



# Ketchikan Indian Community Housing Authority

(KICHA)

429 Deermount Street | Ketchikan, AK 99901

Fax (800) 821-4901 | Direct: 907-228-9222

Email: [housing@kictribe.org](mailto:housing@kictribe.org)

## BARANOF ELDER RENTAL APPLICATION

### ELIGIBILITY GUIDELINES

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.

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

- 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 **FY17** is:

| Persons in Household | Annual Income | Monthly Income |
|----------------------|---------------|----------------|
| 1                    | \$48,944      | \$4,079        |
| 2                    | \$55,936      | \$ 4,661       |

**Available Assistance** 1 and 2 bedroom apartments

**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.

**Preferences** for KIC Tribal Members, clean rental history, ability to pay rent, veteran, and disabled/handicap as defined by KICHA



**Part 2. Household Information**

List all household members starting with applicant

| First, M.I., Last name | Social Security | DOB<br>mm/dd/yyyy | Enrollment<br>Number | Relationship<br>to applicant |
|------------------------|-----------------|-------------------|----------------------|------------------------------|
|                        | - -             | / /               |                      | Self                         |
|                        | - -             | / /               |                      |                              |

List emergency contacts

| First, M.I., Last name | Address | Contact<br>Numbers | Relationship to<br>applicant |
|------------------------|---------|--------------------|------------------------------|
|                        |         |                    |                              |
|                        |         |                    |                              |

**SOURCES OF INCOME AND OTHER ASSISTANCE**

(Check all that apply for your household and send proof of income)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Wages  | <input type="checkbox"/> State of Alaska Senior Benefits                  | <input type="checkbox"/> Self-Employment/Farm Income* Date Business started: _____ |
| <input type="checkbox"/> Alaska PFD                                       | <input type="checkbox"/> Rental Income                                    | <input type="checkbox"/> Unemployment Compensation                                 |
| <input type="checkbox"/> Workers' Compensation                            | <input type="checkbox"/> Interest or Dividend Income                      | <input type="checkbox"/> Contract for Deed Interest                                |
| <input type="checkbox"/> Veterans' Benefits                               | <input type="checkbox"/> Social Security Retirement Benefits              | <input type="checkbox"/> Social Security Disability Income (SSDI)                  |
| <input type="checkbox"/> Supplemental Security Income (SSI)               | <input type="checkbox"/> Retirement Survivors Disability Insurance (RSDI) | <input type="checkbox"/> Retirement Income   |
| <input type="checkbox"/> Pension/Annuity (including quarterly and annual) | <input type="checkbox"/> Judgments or ANSCA Per Capita Payments           | <input type="checkbox"/> Diversionary Work (DWP)                                   |
| <input type="checkbox"/> Long/Short-term Disability                       | <input type="checkbox"/> FIP  | <input type="checkbox"/> General Assistance (GA)                                   |
| <input type="checkbox"/> Alimony or Spousal Support                       | <input type="checkbox"/> Other:   | <input type="checkbox"/> Child Support (is not income)                             |
| <input type="checkbox"/> Food Support (is not income)                     | <input type="checkbox"/> Earned Income Tax Credit                         | <input type="checkbox"/> 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.

| Household Member | Income Source (Employment, PFD, SSI, GA, etc) | Amount | Frequency (i.e., monthly/ weekly) | Verification Attached (i.e. Check stub/w-2 etc.) |
|------------------|---|--------|-----------------------------------|--|
|                  |   | \$     |                                   |  |
|                  |   | \$     |                                   |  |
|                  |   | \$     |                                   |  |
|                  |   | \$     |                                   |  |
|                  |   | \$     |                                   |  |
|                  |   | \$     |                                   |  |
|                  |   | \$     |                                   |  |

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.

|  |                |
|--|----------------|
| <b>Head of Household Employer:</b>       |                |
| Position:                                |                |
| Employer Address:                        |                |
| Work Phone Number:                       | Date Employed: |
| Gross (Before Taxes) Monthly Earnings \$ |                |
| <b>Co-Head of Household Employer:</b>    |                |
| Position:                                |                |
| Employer Address:                        |                |
| Work Phone Number:                       | Date Employed: |
| Gross (Before Taxes) Monthly Earnings \$ |                |

**Part 3. Housing Information**

|   |   |
|---|---|
| <p><b>Type of Housing:</b></p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Apartment/Condo</p> <p><input type="checkbox"/> Townhouse</p> <p><input type="checkbox"/> Mobile Home</p> <p><input type="checkbox"/> Duplex</p> <p><input type="checkbox"/> Triplex</p> <p><input type="checkbox"/> Fourplex</p> <p><input type="checkbox"/> Other</p> <p>How long have you lived in your current home?</p> <p>____ Years ____ Months</p> | <p><b>PLEASE LIST ANY SPECIAL NEEDS REQUIREMENTS:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

**Current Landlord Contact Information:**

**Must provide accurate mailing address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

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**Provide 2 References**

| Name | Address | Phone | Relationship | Years Known |
|------|---------|-------|--------------|-------------|
|      |         |       |              |             |
|      |         |       |              |             |

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**Part 4 Preference Points**

KICHA rental applications are placed on the waiting list according to preference points shown on the schedule below. Please provide verification for each preference category requested.

| Points        | Preference                 | Verification Required |
|---------------|----------------------------|-----------------------|
| 100           | Tribal Member              | Enrollment card       |
| Preference    | Applicant Requested points | <b>KICHA USE ONLY</b> |
| Tribal Member |                            |                       |

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**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)

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**\*\*\*\*\* You must complete all blanks on the application or it may slow down the processing of your application. Please check to make sure you have fully completed the application. \*\*\*\*\***

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2017

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### Co-Applicant

Print Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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### **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

#### **Income Information**

- Copy of most recent month's income
- Copy of previous year's tax return (if applicable)