ELIGIBILITY GUIDELINES

Eligibility that may be used on household gross income using the following criteria:

The KICHA rental program provides affordable housing to qualified American Indian/Alaska Native Elders (60+) and their spouse. Family members under the age of 60 who are not a spouse of the applicant are ineligible for residency.

- The most recent calendar month’s income verification prior to award
- Previous year’s tax return (if applicable)
- The self-employment worksheet for self-employed household members for the prior 12 months, include previous year tax return with Schedule C
- Annual statement of benefits from State and Federal Agencies such as Social Security and the State of Alaska Senior Benefits
- Annual statement of annuity payments

All households must provide verification of their income for the eligibility period.

The standard used to determine maximum allowable income for eligibility is 80% of the median income guidelines issued annually by Housing and Urban Development (HUD) for the Ketchikan Gateway Borough area.

Maximum eligible income FY19 is:

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>Annual Income</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$48,300</td>
<td>$4,025</td>
</tr>
<tr>
<td>2</td>
<td>$55,200</td>
<td>$4,600</td>
</tr>
</tbody>
</table>

Available Assistance 1 and 2 bedroom apartments located at 3221 Baranof Avenue

Minimum Income Requirements:
Families must have sufficient income to make monthly housing payments, utility payments and perform maintenance of the home. To be eligible the family’s income must equal or exceed the minimum income requirements necessary for the tenant to make a minimum rental payment. Rent starting at $150.00, Minimum annual income $12,000 ($12,000 / 12 = $1,000 x .30% = $300) ($150 Rent +$150 utilities)

Preference Points: KIC Tribal Members, Clean Rental History, Ability to Pay Minimum Rent, Veteran, and Elder as defined by KICHA

Tele: 907-228-9222       Fax: 800-821-4901       Toll Free: 800-252-5158       housing@kictribe.org
429 Deermount St. Ketchikan, AK 99901
### 2019 KIC Housing Authority Baranof Elder Rental Program Application

#### Part 1. Personal Information

<table>
<thead>
<tr>
<th>Your Social Security Number:</th>
<th>Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed.</th>
</tr>
</thead>
</table>

Your Name: ___________________________ DOB: ______/______/______

_____________ First Name            M.I.          __________ Last Name

Current Home Address: ___________________________ ___________________________ AK

Street: ___________________________ Apt. _______ City: ___________________________ State: _______ Zip: _______

Mailing Address: ___________________________ ___________________________ AK

Street: ___________________________ Apt. _______ City: ___________________________ State: _______ Zip: _______

( ) ___________________________ ( ) ___________________________

Home Phone: ___________________________ Cell or other phone: ___________________________

Email: ___________________________
**Part 2. Household Information**
List all household members starting with applicant

<table>
<thead>
<tr>
<th>First, M.I., Last name</th>
<th>Social Security</th>
<th>DOB mm/dd/yyyy</th>
<th>Enrollment Number</th>
<th>Relationship to applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>/</td>
<td>/</td>
<td>Self</td>
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<td>Self</td>
</tr>
</tbody>
</table>

List two emergency contacts

<table>
<thead>
<tr>
<th>First, M.I., Last name</th>
<th>Address</th>
<th>Contact Numbers</th>
<th>Relationship to applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**SOURCES OF INCOME AND OTHER ASSISTANCE**
(Check all that apply for your household and send proof of income)

- Wages
- State of Alaska Senior Benefits
- Self-Employment/Farm Income* Date Business started: _________

- Alaska PFD
- Rental Income
- Unemployment Compensation

- Workers’ Compensation
- Interest or Dividend Income
- Contract for Deed Interest

- Veterans’ Benefits
- Social Security Retirement Benefits
- Social Security Disability Income (SSDI)

- Supplemental Security Income (SSI)
- Retirement Survivors Disability Insurance (RSDI)
- Retirement Income

- Pension/Annuity (including quarterly and annual)
- Judgments or ANSCA Per Capita Payments
- Diversionary Work (DWP)

- Long/Short-term Disability
- FIP
- General Assistance (GA)

- Alimony or Spousal Support
- Other:
- Child Support (is not income)

- Food Support (is not income)
- Earned Income Tax Credit
- No Income
Part 3. Income Information

List all expected income for the calendar year for each member of the household. Include all annuity payments such as PFD’s and ANSCA corporation payments.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Income Source (Employment, PFD, SSI, GA, etc.)</th>
<th>Amount</th>
<th>Frequency (i.e., monthly/weekly)</th>
<th>Verification Attached (i.e. Check stub/w-2 etc.)</th>
</tr>
</thead>
<tbody>
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</table>

To be placed on the waiting list verification of income is not required but prior to service you will be required to send proof of all gross income received by all members in your household for the **most recent calendar month**. Send copies, originals will not be returned.

*If self-employed, a copy of your most recent IRS-1040 tax return including the Schedule C.

**Criminal and Administrative Actions for False Information**

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination from KICHA programs.

Signature and Date of adult household members:

Applicant: ________________________________ Co-Applicant ________________________________

Date _______ / _______ / __________
This page must be completed with all employment information before application will be considered, **if you are not employed be sure to put N/A.** Income earned by all household members must be reported. Upon selection you will be required to submit complete copies of federal tax returns and/or most recent month income verification for all adult residents.

**Head of Household Employer:**
- Position:
- Employer Address:
- Work Phone Number: Date Employed:
- Gross (Before Taxes) Monthly Earnings $

**Co-Head of Household Employer:**
- Position:
- Employer Address:
- Work Phone Number: Date Employed:
- Gross (Before Taxes) Monthly Earnings $

**Best ways to reach you if we have additional questions:** (Make sure your contact information on page 1 is correct and call us if you move or your phone number changes after submitting this application.)

☐ US Mail  ☐ Phone  ☐ email (address on page 1)

**Part 4. Rental History**

**Current Landlord Contact Information:**
- Name: ____________________________________________
- Address: __________________________________________
- Phone/Fax: ________________________________________

**Do you have any relatives working at KIC?**  ☐ Yes  ☐ No  
If “YES”, please list them here.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
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<tbody>
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Ketchikan Indian Community Housing Authority

2019 Authorization for release of information

1. I give my consent and authorization for any Federal, State, or local agency to release to the Ketchikan Indian Community Housing Authority (KICHA) any information needed to complete and verify my application for assistance.

2. I authorize the Social Security Administration and the Alaska Department of Health and Social Services (ADHSS) and its affiliated agencies to share with KICHA data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits.

3. I authorize KICHA to:
   • Contact my employer to verify my income.
   • If I rent, to contact my landlord to confirm my residency and standing.

By signing, I affirm that all data in this application is correct. I also acknowledge that:
   • I currently reside in the address listed on this application.
   • I am signing on behalf of all household members.
   • I may have to prove my statements.
   • I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
   • I understand that filling out this application does not guarantee that my household will receive assistance.

Head-of-Household

Print Name ____________________________________________ Birth Date___/___/______
Social Security Number _______ - _______ - _________
Signature ____________________________ Date___/___/_______

Adult-Applicant

Print Name ____________________________________________ Birth Date___/___/______
Social Security Number _______ - _______ - _________
Signature ____________________________ Date___/___/_______

I authorize release of information regarding my credit, references (personal/landlord etc.) criminal history, and financial information to a representative of KICHA for period of (1) year from the date signed.
ELDER RENTAL APPLICATION CHECKLIST

Please review application for completeness prior to mailing or delivering to KICHA

Personal and contact information

☐ Completed Application – Signed and dated
☐ Copy of KIC or Tribal enrollment card or Certificate of Indian Blood for all household members
☐ Copy of Picture I.D for all household members
☐ Copy of Social Security Card – for all household members
☐ Copy of Borough Tax Exempt Card, 65+ Applicants
☐ Signed, Authorization for Release of Information, page 5

Income Information

☐ Copy of most recent month’s income
☐ Copy of previous year’s tax return (if applicable)