



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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

## **NAHASDA ASSISTED RENT & RENTAL ASSISTANCE APPLICATION PACKET**

**Applicant's Name:** \_\_\_\_\_ SSSSSS

**INSTRUCTIONS:** Complete & return this application packet.

Kodiak Island Housing Authority Attn:  
Housing Advocate 3137 MILL BAY  
ROAD KODIAK, AK 99615

Telephone: (907) 486-8111  
Fax: (907) 486-4432 or 486-8723  
Email: housingservices@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)

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Kodiak Island Housing Authority (KIHA) is an Indian Housing Authority. In October 1996 Congress passed a law entitled the Native American Housing Assistance and Self Determination Act (NAHASDA) of 1996. Under this law, KIHA is required to give preference in its HUD-funded programs to Native American households. Non-natives are allowed to participate but only after Native American applicants have been housed. All programs listed below are funded under these regulations. Rent is based on income. All vacancies are filled from a Wait List.

### **I am applying for housing under the following program(s).**

You may select more than 1 option:

NAHASDA ASSISTED APARTMENTS IN KODIAK  
RENTAL ASSISTANCE PROGRAM (available only to Native American households)  
ELDERLY AND/OR DISABLED HOUSING (Heritage Heights-Non Smoking Facility)  
LARSEN BAY RENTAL UNITS  
OUZINKIE RENTAL UNITS  
OLD HARBOR RENTAL UNITS  
PORT LIONS RENTAL UNITS

#### **Unit Size**

1 bedroom  
2 bedroom  
3 bedroom  
4 bedroom

Are you requesting a unit that includes handicap  
accessibility features?

Yes      No

# NAHASDA Assisted and Rental Assistance Application Checklist

The following is a list of information necessary to properly document your application file.

Some items may not apply to you.

***The sooner you provide this information, the faster we can assist you.***

***Failure to provide the information will result in determining your application as incomplete.***

Additional items may be required. Upon availability of a unit, our office may request updated information. We recommend that you retain all documentation so that it is easily accessible.

## **Please include these items for all household members.**

1. Completed, legible application, with signatures from all adult applicants including Power of Attorney (POA) or Legal Guardian, if applicable
2. Photo ID: for all household members aged 18 or older
3. Social Security Card: for all household members and Birth Certificate: for all children
4. Certificate of Indian Blood for primary applicant
5. Most recent pay-stubs: covering a 6-week period, or a printout from your employer
6. All additional sources of income: such as Native dividends, PFD, public assistance, senior care, Social Security, VA, pensions, annuity, IRA, etc
7. Final pay-stub from all employers in the last 12 months: Last pay-stub or printout of earnings from all other employers this year
8. Most recent money account statements: covering a 2-month period (including checking, savings, Money market, IRA, stock, investment, etc)
9. If a Power of Attorney (POA) or Legal Guardian is applicable, please supply legal documentation
10. Tax forms: W-2's & 1099's for the past 2 years
11. Tax returns: including all pages & schedules for the past 2 years. If you don't have these, you may obtain them from your tax preparer or directly from IRS. Call IRS at 1-(800) 829-1040 to obtain a transcript or a copy. Be aware-this process takes several weeks!
12. Previous landlord(s): Name and address and telephone number for the landlord, along with your physical address, for all prior addresses you have had for the past 24 months.
13. Custody agreements: If you have partial, shared or temporary custody of children, you must provide documentation that addresses your custody rights
14. Immigration status documentation: for any household member who is not a US citizen
15. Over the age of 62: If the head of household is 62 or older and you have un-reimbursed medical insurance premiums or medical expenses, please provide evidence of your expenses
16. Child care/Disabled person(s): Documentation for expenses to provide care for children or for a disabled family member

## Kodiak Island Housing Authority Program Limits

**The minimum income is \$1000 per month or \$12000 per year for NAHASDA assisted rental programs. The following income limits are the maximum for each program. Your total yearly gross income may not exceed these limits to be eligible.**

The Guidance provides the latest published HUD Income Limits applicable to the Indian Housing Block Grant (IHBG) program, effective May 5, 2025.  
This Guidance replaces Program Guidance 2025-01. Updated 6/1/2025

### PROGRAM GUIDANCE 2025- 01

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#### 2025 Alaska MFI Limits

2025 Median Family Income				\$114,300					State of Alaska		
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons			
80%	\$64,008	\$73,152	\$82,296	\$91,440	\$ 98,755	\$106,070	\$113,386	\$120,701			
100%	\$80,010	\$91,440	\$102,870	\$114,300	\$123,444	\$132,588	\$141,732	\$150,876			

#### How do you file a housing application?

**You are required to complete an application form. Do not leave any section blank. Mark “N/A” if the section does not apply. The head of household and other adults must sign the application when it is complete. We will assist you with any questions or concerns you may have in completing your application.**

**An incomplete application will delay your eligibility.**

#### What information is verified or checked for my housing application?

The following information will be verified: Family income, assets, social security numbers, immigration (alien) status, identity of adults, age and relationship of person listed on application if questionable, preference status (if claimed), and /or Alaska Native/American Indian Status (if claimed for preference in admission.)

Other information that may be checked includes:

- \*Criminal History
- \*Prior landlord references
- \*Personal references
- \*Past participation in Federal Housing
- \*Credit History

#### When will I hear on my application?

You will be notified of your eligibility. Questions about your application can be answered by calling 486-8111 or 1-800-478-5442.

Verbal and/or written notification of offer will be provided. We require a face-to-face interview with applicant prior to move in.

## BRIEF STATEMENT OF NAHASDA ASSISTED RENTAL PROGRAM

In October 1996 Congress passed a law entitled the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. NAHASDA programs fall under the vast umbrella of programs and funding provided through Housing and Urban Development (HUD). Under NAHASDA Kodiak Island Housing Authority (KIHA), an Indian Housing Authority is required to give preference in its HUD-funded programs to Native American families. Non-Native American families are allowed to participate; however Native American families are given preference.

The NAHASDA Assisted Rental Program is designed to help low-income families achieve safe, decent and affordable housing. The monthly rent is based on 30% of the annual adjusted household income. Rent in the villages is based on 25% of the annual adjusted household income. Rent for Larsen Bay Unit #6 will be based on 15% of the annual adjusted household income. HUD annually sets its low-income and Fair Market Rent guidelines. KIHA manages many rental units in Kodiak and in the villages of Larsen Bay, Ouzinkie and Old Harbor.

**Unit size:** Our apartments vary in size and square footage. Apartments in Kodiak will be 1, 2, 3 or 4 bedrooms. Placement in a unit will be based on the composition of your household. Larsen Bay rentals are 3 bedroom units. Ouzinkie rentals are 2 or 3 bedroom units. Old Harbor rentals are 2 or 3 bedroom units.

**Deposits:** A security deposit and the rent for the balance of the month will be required at the time you move in. The minimum security deposit will be the higher of 1 months' rent or \$250. The maximum security deposit will be \$500. You will be required to pay your own electric bill. Keep in mind that the electric company may also require a deposit.

**Monthly Rent:** Rent is due every month on the 1<sup>st</sup> day of each month. A late fee will be charged if the payment is not made by the 6<sup>th</sup> of the month.

**Application process:** We will conduct a preliminary evaluation of your completed 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 together with any allowable preference points in accordance with our policy. 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.

**Don't Commit Fraud!** If your application contains false or incomplete information you may be evicted, required to repay all overpaid assistance, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance. State and local governments may have other laws and penalties as well.

**Wait List:** We maintain wait lists of applicants based on the program and the number of bedrooms. A unit is offered when it becomes 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.

### **Qualified Applicant:**

- Must demonstrate ability to afford the expense of the rent and electric
- You must have satisfactory rental or mortgage loan references with us or with others. If you have not rented or owned a home 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 and assets, or if you deliberately misrepresent your situation, your application will be denied.
- If you are a single, 18-24 year-old applicant with poor or no landlord experience, poor or no employment experience, or who does not meet the minimum income requirement for NAHASDA Assisted Housing or Rental Assistance programs, then you must apply for the Life Builders Young Adult Transitional Housing Program.

