



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

Kodiak Island Housing Authority Life Builders Application Process

The application process for KIHA's Young Adult Transitional Housing Program, Life Builders, includes the following steps:

1. Fill out the initial application and release of information
2. Have an initial interview with the Life Builders Coordinator
3. Answer the autobiography questions provided in summary format
4. Have a second interview with Administrative Committee
5. Decision for admission will be made by the Administrative Committee that includes the Executive Director, Services Program Manager and Housing Manager

Life Builders applicants will be rated on the following:

1. Native Preference
2. Low-income preference
3. Transition from village to town preference
4. Falls within the age range 18-24 years
5. Ability to pass a drug test
6. Strong desire to become self- sufficient
7. Strong desire to complete secondary education
8. Strong desire to engage in post-secondary education/training
9. Willingness to comply with the expectations of the program



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

Kodiak Island Housing Authority Life Builder's Young Adult Transitional Housing Program Application

Today's Date: _____

General Information

Name: _____ Phone Number: _____

Current Address: _____

Date of Birth: ___/___/___ Age: _____

Gender: ___ Male ___ Female ___ non-Binary ___ Choose not to answer

Birthplace _____ (City _____ and _____ State): _____

What was your most recent living situation?

___ Covenant House ___ Mental Health Facility ___ Friends/Relatives

___ Street ___ Rental Housing ___ Drug Treatment

___ Medical Hospital ___ Parents ___ Other (specify) _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Address: _____

Ethnicity (Check all that apply)

___ African American ___ Alaska Native (specify tribe/corporation) _____

___ Hispanic ___ American Indian (specify tribe) _____

___ Caucasian ___ Asian/Pacific Islander

___ Other (specify) _____



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

Identification

Please provide identification that is applicable to you, if not applicable leave blank.

	Document Number	Issuing Authority
Social Security Card		
Birth Certificate		
Driver's License/ State ID Card		
Certificate of Indian Blood (CIB) Card		
School ID Card		
Military Dependent ID Card		
Medical Insurance Card		
Employment Authorization		

Income

What is your monthly income (total before taxes and include dividends)?

\$0 \$501-\$1000 \$2001 +
 \$1-\$250 \$1001-\$1500
 \$250-\$500 \$1501-\$2000

Are you currently employed? Yes No

If yes, what is the name of the company you work for? _____

Supervisor's Name: _____

Work Address: _____ Work Phone: _____

Current wage \$ _____/hourly Hours per week _____

Current sources of income (check all that apply):

SSI Assistance from Family Native Corporation
 Social Security Employment Income Food Stamps
 Public Assistance Child Support Medicare
 SSDI Unemployment Income Medicaid
 Veteran's Benefit AFDC/TANF Other (specify)



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

Education

Do you have your high school diploma? Yes No

If yes, date of graduation: ___/___/___

What was the last grade you attended? _____

What school did you last attend? _____

Please explain why you left:

Do you have your GED? Yes No If yes, date of completion: ___/___/___

Legal History

Have you ever been charged with crime(s)? Yes No

If yes, please specify: _____

Have you ever been convicted of a crime (s)? Yes No

If yes, please specify: _____

Are you currently on probation or parole? Yes No

Name of probation/parole officer: _____ Phone: _____

Name of Public Defender/attorney: _____ Phone: _____

Do you have any outstanding warrants? Yes No

If yes, please specify: _____

Do you have any court dates pending? Yes No

If yes, please explain: _____ Date: _____

Medical History

Have you ever been hospitalized? Yes No

If yes, please explain: _____

Do you have any current physical health issues? Yes No

If yes, please explain: _____

Are you currently taking any medication for a physical condition? Yes No

Name of Medication(s): _____

Do you have a primary care physician? Yes No

Doctors name: _____ Phone number: _____



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

Do you have any allergies? ___ Yes ___ No

If yes, please describe: _____

Do you have any other special needs we should be aware of? ___ Yes ___ No

If yes, please explain: _____

Are you currently pregnant? ___ Yes ___ No

If yes, what is your expected due date? _____

Mental Health History

Have you ever received mental health services? ___ Yes ___ No

If yes, please explain the circumstances:

