



Date Received: _____
Status: _____

Kodiak Island Housing Authority (KIHA)
Application for Emergency Rent and/or Utility Assistance

APPLICANT INFO: Please clearly print all information

First Name		Last Name	
Email		Phone number	
Physical Address		Mailing Address	

LANDLORD & HOUSEHOLD INFO

Name of landlord	
Mailing Address	
Phone #	
Email Address	
Number of people living in your household.	

DEMOGRAPHICS (KIHA tracking)

Are you Alaska Native or American Indian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you a member of a federally recognized Tribe and/or are you a shareholder (voting member) of an Alaskan Native Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a shareholder (voting member) descendent of an Alaska Native Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RACE

ETHNICITY (U.S Treasury tracking)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Decline to Answer
<input type="checkbox"/> Native Hawaiian or another Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> More than one race	
<input type="checkbox"/> Decline to Answer	

What is your gender? M F

Kodiak Island Housing Authority (KIHA)

Application for Emergency Rent and/or Utility Assistance

INCOME INFO: Applicants must provide this information to the best of their ability. We can help with adjustments during verification, but KIHA does not provide tax or accounting advice. **You must report income for ALL employed household members 18 years or older.**

Wages, salaries, tips, etc. (include commissions, bonuses, award, etc.)	\$
Taxable interest (interest from bank accounts, money markets, etc.)	\$
Unemployment benefits (do not include COVID-related payments)	\$
Taxable dividends (investment from income, stocks, mutual funds, etc.)	\$
Self-employment (business interests, rental income, etc.)	\$
Other income (alimony, capital gains, etc.)	\$

The maximum household income (income minus deductions) allows is \$6,560/month. **Please complete the following if your total monthly household income is \$6,560 or higher:**

Educator Expenses	\$	Tuition & Fees	\$
IRA Account Deduction	\$	Charitable Contributions	\$
HAS Account Deduction	\$	Other deductions	\$

ASSISTANCE WITH RENT: Qualified applicants can receive assistance for up to 12 months of past and and/or future rent. Past-due rent must be caught up first and payments cannot be made for rent prior to March 13, 2020. List ALL sources of rental assistance your household may receive from agencies such as Salvation Army, Brother Francis Shelter, or tribal organizations:

Are you past due on your rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you owe?	\$
What is your monthly rent?	\$
Do you need assistance with future rent (up to 6 months)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source(s) of Rental Assistance:	

Amounts will be reviewed, and adjustments may be made during verification. You will be required to provide supporting documentation. Payment will be made directly to your landlord.

ASSISTANCE WITH UTILITIES: If you would like to be considered for utility assistance, please complete the following. Utility payments are subject to available funds and only include **electric, gas, water and sewer, trash removal and heating costs. It does not include internet.** Any utilities which are included as part of your rent are not eligible for separate assistance. List ALL sources of rental assistance your household may receive from agencies such as Salvation Army, Brother Francis or Tribal:

Are you past due on your utilities? If yes, provide the complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which utilities have reverted to your landlord. Check all that apply.
Electric past due total:	\$	Month(s) past due:	

Kodiak Island Housing Authority (KIHA)

Application for Emergency Rent and/or Utility Assistance

Fuel past due total:	\$	Month(s) past due:	
Water & Sewer past due total:	\$	Month(s) past due:	
Trash removal past due total:	\$	Month(s) past due:	
Gas past due total:	\$	Month(s) past due:	
Source(s) of Utilities Assistance:			

SUPPORTING DOCUMENTS: An application is not complete until Kodiak Island Housing Authority receives the following documents, if applicable. To expedite processing time, please submit the following with the application.

- Total household income:
 - 1040
 - W-2s
 - Social Security statements
 - Unemployment Insurance statements
- If you do not have documents stated above, the following can be submitted:
- 3 recent pay stubs
 - 3 recent bank statements
- Copy of current identification
 - Copy of lease agreement

You will be contacted if additional documentation is required.

