



# Tovarish Manor Housing Application



## PART I - GENERAL INFORMATION



**Applicant's Name:**

\_\_\_\_\_  
First Middle Last Maiden

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Alaska Native/American Indian? YES NO

Tribe/Village: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_  
(Provide copy of Citizenship, CDIB Cards, or ANCSA information)

**Residence Address:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_

How long at this Address? \_\_\_\_\_

**Spouse/Other Name:**

\_\_\_\_\_  
First Middle Last Maiden

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Alaska Native/American Indian? YES NO

Tribe/Village: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_  
(Provide copy of Citizenship, CDIB Cards, or ANCSA information)

**Residence Address:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Message Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## HOUSING INFORMATION

**Present Housing:** Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Buying: \_\_\_\_\_ Living with Relatives: \_\_\_\_\_

**If currently renting or buying:**

\_\_\_\_\_  
Name of Landlord or mortgage holder

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_

**If Living with Relatives:**

\_\_\_\_\_  
Name of Relative (Relation)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_

**Previous Address:**

\_\_\_\_\_  
Address City State Zip How Long?

Landlord's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## HOUSING REFERENCES

List the past THREE years of housing references stating with the most recent or current. (If additional space is required, use the back of this page).

Landlord's Name/Address	Your Address	Own/Rent	Dates
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

- Have you ever been housed by a housing authority or public agency? YES NO  
If so, by whom, where & when? \_\_\_\_\_
- Have you or your spouse ever owned or co-owned a home in a federally assisted project? \_\_\_\_\_  
If yes, under what name? \_\_\_\_\_ When? \_\_\_\_\_
- Have you ever been evicted from housing? YES NO  
If so, by whom and when? \_\_\_\_\_

## FAMILY COMPOSITION

Total number of person to be living in the home: \_\_\_\_\_

FAMILY COMPOSITION				
NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #	PLACE OF BIRTH
	<b>HEAD</b>			

**CHILDREN UNDER 18 WILL NOT BE ALLOWED TO LIVE IN ELDERLY HOUSING.**

- Do you expect any additions/deletions to the household within the next twelve months?  
YES NO  
Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- Is there anyone living with you now who won't be living with you at this property? YES NO  
Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_

- Are there any absent household members who under normal conditions would live with you? *(for example, a spouse away in the military)*.  
Explanation: \_\_\_\_\_
- Does your household have or anticipate having any pets other than those used as service animals?  
Explanation: \_\_\_\_\_
- Have you or any one else named on this application been convicted of a felony or sex offense?  
YES NO  
Explanation: \_\_\_\_\_
- Have you or any one else named on this application been convicted for dealing, possession of, or manufacturing illegal drugs? YES NO  
Explanation: \_\_\_\_\_
- Have you or any one else named on this application been convicted of a crime of violence or property damage?  
YES NO  
Explanation: \_\_\_\_\_
- Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? YES NO  
Explanation: \_\_\_\_\_

### APPLICANT/FAMILY STATUS

Are you an honorably discharged veteran? If so, please submit a copy of your DD-214 form.

So your or anyone in your household require any handicap/disabled features for the apartment? If so, what features? \_\_\_\_\_

### CONTACT

#### IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name	Number
1. _____	RELATION
2. _____	RELATION
3. _____	RELATION

Household's Monthly Income Before Income Tax: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Amount Household is Currently Paying for Housing: \$ \_\_\_\_\_ (monthly) [This amount includes: (check all that apply)]

- Mortgage/Rent   
  Property/Fire Insurance   
  Natural Gas   
  Electric   
  Maintenance  
 Condo Dues   
  Other \_\_\_\_\_ (describe)

Notice: If your household income is below 80% of median, or if paying average rent for this area will use up more than 30% of your available income, please complete Part II of this Application, even if you do not qualify for low-income Alaska Native/Native American assistance.

