



Applicant's Name (print legibly): _____

KIHA Use Only: Date & time signed application received by KIHA:
Date: _____ Time: _____

PORT LIONS RENTAL 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 \$500 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.

I am applying for

PORT LIONS RENTAL

BRIEF STATEMENT OF PORT LIONS RENTAL 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 \$500 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.
-

**KODIAK ISLAND HOUSING AUTHORITY
APPLICATION FOR HOUSING
PORT LIONS RENTAL**

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.

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

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

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

_____ Dated: _____

_____ Dated: _____