



# *Kodiak Island Housing Authority*

*3137 Mill Bay Road, Kodiak, AK 99615*

*[www.Kodiakislandhousing.com](http://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 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](http://www.Kodiakislandhousing.com)

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

## Kodiak Island Housing Authority Life Builder's Young Adult 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](http://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](http://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](http://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](http://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 Young Adult Housing Program.**

Please return this application to:

Kodiak Island Housing Authority

ATTN: Life Builders

3137 Mill Bay Rd.

Kodiak, AK 99615

Or by email to [lifebuilders@kiha.org](mailto:lifebuilders@kiha.org)

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



# Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

[www.Kodiakislandhousing.com](http://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](http://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: \_\_\_\_\_