## SIGNATURES

I have answered all questions to the best of my ability and knowledge, and authorize the \_\_\_\_\_ to communicate with the above individuals and/or companies in the processing my application. THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY. The above information is true and correct and I understand that falsification or misleading responses will void the application rendering me ineligible for the program. Providing false information is Punishable by Section 1001 of Title 18 of the U.S. Code. It is a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Spouse/Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Notice To All Applicants: Options for Applicants with Disabilities or Handicaps

The Ninilchik Traditional Council Housing Department will not discriminate against applicants on the basis of race\* religion, sex, family status, disability or handicap. To comply with nondiscrimination laws protecting disabled applicants and participants, NTC will provide reasonable accommodations, which may include structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision-impaired family member where existing pet rules would not allow the dog;
- Make large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;

- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of Elderly rental--they must still be able to pay, to maintain their home in a safe and sanitary condition, to report required information to the Division, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of the application is a Housing Requirements Questionnaire. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to Ninilchik Traditional Council.

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\* Implementation of requirements imposed by the Native American housing Assistance and Self-Determination Act is considered political, not racial, preference and is permitted by law in certain circumstances.

## Special Needs Requirements Questionnaire

Please read the following regarding this questionnaire:

Completing this questionnaire is optional on your part. **IF YOU CHOOSE NOT TO COMPLETE THIS FORM, PLEASE CHECK THE BOX THAT INDICATES THAT CHOICE, SIGN AND DATE THE FORM, AND RETURN IT TO THE COUNSELOR.** The choice not to complete this questionnaire will not in anyway affect the processing of you application for a unit.

**IF YOU CHOOSE TO COMPLETE THIS FORM,** please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the Counselor.

Please sign, date, and fill in social security number below, then indicate whether or not you choose to complete the following information.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Date

Yes, I choose to complete this questionnaire.  No, I do not choose to complete this questionnaire

Information relative to the housing requirements of applicant's family:

1. Do you, or any member of your family, have a condition that requires:

\_\_\_\_ A separate bedroom

\_\_\_\_ Physical modification to a typical disability-accessible home

\_\_\_\_ Unit for hearing-impaired

\_\_\_\_ Special parking space

\_\_\_\_ Unit for vision-impaired

\_\_\_\_ Other: \_\_\_\_\_

2. If you checked any of the above listed categories of units, please explain in as much detail as possible what is needed to accommodate the special need. \_\_\_\_\_

3. What is the name of the family member who needs the features identified above? \_\_\_\_\_

4. Do you or any of your family members need special features to go up and down stairs other than traditional railings?  Yes  No

5. Will you or any of your family members require a live-in-aide to assist you?  Yes  No

6. Who would be contacted to verify your need for or currently have an assistive animal?  Yes  No  
If so, please describe any needs related to the animal. \_\_\_\_\_

7. Who should be contacted to verify your need for the features you have identified above (e.g. your doctor, medical provider, or social service agency)?

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

Telephone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**NINILCHIK TRADITIONAL COUNCIL  
DIVISION OF HOUSING**

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

S.S. #: \_\_\_\_\_ S.S.#: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

This will authorize the Ninilchik Traditional Council to obtain any information regarding my past history from previous landlords.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
CN Admissions Counselor's Signature Date

\_\_\_\_\_  
Applicants' Spouse/Other Date

THIS IS APPLICANT HAS APPLIED FOR HOUSING OUR ELDERLY HOUSING PROGRAM. WE WOULD APPRECIATE YOUR COMPLETION AND EARLY RETURN OF THIS FORM.

