



Ketchikan Indian Community Housing Authority

429 Deermount Street | Ketchikan, AK 99901

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

Email: Housing@kictribe.org

RENTAL PROGRAM

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:

- The most recent calendar month's income verification prior to award
- Previous year's tax return
- The self-employment worksheet for self-employed household members for the prior 12 months.

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	\$49,224	\$4102
2	\$56,256	\$ 4,688
3	\$63,288	\$ 5,274
4	\$70,320	\$ 5,860
5	\$75,946	\$ 6,329
6	\$81,571	\$ 6,798
7	\$87,197	\$ 7,266

Available Assistance 1 to 4 bedroom apartments

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



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For office use only
Date Received: _____
Time Received: _____
Service Date: _____
Grant Amount: _____

2017 KIC Housing Authority Rental Program Application

Before completing this application, carefully read the "Eligibility Guidelines"

Part 1. Personal Information

<p>Your Social Security Number:</p> <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center;"> - - </div>	<p>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. KIC will use Social Security Numbers to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants</p>
<p>Your Name: _____ DOB: ____/____/____</p>	
<p style="text-align: center;">_____</p> <p style="text-align: center;">First Name M.I. Last Name</p>	
<p>Current Home Address:</p>	
<p>_____</p> <p>Street Apt. City <u>AK</u> _____</p> <p style="text-align: right;">State Zip</p>	
<p>Mailing Address:</p>	
<p>_____</p> <p>Street Apt. City <u>AK</u> _____</p> <p style="text-align: right;">State Zip</p>	
<p>() _____ () _____</p> <p>Work Phone: Daytime or other phone</p>	
<p>Email: _____</p>	

Part 2. Household Information

List all household members starting with applicant

First, M.I., Last name	Social Security	DOB mm/dd/yyyy	Tribal Enrollment number	Relationship to applicant
	- -	/ /		Self
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

List emergency contacts

First, M.I., Last name	Address	Contact Numbers	Relationship to 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 (Wages, PFD, SSA, SSI, APA, etc)	Amount	Frequency (i.e., monthly/weekly)	Verification Attached (i.e. Check stub/w-2 etc.)
Self		\$		
Self		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

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.

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 \$	
Other Adult Household Member Employer:	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
Gross (Before Taxes) Monthly Earnings \$	

Current Landlord Contact Information:

Must provide accurate mailing address

Name: _____

Address: _____

Phone/Fax: _____

Provide 2 References

Name	Address	Phone	Relationship	Years Known

Part 3 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
50	Tribal Member	Enrollment card
25	Ability to pay rent	Evidence of employment/retirement
25	Rental History	1 years references
5	Disability/Handicapped	Doctor verification/Social Security Disability Benefits Statement
5	Veteran	Veterans ID
-5	Negative Rental History	No landlord statement or
	Preference	Applicant Requested points
		KICHA USE ONLY
	Tribal Member	
	Ability to pay rent	
	Rental History	
	Disability/Handicapped	
	Veteran	
	Negative Rental History	

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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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 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 ___/___/___

Co-Applicant

Print Name _____ Birth Date ___/___/___

Social Security Number _____

Signature _____ Date ___/___/___

Adult Member

Print Name _____ Birth Date ___/___/___

Social Security Number _____

Signature _____ Date ___/___/___



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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 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