**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 any required deposits & the first month's prorated payment prior to or at the time of move-in. You will also be required to show proof of establishment of the electricity connection in your name.

**Occupancy Requirement:** Your rental unit must become and must remain your primary residence. Overnight guests or roommates are NOT allowed. We may restrict the number of people who may reside in the home. In determining these restrictions, we adhere to all applicable Fair Housing Laws. Exceptions to occupancy guidelines may be permitted in certain circumstances.

**Condition of apartment:** All Kodiak Island Housing Authority units will be un-furnished. A refrigerator, a cooking range/oven, and window screens are provided.

**Annual Recertification of Family Income and Composition:** Due to federal regulations, this program requires that we conduct at least an annual review of your household composition and income. KIHA will notify you by mail when this process is due and will provide a form. You will be required to provide details regarding the annual income and assets of all household members. Failure to comply with this process will result in termination from the program.

**KODIAK ISLAND HOUSING AUTHORITY APPLICATION**  
**NAHASDA Assisted Rent and Rental Assistance Program**

- **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 denied.**

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

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

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

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you a Native American? \_\_\_\_\_ Yes \_\_\_\_\_ No

Marital Status: \_\_\_\_\_ if you are married, Is your spouse the co-applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

Email address: \_\_\_\_\_

Name of current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

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

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

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

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

**2. Co-applicant Information:**

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

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

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

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you a Native American? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

Email address: \_\_\_\_\_

Name of current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

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

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

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

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

3. List all other people who will live in the home with you. Use additional paper if necessary. 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 (describe or provide detail for all other income-such as PFD, insurance settlements, unemployment compensation, worker's compensation, pension or retirement, etc):  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**7. 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 24 months. 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: \_\_\_\_\_



Please answer all of the following questions, and provide detail as needed. If you need to provide an explanation use additional pages if necessary. False or incomplete information may be considered as fraud and carries serious consequences that can include fines or imprisonment.

9. Do any members of your household receive Native Dividends? \_\_\_\_\_

How often do you receive disbursements? \_\_\_\_\_ Amount? \_\_\_\_\_

What tribe is your household a member of? \_\_\_\_\_

10. 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 state who, explain the date and type of arrest and/or conviction: \_\_\_\_\_

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

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

12. Have you or a member of your household ever participated in a federally subsidized housing program? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide dates: from \_\_\_\_\_ to \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Address of Housing Authority: \_\_\_\_\_

13. 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: \_\_\_\_\_

14. 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? \_\_\_\_\_

15. If you are age 62 or over, are disabled or handicapped, do you have medical expenses that are NOT reimbursed by insurance or other programs? \_\_\_\_\_ N/A \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, we may be able to factor these costs when calculating your payment. Briefly describe the expenses & attach proof: \_\_\_\_\_

16. Child care costs: If you have children under age 13, do you pay for childcare in order to work or attend school? \_\_\_\_\_ N/A \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, we may be able to factor these costs when calculating your payment. Provide the name and phone number of your child care provider, briefly describe the expenses & attach proof: \_\_\_\_\_

**17. Have you or any other member of your household sold, transferred or given away any asset in the past 24 months?** (Assets can include but is not limited to real estate, automobiles, bank accounts, cash, stock, etc) \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain when and what was sold: \_\_\_\_\_

**18. Based on disability, does anyone in the household require the presence of an assistance animal?** (If yes, please include certification & training documentation) \_\_\_\_ Yes \_\_\_\_ No

**19. Does anyone in household request any reasonable accommodation/modifications?** (If yes, please list) \_\_\_\_ Yes \_\_\_\_ No

**20. 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 information I have provided to Kodiak Island Housing Authority in this application is true and correct. I understand that my current and former employers, 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 or Mutual Help and Occupancy 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: \_\_\_\_\_

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

#### Agencies or Individuals That KIHA May Contact

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

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

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

**KODIAK ISLAND HOUSING AUTHORITY**  
**3137 MILL BAY ROAD**

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: \_\_\_\_\_

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigration status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen under §§210 or 210A or the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and had continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS|SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Sign and date at bottom of page. Place an "X" in the box below the signature if signature is by the adult residing in the unit who is responsible for Child.