THE APPLICANT WAS YOUR TENANT AT \_\_\_\_\_  
Property Address City State Zip

DOES THIS PERSON OWE A BACK BALANCE? YES \_\_\_\_\_ (IF YES \$ \_\_\_\_\_) NO \_\_\_\_\_  
HOW MUCH IS THE RENT FOR THIS APARTMENT/HOUSE \$ \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION:

	EXCELLENT	GOOD	FAIR	POOR
<b>RENT PAYING HABITS</b>				
<b>HOUSEKEEPING HABITS</b>				
<b>ABILITY TO GET ALONG WITH NEIGHBORS</b>				

DATES OF OCCUPANCY: \_\_\_\_\_, 20\_\_\_\_ TO \_\_\_\_\_, 20\_\_\_\_

WOULD YOU ACCEPT THE ABOVE AS A TENANT AGAIN? YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
LANDLORD'S SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

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Approved / Disapproved

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Elderly Housing Manager

**END OF PART I**

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**Part II**

**TO BE COMPLETED IF APPLYING FOR  
NAHASDA Or HUD HOME PROGRAMS**

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# PART II - INCOME ELIGIBILITY INFORMATION AND AUTHORIZING FORMS

COMPLETION of PART II is recommended for all applicants with less than median income and is mandatory for NAHASDA applicants

## INCOME INFORMATION

**Include all income anticipated for the next 12 months. *Exclude* income for household members under 18 (unemancipated minors are not allowed to occupy elderly housing. Only elderly individuals, their spouses, and adults who are essential to the care or well being of the elderly family are eligible to reside in elderly housing).**

**Do YOU or ANYONE in your household receive *OR* expect to receive income from:**

Yes    No

1. Employment wages or salaries? (*Include overtime, tips, bonuses, commissions and payment received in cast*).

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Self-Employment? (*Include overtime, tips, bonuses, commissions and payments received in cash*).

<u>Household Member</u>	<u>Name of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Regular pay as a member of the Armed Forces/Military?

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Unemployment benefits or workman’s compensation?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes    No

5. Public Assistance, Senior Benefits Program, General Relief, AFDC or Temporary Assistance for Needy Families? (TANF)?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. (a) Child Support or Alimony?  
*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered directly from payor).*

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply).

- Child Support Enforcement Agency    Name of Agency: \_\_\_\_\_  
 Court of Law    Name of Court: \_\_\_\_\_  
 Directly from Individual    Name of Person: \_\_\_\_\_  
 Other    Explain: \_\_\_\_\_

7. Social Security, SSI or any other payment from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from the Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes    No

10. Regular payments from any type of settlement? *(For example, insurance settlements).*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Regular gifts or payments from anyone outside of the household? *(This includes anyone supplementing your income or paying any of your bills).*

12. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Do you or any household members belong to any Native Corporation?

<u>Household Member</u>	<u>Name of Corporation</u>	<u>Amount Distributed</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household members expect any changes to your income in the next 12 months?

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

## ASSET INFORMATION

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS BY HOUSEHOLD MEMBERS (excluding minors).

### Do YOU or ANYONE in your household hold:

Yes    No

16. Checking / Savings Account / Both

<u>Financial Institute</u>	<u>Address</u>	<u>Account #</u>
_____	_____	_____
_____	_____	_____

17. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

18. Stocks, bonds or securities?

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

19. Trust Funds?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

20. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

21. Whole life insurance policy?

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes    No

22. Real estate, rental property, land contracts/contracts for deed or other real estate holdings? *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property).*

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

23. Personal property held as an investment? *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing).*

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

24. A safe deposit box?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

25. Revenue or royalty checks?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

26. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_  
Explanation: \_\_\_\_\_

### APPLICANT STATUS

**The following questions pertain to specific eligibility requirements of low rent program.**

Yes    No

37. Are you or any other household members claiming zero income?

Household Members: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Yes   No

     38. Do you currently own another home/trailer?

Household Member(s): \_\_\_\_\_  
\_\_\_\_\_

     39. Will you or any household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

     40. Please list the names and address of two credit references. These can be banks, credit card companies, utilities, etc.

