











<5 YRS	100%
6 YRS	80%
7 YRS	60%
8 YRS	40%
9 YRS	20%
10 YRS	0%

**6. Eligible Units**

Single family units owned and occupied by an eligible Alaska Native/American Indian family shall be eligible under the program. Rental units and mobile homes do not qualify under the program. KIHA owned HUD units, which have not been conveyed to the homeowner, do not qualify (i.e. Mutual Help units.) KIHA reserves the right to decline an application for any home which is in hazardous or unsafe condition, or which KIHA deems to present an undue risk of harm to workers or visitors. The homeowner shall be exclusively responsible for providing safe and convenient access to work areas.

**7. Other**

**Applicants Certification:** Applicants that become landlords (“Must” have KIHA written approval), must annually certify to KIHA that the occupants of the property are persons of lower- to moderate-income. KIHA will monitor during the term of the recapture agreement to assure the Applicant(s) is in compliance. The Applicant(s) at a minimum must apply due diligence in verifying that its occupants are persons of lower-to moderate-income and have available documentation on each occupant to substantiate this finding;

**Rents:** If an Applicant becomes a landlord, rents may not be adjusted so as to displace such persons. The Applicant(s) must rent to occupants who are persons of lower- to moderate-income for the duration of the Recapture Agreement.

Applicants who owe money to KIHA or other Federal Housing Programs shall be ineligible for this program until the amounts owed are paid in full and verification is provided.

Program shall be ongoing until terminated by KIHA. Length of program shall depend upon funding and need. KIHA may change the scope of the program, program policies, or terminate the program at any time.

Applications can be obtained by contacting:

Kodiak Island Housing Authority  
3137 Mill Bay Road  
Kodiak, AK 99615  
907-486-8111

**KODIAK ISLAND HOUSING AUTHORITY  
APPLICATION  
WEATHERIZATION/RENOVATION PROGRAM**

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- **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. HOUSING INFORMATION:** How long have you lived in your home? \_\_\_\_\_ Years

Is this home your principal place of residence? \_\_\_ Yes \_\_\_ No

Do you own your home jointly with someone who does not live with you? \_\_\_ Yes \_\_\_ No

What year was your home built? \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** Complete this information for everyone who lives with you. List yourself first:

LEGAL NAME (Last, First)	Date of Birth	Sex	Relationship to Applicant	Social Security Number	Alaska Native/ American Indian?
			<b>Self</b>		

**4. HAVE YOU EVER PARTICIPATED IN ANY FEDERALLY SUBSIDIZED HOUSING PROGRAMS?**

\_\_\_ YES \_\_\_ NO

IF YES, FROM \_\_\_\_\_ TO \_\_\_\_\_; NAME OF HOUSING AUTHORITY \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

DO YOU OWE MONEY TO KIHA OR ANOTHER HOUSING AGENCY? \_\_\_ Yes \_\_\_ No

PLEASE EXPLAIN: \_\_\_\_\_

**5. FAMILY INCOME:** All money received by every person in your home must be reported. If you are self-employed or seasonally employed, you must provide proof of income for the past three (3) years. List gross income for all family members (all types: wages, self-employment, government benefits, child support, Native Corp. Dividends, etc.)

FAMILY MEMBER NAME	EMPLOYER\INCOME SOURCE	HOURLY RATE	WEEKLY RATE	MONTHLY AMOUNT	YEAR TO DATE AMT.

IS ANYONE SELF EMPLOYED? \_\_\_ YES \_\_\_ NO

IF YES, WHAT TYPE OF BUSINESS? \_\_\_\_\_



WHICH FAMILY MEMBERS RECEIVED OR WILL RECEIVE THE ALASKA PERMANENT FUND DIVIDEND:

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**6. ASSETS:** Identify assets owned by your family in the section below. If you answer yes, please provide complete information. Include assets of all family members. Use additional sheets of paper if necessary.

YES	NO	ASSET	VALUE
		NATIVE CORPORATION STOCK OR OTHER STOCK: Number of Shares:_____ In whose name?_____ CORPORATION NAME:_____	
		BANK ACCOUNTS: Name of Bank: Name on Account:_____ Checking Acct #:_____ Savings Acct #:_____	
		REAL PROPERTY or other real estate: (Provide copy of last assessment) Owner of property: Location of property:_____	
		LIFE INSURANCE (Other than term) Provide copy of last statement	
		BONDS: (Include US Savings Bonds, provide copy of bonds) Provide proof of value.	
		OTHER INVESTMENTS: (IRA's, retirement accounts or the like) Account or identify type: Whose name?_____	
		OTHER ASSETS: (please describe)	

**Have you sold or given away any asset in the past two years?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:\_\_\_\_\_

**7. 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/We certify that the information I/we have provided to Kodiak Island Housing Authority in this application is true and correct. I/We authorize Kodiak Island Housing Authority to obtain a credit report or other form of verification regarding the information I have provided. I/We consent to and authorize Kodiak Island Housing Authority to verify any and all information provided here.

I/We understand that false statements or information is punishable under Federal Law. I/We agree that Kodiak Island Housing Authority may terminate any agreement with me, if I/We have made a false statement or am aware of a false statement in this application. I/We 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 Co-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**  
**Housing Needs Assessment Survey**  
**WEATHERIZATION/RENOVATION PROGRAM**

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Kodiak Island Housing Authority is conducting a survey to gather information concerning the housing needs of Alaska Native/American Indian people within their jurisdiction. Your help in gathering this information is a very important part of identifying housing needs so that Federal funds can be allocated to meet those needs. This survey is required prior to consideration of your application.