ATTESTATION:

I attest that, to the best of my knowledge and belief, all information reported in this application is accurate and complete.

Signature

Date

Completed eligibility applications can be returned either by:

- Email: kiha@kiha.org
- Fax: 907-486-4432
- Photos of documents can be texted to 907-942-5083
- Drop Box: KIHA, 3137 Mill Bay Road

For other delivery arrangements, please call 907-486-8111

Office hours: Monday-Friday: 8:00 to 4:30 pm.



Date Received: _____
 Status: _____

Kodiak Island Housing Authority
Emergency Rental and/or Utilities Assistance Program (ERAP)
Eligibility Check

Please clearly print all information

First Name		Last Name	
Email		Phone number	
		Mailing Address	

To be eligible, you or members of your household must demonstrate risk of homelessness or housing instability by answering the following questions. If you meet the criteria, you will be required to submit supporting documents to verify your eligibility.

Do you rent your home?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is this your primary residence?	<input type="checkbox"/> yes <input type="checkbox"/> no
Was your total 2020 annual total household income less than \$78,720.00?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your total household income less than \$6,560.00 per month?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you live in public housing, receive a rental voucher or participate in a Kodiak Island Housing Authority (KIHA) program? If yes, please specify which program: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you or a member of your household received an eviction notice?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you or a member of your household received past due rent or utility notice(s)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your household at increased risk of exposure to COVID-19 due to overcrowding?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is household concerned about safety due to past or potential intimate partner violence, sexual assault, or stalking?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is household delaying the purchase of essential goods/services to pay rent or utilities or other items such as food, prescriptions, childcare, transportation, equipment for remote work or school?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is household relying on credit cards or payday lenders or other high-cost debt products to pay for rent or utilities or depleting savings rather than using wages or other income?	<input type="checkbox"/> yes <input type="checkbox"/> no

Kodiak Island Housing Authority
 Emergency Rental and/or Utilities Assistance Program (ERAP)
 Eligibility Check

Eligibility Questions Continued:

Have you a member of your household lost income due to the COVID-19 pandemic	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you or a member of your household directly or indirectly experienced financial hardship due to the COVID-19 pandemic?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you or a member of your household qualified for unemployment benefits? (It is not necessary to be actively receiving benefits-only to have qualified for them.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you or a member been or is currently unemployed? If yes, when did employment end? _____ (Date of job loss and not unemployment benefits.) If employment resumed, state return to work date: _____ (Only if regular employment has been resumed.)	<input type="checkbox"/> yes <input type="checkbox"/> no

I attest that, to the best of my knowledge and belief, all information reported in this application is accurate and complete.

 Signature Date

Completed eligibility applications can be returned either by:

- Email: kiha@kiha.org
- Fax: 907-486-4432
- Text phone for pictures of documents: 907-942-5083
- Drop Box: KIHA, 3137 Mill Bay Road

For other delivery arrangements, please call 907-486-8111

Office hours: Monday-Friday: 8:00 to 4:30 pm.



**Kodiak Island Housing Authority
Emergency Rental Assistance Program
Release of Information Form**

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

In signing this consent form, I am authorizing the Kodiak Island Housing Authority (KIHA) to request and obtain income information for the purpose of verifying my eligibility for the Emergency Rental Assistance Program administered by the Department of Treasury. I am also authorizing KIHA to:

- contact my landlord and/or property owner and/or other agencies that assist with rent payments to request information including, but not limited to, rent, assistance amounts, and payment information and I hereby authorize those parties to release such information. I also authorize KIHA to release my information to my landlord when deemed necessary to complete my application.
- contact my utility providers to request information including, but not limited to, billing and payment information and I hereby authorize my utility providers to release such information. I also authorize KIHA to release my information to my utility providers when deemed necessary to complete my application.

I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

I further authorize the Kodiak Island Housing Authority to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws.

Signature of Applicant / Head of Household

Date

Social Security Number of Head of Household

Other Household Member over age 18

Date

Other Household Member over age 18

Date

Other Household Member over age 18

Date