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_

### **MEDICAL EXPENSES (AGES 62 AND OLDER)**

- Are you receiving Medicare benefits through Social Security? \_\_\_\_\_ Are you receiving medical assistance through DHS? \_\_\_\_\_ Do you purchase prescription medication that is not covered by these agencies? \_\_\_\_\_ (These are out-of-pocket expense). Monthly cost \$ \_\_\_\_\_  
Name, address, and telephone number of Pharmacy medication is purchased: \_\_\_\_\_  
\_\_\_\_\_

*\* Current receipts may be required\**

- Do you pay for medical or health insurance? (Out of pocket expenses) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Name and address of company: \_\_\_\_\_  
Policy Numbers(s): \_\_\_\_\_

- Do you make regular monthly payment on outstanding medical bills? \_\_\_\_\_ If yes, please circle those that apply to you: Doctor, Hospital Clinic or Other. List the names of each item you have checked: \_\_\_\_\_  
Amount being paid to each: \_\_\_\_\_

*\* Written documentation may be requested\**

I have to the best of my knowledge given true and correct information as to the information above and I understand that any false statements or information is punishable under Federal Law.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Spouse/Other

\_\_\_\_\_  
Date

**Authorization for the Release of Information/  
Privacy Act Notice**

To the U.S. Department of Housing and Urban Development (HUD)  
And the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none) Full address, name of contact person, and date).	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)  Ninilchik Traditional Council      Counselor: _____ P.O. Box 39070                              Date: _____ Ninilchik, Alaska 99639
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**Authority:** Section 907 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development of 1992 and Section 3003 of the Ominbus Budget Reconciliation Act of 1993. This law if found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are legible fro assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with the sources in order to verify your eligibility and level of benefits.

**Use of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HA for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member or your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian Housing
- HA-owned rental Indian Housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation. I have received during period(s) within the last 5 years when I have received assisted housing benefits).

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code).

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends]).

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Authorization for the Release of Information/Privacy Act Notice** Page 2 of 2

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that Has that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determination.

This consent form expires 15 months after signed.

_____	_____		
Head of Household	Date		
_____		_____	_____
S.S.N. (if any) Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information to provide. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any f the request information may result in a delay or rejection of you eligibility approval.

Penalties for Misusing this Consent

HUD, the HA and any owner (or employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or disclosures any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. Ref. Handbook 7420.7, 7420.8, &7465.1 Form HUD-9886 (7/94)



**INCOME VERIFICATION**  
*(Need applicant's signature and information)*

Personnel:

Regulation requires the Ninilchik Traditional Council to annually verify the income of families participating in our Elderly Housing Program. The person whose name appears below has given his/her written consent for the release of his/her income to the Housing Division. This information is for the purpose of determining monthly rental payment (TTP) only and will be kept confidential.

\_\_\_\_\_  
 Applicant's Name (Please Print)

\_\_\_\_\_  
 Spouse/Other (Please Print)

_____ Employee Signature	_____ Date
_____ Social Security Number	_____ Company Name
_____ Address	_____ Address
_____ City                      State                      Zip	_____ City                      State                      Zip
_____ Telephone Number	_____ Telephone Number

**THIS SECTION IS TO BE COMPLETED BY EMPLOYER**

Current number of hours worked per week: \_\_\_\_\_

If hours vary, state year-to-date earnings: \_\_\_\_\_

Current base pay rate (gross) \$ \_\_\_\_\_ HOURLY    WEEKLY    BI-WEEKLY    MONTHLY    YEARLY

Other (Explain) \_\_\_\_\_

Seasonal: \_\_\_\_\_                      Part-time: \_\_\_\_\_                      Full-time: \_\_\_\_\_

If seasonal or sporadic employment, give lay-off periods: \_\_\_\_\_

Date employee hired: \_\_\_\_\_

Employee Title: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Representative's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Position/Title

**UNEMPLOYMENT STATEMENT**  
*(To be completed by applicant if applicable)*

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby state that I am not presently employed or receiving any other income.

