



## KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY College Student Housing



### APPLICATION PACKET

The purpose of Ketchikan Indian Community Housing Authority (KICHA) College Student Housing Program is to provide affordable housing for qualified full-time college students to assist their academic progress. Successful applicants are provided with a quality housing unit, with rental payments fully subsidized by KICHA. The tenant must pay for utilities.

The College Student Housing program provides temporary financial assistance for eligible American Indians and Alaska Natives, with limited funds and units available. ***This is not designed to be an entitlement program or emergency service program.*** The program is funded by a grant from the U.S. Department of Housing and Urban Development (HUD) and administered by KICHA staff, following specific federal rules and regulations.

Eligibility requirements include:

- ❖ Alaska Native or American Indian
- ❖ Be a full-time student – signed up for a minimum 12 credits and upon completion of the term have earned 12 credits
- ❖ Students must achieve a cumulative GPA of at least 2.0

KICHA Maximum Annual Household Income Limits (80% of Median Income)  
 NAHASDA Income limits the Ketchikan Gateway Borough

***These limits are revised annually  
2009***

<b>1 person</b>	<b>2 people</b>	<b>3 people</b>	<b>4 people</b>	<b>5 people</b>	<b>6 people</b>	<b>7 people</b>	<b>8 people</b>
43,100	49,300	55,450	61,600	66,550	71,450	76,400	81,300

KICHA will determine eligibility and inform the client through a letter of their eligibility status within 30 days of the completed application submittal.

**Application Packet Contents:**

- Page 1: Cover Sheet
- Page 2: Client Responsibilities / Client Grievance Procedure
- Pages 3 to 8: Application

We can only assist students who have complete applications. KICHA accepts applications throughout the year. Please note there are wait lists for all KICHA programs. You should submit your complete application to KICHA as soon as possible; incomplete applications will not be considered.

**If any part of this Application Packet is missing, contact KICHA at 228-5218**

\_\_\_\_\_

## CLIENT RESPONSIBILITIES

### The Client has the responsibility to...

- ✓ Be accurate and complete as possible when providing information to a KIC staff person.
- ✓ Provide copies of all documents required in a timely manner.
- ✓ Inform staff of any changes in client information, i.e., name, address, or income changes, etc.
- ✓ Ask for clarifications regarding any services received from KICHA that he/she does not understand.

### Special Requirements for the College Student Housing Program

The purpose of Ketchikan Indian Community Housing Authority (KICHA) College Student Housing Program is to provide affordable housing for qualified full-time college students to assist their academic progress. Successful applicants are provided with a quality housing unit, with rental payments fully subsidized by KICHA. The tenant must pay for utilities.

#### Eligibility Requirements

Housing assistance will be provided to qualified applicants based on the following conditions:

- a. In addition to eligibility requirements described in this policy, applicants for the College Student Housing Program must:
  - a. Attend a college, university, technical, or vocational program within the KICHA service area that is accredited by a national, regional, or state governing body or agency.
  - b. Be a full-time student – signed up for a minimum of 12 credits and upon completion of the term (semester/quarter) have earned a minimum of 12 credits.
  - c. Maintain a cumulative GPA of at least 2.0

#### Selection

Preference in the selection of tenants for the College Student Housing Program will be based on the following factors:

- a. Participants in the KIC higher education or Vocational training programs.
- b. Applicants residing within the City and Borough of Ketchikan
- c. Financial need
- d. Demonstrated motivation, academic and leadership potential in the area being pursued for further education.

## Terms and Conditions

- a. Participation in the College Student Housing Program will be limited to two (2) years.
- b. Assistance shall be provided by means of a rental voucher payment made to KIC on behalf of the participant
- c. A failure to meet or maintain any eligibility requirements will result in the participant being placed on probation. If the participant remains on probation for 2 consecutive terms or for any three terms the participants lease will be automatically terminated.

## CLIENT GRIEVANCE PROCEDURE

A procedure has been established and maintained by KICHA to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights.

No specific form is necessary to file a grievance; however a grievance must be in writing. You must clearly state the problem(s) by detailing the actions taken or not taken by KIC staff and outline possible solutions and/or resolutions.

An earnest effort will be made by KIC staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the KIC Tribal Council.

Step 1: Submit a complaint in writing to the Department Director within 10 days in which the grievance occurred. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Director shall, within 10 days after the receipt of the complaint, issue a written decision and inform the client of the opportunity to further appeal the matter outlined in Step 2 below.

Step 2: If unsatisfied with the written decision by the Director, submit an appeal, in writing within ten (10) days of Step 1, to the KIC Deputy General Manager, 2960 Tongass Avenue, Ketchikan, Alaska 99901. A hearing will be scheduled with an Tribal Council Arbitration Committee, made up of three (3) Tribal council members. The Committee will render its confidential written recommendation, to the Tribal Council, within ten (10) working days of the receipt of the complaint.



**Application**

**CONFIDENTIAL**

---

Review the attached instructions and program guidelines. Answer all questions on all pages. Answering all questions thoroughly now will avoid processing delays later. Incomplete applications may be returned for completion. Call KICHA @ 228-5218 if you are not sure how to complete any part of the application. Submit complete application and verification to KICHA.

---

Last Name	First Name
<b>Applicant – Head of Household</b>	

---

Last Name	First Name
<b>Co-Applicant</b>	

---

Mailing Address	City	State	Zip
-----------------	------	-------	-----

---

Home/Cell Phone	Work Phone	Message Phone
-----------------	------------	---------------

Please list all persons in your household

NAME Last, First	Relationship to Applicant	Birth Date	M/F	See below	Social Security Number	KIC Enrollment card no. or BIA Card no.
	Self			<input type="checkbox"/> DD <input type="checkbox"/> SN		
				<input type="checkbox"/> DD <input type="checkbox"/> SN		
				<input type="checkbox"/> DD <input type="checkbox"/> SN		
				<input type="checkbox"/> DD <input type="checkbox"/> SN		
				<input type="checkbox"/> DD <input type="checkbox"/> SN		
				<input type="checkbox"/> DD <input type="checkbox"/> SN		
				<input type="checkbox"/> DD <input type="checkbox"/> SN		

Please check **DD** box if individual is **Developmentally Disabled** or **SN** box if individual is **Special Needs**. You must provide adequate verification documents.

List accessibility modification needs and write which resident(s) would benefit from them or write N/A. Attach another page if necessary.

---



---



---



---



---

**Income Verification** - This page must be completed with all income 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 filed by adult residents for the previous 2 years. Submit copies of proofs of all gross income received in the past 30 days. The proof must include the recipient's name.

<b>Applicant</b> Employer:
Position:
Employer Address:
Work Phone Number:
Date Started:
Gross (Before Taxes) Monthly Earnings \$
<b>Co-Applicant</b> Employer:
Position:
Employer Address:
Work Phone Number:
Date Started:
Gross (Before Taxes) Monthly Earnings \$
<b>Adult Household Member's</b> Employer:
Position:
Employer Address:
Work Phone Number:
Date Started:
Gross (Before Taxes) Monthly Earnings \$

**Income** List all other sources of income such as social security, retirement pensions, unemployment benefits, native and Permanent Fund Dividends, public assistance, TANF, Heating Assistance, VA, Survivor benefits, disability benefits, Child support, alimony, and workman's compensation.

<b>Applicant:</b>	Source: _____	Monthly Income \$ _____
	Source: _____	Monthly Income \$ _____
Is child support/alimony received ( ) Yes ( ) No		Monthly amount \$ _____
<b>Co-Applicant:</b>	Source: _____	Monthly Income \$ _____
	Source: _____	Monthly Income \$ _____
Is child support/alimony received ( ) Yes ( ) No		Monthly amount \$ _____

Total Gross Monthly \$ \_\_\_\_\_

Is Alaska Permanent Funds Received in household? \_\_\_\_\_

If so, home many individuals receive it? \_\_\_\_\_

Any adult who did **not** have to file a Federal Income Tax Return for the previous calendar year must complete the certification below. Attach another page if necessary.

I certify that my income was too low to require filing a Federal Income Tax Return for the previous calendar year:

Printed Name	Signature	Today's Date
Printed Name	Signature	Today's Date

**Provide 3 qualified referrals: Present/Previous Landlord/Employer/Co-Worker**

Name	Address	Phone#	Relationship	Yrs. Known

**Closest Relative Not Living With You:**

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**LANDLORD STATEMENT**

Landlord's Name: \_\_\_\_\_

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

Phone Number: (907) \_\_\_\_\_ (907) \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

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

**RENT**

Rent amount charged per month including tax: \$ \_\_\_\_\_ Date rent is due: \_\_\_\_\_

Tenant Rented from: \_\_\_\_\_ to \_\_\_\_\_ is account Current: Yes \_\_\_ No \_\_\_

Past Due Rent: \_\_\_\_\_ No. of late charges \_\_\_ Satisfactory Account: Yes \_\_\_ No \_\_\_

Is tenant working off any portion of the rent? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give amount: \$ \_\_\_\_\_

How is rent paid: Cash \_\_\_ Check \_\_\_ Money Order \_\_\_

**UTILITIES**

What is the unit's primary heat source? Elect. \_\_\_ Oil \_\_\_ Wood \_\_\_ Gas \_\_\_ Other \_\_\_

Is the heat included in the rent? Yes \_\_\_\_\_ No \_\_\_\_\_

What other utilities are the tenant responsible for paying separate from his/her rent?

Oil \_\_\_ Electricity \_\_\_ Gas \_\_\_ Water \_\_\_ Sewer \_\_\_ Telephone \_\_\_ Garbage \_\_\_  
Other \_\_\_\_\_

Please list all persons who are, to the best of your knowledge residing in the unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Ketchikan Indian Community (KICHA) any information needed to complete and verify my application for assistance under the KICHA Housing Programs. I further authorize and direct KICHA to release information to other entities for the purpose of determining my household's eligibility for KICHA's programs and/or to assist my household with making application to other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by KICHA and the State of Alaska-Department of Health and Social Services in administering and enforcing program rules and policies.

**Information Covered**

I understand that previous and current information regarding me and my household may be needed. Verifications and inquiries that may be requested include but are not limited to assets (including real estate), property ownership and residency, employment and income, disability, and public assistance payments.

**Resources**

The groups or individuals that may be asked to release the above information to KICHA or who may require the above information from KICHA to access their programs, include but are not limited to:

- Alaska Court System
- Utilities and Fuel Providers
- Schools

**Computer Matching Notice and Consent**

I understand and agree that KICHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. KICHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State welfare and food stamp agencies, and Social Security.

**Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file at KICHA I understand I have a right to review my file and correct any information that is incorrect.

**Signatures Required:** (If any adult is unable to sign this authorization, call KICHA for instructions.)

---

Applicant's Signature	Printed Name of Applicant	Social Security Number	Date
-----------------------	---------------------------	------------------------	------

---

Co-Applicant's Signature	Printed Name of Co-Applicant	Social Security Number	Date
--------------------------	------------------------------	------------------------	------

The HEAD OF HOUSEHOLD must certify the application. (If the Head of Household is not able to sign and date below, call KICHA.)

I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have submitted the following (as required) to complete my household's application: proofs of age, disability, and income.

I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to KICHA, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.

I certify that no household member listed in this application holds a Temporary Resident Status granted under section 245A or 210A of the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Pub. L. 99-603).

I further certify that all information furnished in support of this application is true and correct to the best of my knowledge, and that my household meets the Income Guidelines of the KICHA Program.

The applicant and co-applicant agree that should any of the above information change, the applicant or co-applicant will notify this office of these changes before final agreements are signed between applicant and this office.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS; USC TITLE 18, SECTION 1001 provides that:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than (5) five years, or both."

---

Applicants Signature

Date

---

Co-Applicant's Signature

Date

## **Required Documents Check Off List – KICHA College Housing Units**

- Complete Application – Initial & Dated on Each Page (Date Stamped upon Completion).
- Official Class Schedule
- Official transcript(s) of previous college coursework (if applicable)
- Verifiable Income Less than 80% of Median Income
- Copies of Current 30 Day Consistent Income– Pay Stubs for Each Adult Member
- Copy of Certificate of Indian Blood
- Copy of Picture ID for each Adult
- Copy of Prior Year Tax Return for Each Adult
- Security Deposit of \$500.00 upon signing the lease
- Landlord Reference – Verified

### **Upon Selection – Move-In Documents Required**

- Criminal Report – To be kept in Separate Locked File
- Signed KICHA Housing Lease
- Signed KICHA Housing Rules & Regulations Acknowledgement
- Completed Key Sign-Out Sheet
- Completed KICHA Parking and Automobile Registration Form
- Copy from Ketchikan Public Utilities that the Utilities are in Tenants Name
- Move-In Inspection Form Completed with signatures