to accept cash, cashier's checks, money orders or bank drafts.**

ACH (Automated Clearing House) payments: This is a process that allows you to have your payment debited directly from your bank account each month. If you would like to take advantage of this convenient option, please complete and sign the attached authorization form. **A voided check or pre-printed debit slip ticket must be attached with your authorization.**

In person Debit card payments. KIHA will only be able to process debit cards at our main office and will require the holder of the card to type in their PIN. **This will not be available for online or over the phone payments.**

Thank you in advance for considering these very convenient payment options, which we think offer all Kodiak Island Housing Authority customers a hassle-free way to routinely pay every month.

**Kodiak Island Housing Authority**