



KETCHIKAN INDIAN COMMUNITY HOUSING AUTHORITY Transitional Housing



APPLICATION PACKET

The purpose of the Ketchikan Indian Community Transitional Housing program is to provide affordable housing for qualified families to become home-buyers by providing housing assistance, as well as utility payments for up to six (6) months provided Clients is in good standings. Clients are required to attend Budgeting Classes and a Home Choice class with Alaska Housing Finance Corporation. The program is limited to two (2) years of occupancy. A six (6) month lease will be entered into with review every six (6) months of financials and a home inspection will be done at that time in order to assure compliance of the program before entering into another six (6) month lease.

The Transitional 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:

- ❖ Must be Alaska Native or American Indian
- ❖ Family income of less than the 80% of the median income

KICHA Maximum Annual Household Income (80% of Median Income) NAHASDA Income Limits for Alaska

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
40,800	46,650	52,450	58,300	62,950	67,650	72,300	76,950

These Limits Are Revised Annually

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

Application Packet Contents:

Page 1: Cover Sheet Pages 2 to 9: Application Attachments: Preference Points /
Landlord Statement / Check-off List / Check Your Credit

We can only assist those who have a complete application and back up documentation as required within the application. KICHA accepts applications year around (incomplete applications will not be considered). Please note there are waitlists for all of KICHA programs.

If any part of this Application Packet is missing, contact KICHA at 228-4939.

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
- ✓ 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

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 services components of the KIC Tribal Council.

Step 1: Submit a complaint in writing to the Department Director where 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 thirty (30) days of step 1, to the KIC General Manager, 2960 Tongass Avenue, Ketchikan, Alaska 99901. A hearing will be scheduled with an Arbitration Committee, made up of three (3) Tribal Council members who are appointed to review the case on behalf of the Tribal Council. 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 @ 228-4939 if you are not sure how to complete any part of the application. Submit complete application and back up documentation to KICHA.

 Last Name First Name
Applicant Head of Household

 Last Name First Name
Co-Applicant

 Last Name First Name
Adult Household Member

 Mailing Address City Zip

 Home/Cell Phone Work Phone Message Phone

Please list all persons in your household

NAME	Relations hip to Applicant	Birth of Date	Gender	Social Security Number	SEE BELOW (if applicable)	KIC Enrollment No. or BIA Card No.
First: Last:	Self				<input type="checkbox"/> DD <input type="checkbox"/> SN	
First: Last:					<input type="checkbox"/> DD <input type="checkbox"/> SN	
First: Last:					<input type="checkbox"/> DD <input type="checkbox"/> SN	
First: Last:					<input type="checkbox"/> DD <input type="checkbox"/> SN	
First: Last:					<input type="checkbox"/> DD <input type="checkbox"/> SN	
First: Last:					<input type="checkbox"/> DD <input type="checkbox"/> SN	
First: Last:					<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 if it does not apply. Attach another page if necessary.

**KICHA
Household Collective Asset / Liability Information**

Assets

Bank Accounts Number ↓	Institution Name:	Address	Balance
#			\$
#			\$
Stocks / Bonds ↓	Description		Value
1.			\$
2.			\$
Automobiles ↓	Description		Value
1.			\$
2.			\$
Household Furnishings ↓			Value
Other Assets →	Description		Value
			\$

TOTAL of all Assets \$ _____

Installment Debts	Total Debt	Description	Monthly Payment
Charge Cards	\$		\$
	\$		\$
Automobile Loans	Total Debt	Description	Monthly Payment
	\$		\$
Other Debt – Loans (Day Care/Child Support/ Credit Agency etc...)	Total Debt	Description	Monthly Payment
	\$		\$
	\$		\$
	\$		\$

TOTAL of all Debt \$ _____

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 year. Submit copies of proofs of all gross income received in the past 30 days. The proof must include the recipient's name.

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

Other Income List all other sources of income such as Social Security (SSA or SSI), Pensions, Unemployment Benefits, Native and Alaska (PFD) dividends, Public Assistance (PA), TANF, VA, Survivor benefits, Child Support, Alimony, Workman's Compensation etc...

Applicant: Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____

Co-Applicant: Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____
 Source: _____ Monthly Income \$ _____

Adult Household Member: Source: _____ Monthly Income \$ _____

Household Total Gross Monthly \$ _____

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

Provide Present Landlord Contact Information:

Name Address Phone# Fax#

Provide 3 References: (Include past landlord if renting for less than 1 year)

Name Address Phone# Relationship Yrs. Known

Closest Relative Not Living With You:

Name: _____ Relationship _____

Address: _____ Phone # _____

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Ketchikan Indian Community Housing Authority (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 assistance programs. I understand and agree that the 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, 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, included but are not limited to:

- | | |
|--|--|
| Banks and other Financial Institutions | Family and/or State-Approved Guardians |
| Utilities and Fuel Providers | Child Support and Alimony Providers |
| Internal Revenue Service | Alaska Court System |
| Employers, Past and Present | Landlords, Past and Present |

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, criminal checks will be completed.

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 Applicant Social Security Number Date

Other Adult Signature Printed Name of 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 228-4939.)

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.

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 and adult member agree that should any of the above information change, the applicant, co-applicant or adult member 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."

Applicant Signature Date

Co-Applicant Signature Date

Adult Member Signature Date