**PLEASE ANSWER THESE QUESTIONS ABOUT YOUR CURRENT HOUSING SITUATION**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**1. Do you rent or own where you currently reside?**

- RENT
- OWN
- OCCUPY WITHOUT PAYMENT OF RENT

**2. What type of home do you live in?**

- SINGLE FAMILY HOME
- MOBILE HOME/MANUFACTURED HOME ON OWN LOT
- MOBILE HOME/MANUFACTURED HOME IN PARK
- DUPLEX (2 unit structure)
- APARTMENT (3 or more unit structure)
- RESIDE WITH ANOTHER FAMILY
- OTHER (please specify) \_\_\_\_\_

**3. How many rooms do you have in your home?**

\_\_\_\_\_ ROOMS (do not count bedrooms, bathrooms, utility rooms, porches, hallways, foyers, or half rooms)

\_\_\_\_\_ BEDROOMS (please indicate the number of bedrooms)

**4. Please estimate the year your house was built.**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> BEFORE 1940 | <input type="checkbox"/> 1970-1978  |
| <input type="checkbox"/> 1940-1969   | <input type="checkbox"/> AFTER 1978 |

**SOME QUESTIONS ABOUT THE CONDITION OF YOUR HOME:**

5. Please check the appropriate box for each of the following questions.

<b>Question</b>	<b>Yes</b>	<b>No</b>
DOES YOUR HOME HAVE A CONTINUOUS FOUNDATION?		
IS YOUR ELECTRICAL SYSTEM SAFE AND IN GOOD WORKING CONDITION?		
DOES YOUR PLUMBING SYSTEM LEAK, CLOG OFTEN, OR REQUIRE FREQUENT REPAIR?		
DOES YOUR HOME HAVE ANY FLOORS OR CEILINGS THAT SAG, CONTAIN LARGE CRACKS, OR SHOW SIGNS OF CONTINUAL DAMPNESS OR WATER STAINS?		
DOES YOUR HOME'S ROOF SAG, LEAK, OR HAVE POOR DRAINAGE?		
DOES YOUR HOME NEED TO BE MADE ACCESSIBLE FOR A FAMILY MEMBER?		

6. Please rate the general condition of each of the following elements in your home by checking the appropriate box below.

<b><i>Element</i></b>	<b>Good</b>	<b>Adequate</b>	<b>Needs Repair</b>	<b><i>Comment on Repairs Required</i></b>
Plumbing				
Electrical system				
Heating system				
Foundation				
Interior walls				
Exterior siding				
Roof				
Floors				
Windows				
Insulation				

**7. Please rate the overall condition of your current dwelling.**

- EXCELLENT (no repairs needed)
- GOOD (only a few minor repairs needed)
- FAIR (needs many minor repairs)
- POOR (needs major repairs)

**8. Please list or describe any additional problems with your home, not identified above:**

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**9. When is the best time to contact you? \_\_\_\_\_**

Contact phone number: \_\_\_\_\_

**KODIAK ISLAND HOUSING AUTHORITY**  
**3137 Mill Bay Road, Kodiak, AK 99615**  
Phone: 907-486-8111 Fax: 907-486-4432

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**APPLICANT\TENANT CERTIFICATION**

**Giving True and Complete Information**

I certify that all the information provided on household composition, Social Security numbers, U.S. Citizenship, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I certify that the information given is true and correct.

**Reporting Changes in Income or Household Composition**

I know I am required to report within 10 days in writing any changes in income and any changes in my household size (when a person moves in or out of the unit). I understand the rules regarding guests\visitors under current KIHA programs and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether I owe any money to another Federal program. I certify that for this previous Federal assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance**

I certify that the house or apartment for which I will receive assistance from KIHA or for which I am currently receiving assistance from KIHA, will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying KIHA immediately in writing. I will not sublease my assisted residence.

**Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verifying my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial of assistance, termination of assistance, or eviction.

**Criminal and Administrative Action for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of assistance, termination of housing assistance and\or termination of tenancy.

**Signature and Date of Household Adults**

1. \_\_\_\_\_ Date: \_\_\_\_\_  
2. \_\_\_\_\_ Date: \_\_\_\_\_  
3. \_\_\_\_\_ Date: \_\_\_\_\_



# 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<br>ASSETS DISPOSED OF WITHIN THE LAST<br>TWO (2) YEARS |
| * POLICE RECORDS AND CRIMINAL HISTORY | * MEDICAL & CHILD CARE PROVIDERS  |
| * EMPLOYMENT INCOME                   |   |
| * RESIDENCES AND RENTAL ACTIVITY      |   |

#### 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.

\_\_\_\_\_  
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: \_\_\_\_\_

## ACKNOWLEDGEMENT OF PRIVATE INSURANCE COVERAGE:

I \_\_\_\_\_ understand that I am required to provide proof of Homeowner's coverage, or approved equivalent, on my home located at: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Yes, I currently have coverage with: \_\_\_\_\_

\_\_\_\_ Proof of coverage **has / has not** been provided.

\_\_\_\_ No, I do not have any insurance coverage on my home or personal effects. However, in the event I am approved for the Weatherization Program, I will provide coverage on my home, as required in the Recapture Agreement and the Deed of Trust.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Homeowner/Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Homeowner/Applicant)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip)