ELIGIBILITY GUIDELINES

The KICHA rental program provides affordable housing to qualified American Indian/Alaska Natives (AI/AN).

Eligibility is based on household gross income using the following criteria:

- Copy of the most recent 30 days of income verification prior to award (Examples: Pay Stubs, Annual Statements of benefit’s from Various Agencies) for each adult
- Previous year’s tax return for each adult
- For self-employed household members tax returns with Schedule C included

All household members 18 years+ 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 to May 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>
<tr>
<td>3</td>
<td>$62,100</td>
<td>$5,175</td>
</tr>
<tr>
<td>4</td>
<td>$68,950</td>
<td>$5,746</td>
</tr>
<tr>
<td>5</td>
<td>$74,500</td>
<td>$6,208</td>
</tr>
<tr>
<td>6</td>
<td>$80,000</td>
<td>$6,667</td>
</tr>
<tr>
<td>7</td>
<td>$85,500</td>
<td>$7,125</td>
</tr>
<tr>
<td>8</td>
<td>$91,050</td>
<td>$7,588</td>
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</table>

Minimum Income: 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 of $150.00 and have the ability to pay utilities and food, minimum annual income ($12,000 / 12 = $1,000 x .30% = $300).

1409 Jackson Street minimum rents
$625 - 1 Bedroom = $26,800 income. And $775 - 2 Bedroom units = $32,800 income.

Preferences: KIC Tribal Members, Clean Rental History, Ability to Pay Rent, Veteran, and Elder as defined by KICHA.
2019 KIC Housing Authority Rental Program Application

Before completing this application, carefully read the “Eligibility Guidelines”

Part 1. Personal Information

| Your Social Security Number: |  -  -  |
| 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. |

| 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 |

| Work Phone: | Daytime or other phone |
| (___)_________ | (___)_________ |

Email: __________________________

For office use only

Date Received: ___________________
Service Date: ___________________
Grant Amount: ___________________
**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>Tribal Enrollment number</th>
<th>Relationship to applicant</th>
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<tbody>
<tr>
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<td>Self</td>
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</tbody>
</table>

**List emergency contacts**

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

**Part 3. SOURCES OF INCOME AND OTHER ASSISTANCE**
(Check all that apply for your household and send proof of income)

- Wages
- Child Support
- Alimony or Spousal Support
- 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)
- State of Alaska Senior Benefits
- Other:
- Food Support (is not income)
- Earned Income Tax Credit
- No Income
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 (Wages, PFD, SSA, SSI, APA, etc.)</th>
<th>Amount</th>
<th>Frequency (i.e., monthly/weekly)</th>
<th>Verification Attached (i.e. Check stub/w-2 etc.)</th>
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</thead>
<tbody>
<tr>
<td>Self</td>
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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, IRS-1040 tax return with 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.

<table>
<thead>
<tr>
<th>Head of Household Employer:</th>
<th></th>
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<tbody>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Employer Address:</td>
<td></td>
</tr>
<tr>
<td>Work Phone Number:</td>
<td>Date Employed:</td>
</tr>
<tr>
<td><strong>Gross (Before Taxes) Monthly Earnings $</strong></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-Head of Household Employer:</th>
<th></th>
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<tbody>
<tr>
<td>Position:</td>
<td></td>
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<tr>
<td>Employer Address:</td>
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</tr>
<tr>
<td>Work Phone Number:</td>
<td>Date Employed:</td>
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<tr>
<td><strong>Gross (Before Taxes) Monthly Earnings $</strong></td>
<td></td>
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</tbody>
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<tr>
<th>Other Adult Household Member Employer:</th>
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<tbody>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Employer Address:</td>
<td></td>
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<tr>
<td>Work Phone Number:</td>
<td>Date Employed:</td>
</tr>
<tr>
<td><strong>Gross (Before Taxes) Monthly Earnings $</strong></td>
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</tr>
</tbody>
</table>

**Current Landlord Contact Information:**
Must provide accurate mailing address

Name: ____________________________________________________________

Address: _______________________________________________________ Phone/Fax: _____________________

**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)

<table>
<thead>
<tr>
<th>Do you have any relatives working at KIC?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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<thead>
<tr>
<th>Relationship:</th>
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<td></td>
</tr>
</tbody>
</table>

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429 Deermount St., Ktn, AK 99901   Fax(800) 821-4901|Direct(907) 228-9222   Email: housing@kictribe.org
Authorization for release of information 2019

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 am renting, 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 ___ / ____ / ______

Adult Member
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.
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 enrollment card or Certificate of Indian Blood or other Tribal Enrollment Card - for all household members
☐ Copy of Current Photo I.D. (examples DL/ Passport/ State I.D.)
☐ 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 each hold members 30 days of income verification prior to award (Examples: Pay Stubs, Annual Statements of benefit’s from Various Agencies) for each adult and
☐ Copy of previous year’s tax return for each adult
☐ For self-employed household members tax returns with Schedule C of Tax Return)