The only source of income I have is \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**AUTHORIZATION OF RELEASE OF INFORMATION TO THE US SOCIAL SECURITY ADMINISTRATION**

*(Use this form if you receive income from the SSA)*

Participant: \_\_\_\_\_

Account #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

I consent to allow the Ninilchik Traditional Council to request and obtain income information from the US Social Security Administration. The income information obtained is for the purpose of verifying my eligibility and benefits under the Housing Division programs. I understand the any false representation to knowingly and willfully obtain information from any agency records is punishable by fin of not more than \$5,000 or 1 year in prison.

This consent form expires 6 months after signed.

\_\_\_\_\_  
Signature of Head of Household

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

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

\_\_\_\_\_  
Date

**AGENCY INCOME VERIFICATION  
(Veterans, DHS)**

*(Complete this format if it applies to a source of your income)*

Participant: \_\_\_\_\_ Claim #: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Only applies to VA recipients)

City/State/Zip: \_\_\_\_\_

The client whose name appears above has indicated that he/she is receiving income from your agency. If you would supply the requested information regarding the income on your client, a prompt reply will be appreciated since we are required to complete our determination within a specified time.

**CLIENT:** I am the individual to whom the record pertains. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Social Security #/Claim Number

\_\_\_\_\_  
Signature of Spouse/Other

\_\_\_\_\_  
Social Security #/Claim Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #/Claim Number

DO NOT WRITE BELOW THIS LINE \*\*AGENCY USE ONLY\*\*

Requesting TPQY Yes \_\_\_\_\_ No \_\_\_\_\_

	VA	DHS
<b>HEAD OF HOUSEHOLD</b>	\$	\$
<b>SPOUSE/OTHER</b>	\$	\$
<b>OTHERS</b>	\$	\$

Does the recipient receive any other funds from any other source? (i.e. pensions, royalties) If yes, please explain.

\_\_\_\_\_

By: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-FILING STATUS FORM**

I, hereby state that I/we did not file \_\_\_\_\_(year) State of Federal Income Tax due to the following reason(s):

PLEASE CHECK ALL THAT APPLY

Not enough income

Receiving Child Support

Receiving DHS Assistance

Receiving Social Security

Receiving VA Benefit

Receiving SSI

I/We certify that the information given is true and correct to the best of my/our knowledge. I/We understand that false statements of information are grounds for termination of Housing Assistance and termination of Residency, and is subject to a \$10,000 fine, imprisonment up to five (5) years.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Spouse's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**NOTE: If this is not sufficient documentation of the income status, and we have found this statement is incorrect, Housing Division will investigate the applicant/resident.**

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date



### APPLICANT CERTIFICATION

I/We certify that the information given to the Niniilchik Traditional Council on household composition, income, and net family assets is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under federal law. I/We also understand that false statements of information are grounds for termination of housing assistance.

I/We the applicant(s) certify that the housing I/we will occupy is/will be my permanent residence. I/We further certify that I do/will not maintain a separate home in a difference location. \_\_\_\_\_ Applicant initials.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Spouse/Other Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590.



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May 1988  
P-88-2

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

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**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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**Penalties For Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and ; or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

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**Asking Questions** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer Your question or find out what the answer is.

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**Completing The Application** When you give your answers to application questions, you must include the following the information.

### Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

### Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family, household members that will be living with you.
- Any business or assets you sold in the last 2 years for less than it's full value, such as your home to your children.



- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Family/household Members****Signing the Application**

- Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.
- When you sign application forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertification's**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges.)

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**Reporting Abuse**

If you are aware of anyone who has falsified an application or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD hotline (800) 347-3735. You can also write to the HUD HOTLINE, room 8254, 451 Seventh Street, S.W., Washington, DC. 20410.





## **Things You Should Know**

I \_\_\_\_\_, have received a copy of “Things You Should Know” form informing me about penalties for committing fraud, application, recertification, reporting abuse.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Coordinator Signature

\_\_\_\_\_  
Date