Location: _____ Date: _____

Have you ever been in counseling or currently receiving counseling? ___ Yes ___ No

If yes, please explain the circumstances:

Location: _____ Date: _____

Are you currently taking any medication(s) for mental health reasons? ___ Yes ___ No

Name of Medication(s): _____

Substance Use History

Have you ever received inpatient treatment for substance or alcohol use? ___ Yes ___ No

Location: _____ Date: _____

Have you ever been in counseling for drug or alcohol use? ___ Yes ___ No

Location: _____ Date: _____



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

Family Information

Parent/Guardian

Name: _____

Parent/Guardian

Name: _____

Do you have any siblings? ___ Yes ___ No If yes, how many? _____

What is your current marital status? ___ Never married ___ Divorced ___ Separated

Do you have any children? ___ Yes ___ No

If yes, names? _____ Age _____

_____ Age _____

_____ Age _____

With whom do they reside with?

Thank you for your interest in the KIHA Life Builders Transitional Living Program.

Please return this application to:

Kodiak Island Housing Authority

3137 Mill Bay Rd.

Kodiak, AK 99615

Or by email to lifebuilders@kiha.org.

Call (907)486-8111 or email lifebuilders@kiha.org if you have any questions.



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.kodiakislandhousing.com

Phone: 907-486-8111 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 participant in, any KIHA assisted housing program. Verification and inquiries that may be request include, but not limited to:

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

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 SERVICES AGENCIES
- PERSONAL REFERENCE
- PAST AND PRESENT EMPLOYERS
- DEPT. OF HEALTH & SOCIAL SERVICES
- DEPARTMENT OF LABOR
- INTERNAL REVENUE SERVICES
- DEPARTMENT 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 Application: _____ Date: _____

Print Name of Applicant: _____

Signature of Application: _____ Date: _____

Print Name of Applicant: _____

Signature of Application: _____ Date: _____

Print Name of Applicant: _____



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

KIHA Life Builders Autobiography Questions

Please answer the following questions in summary format. Answers must be typed. If you do not have access to a computer and printer, you may schedule a time with the Life Builders Coordinator to use a workstation at KIHA.

1. **Personal Information:** Introduce yourself. Describe your personality. How do you view yourself? How would your friends describe you? What are your best qualities and strengths? What are the qualities or characteristics you feel you need to work on or improve?
2. **Family:** Describe your family dynamic, your relationship with your parents/caregivers, siblings and other important family members during your growing-up years and any characteristics of your family you believe are important. Describe your cultural and/or traditional values you had growing-up that you still have today.
3. **Other Meaningful People in Your Life:** Briefly describe others who have had a special impact on your life growing up and why. Do you maintain contact with any of these individuals and if so, how often?
4. **Living Situation:** Have you had any experience living with people outside of your family? Please describe. If not, what are your concerns and how do you think you will overcome those challenges?
5. **School Experience:** Did you like or dislike school? What subjects, or interest were your favorites and why? Did you struggle with maintaining above average grades? Were you engaged in any extracurricular activities? Did you enjoy them and why?
6. **Work Experience:** Describe jobs you have had. What did you like or dislike about these jobs?
7. **Lifestyle and Activities:** Describe your interests and hobbies. Are you actively participating in any groups, clubs, sports etc. within the community?

8. **Why are you applying to Life Builders:** What are your goals and ambitions (career, education, personal etc.)? What are your expectations from Life Builders and how the program can set you up for success in becoming self-sufficient?

KODIAK, ALASKA 99615

DECLARATION OF CITIZEN OR NON-CITIZEN STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the KIIHA at 3137 Mill Bay Road, Kodiak, Alaska 99615. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury (see footnote 1) that, to the best of my knowledge, I am lawfully within the United States because
(please check the appropriate box below):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status that I am 62 years of age or older. Attach evidence of proof of age 2; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigration status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3; or
 - Permanent residence under §249 of INA 4; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5; or
 - Parole status under §§212(d)(5) of the INA 6; or
 - Threat to life or freedom under §243(h) of the INA 7; or
 - Amnesty under §245A of the INA 8.

(Signature of adult Family Member)

(Date)

- Check this box if signature above is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS\SAVE Primary Verification #: _____ Date: _____