



Dear Housing Applicant:

Thank you for choosing to apply for a Cook Inlet Housing Authority (CIHA) housing unit. We are committed to providing affordable, safe and attractive housing opportunities for the community, and we appreciate your interest.

To make your application process as timely and efficient as possible, please closely read the following information.

***How do I apply?***

- *Applications may be submitted in person or via mail. Faxed/emailed applications are not accepted, and will be discarded immediately upon receipt.*
- *Complete the CIHA housing application, ensuring that all necessary information is legibly printed and all fields are filled in. "N/A" must be noted in any field that does not apply to the applicant household and/or lacks the requested information.*
- *All household members, 18 years of age and older, must sign and date the application, as well as a "Release of Information" form.*
- *Attach all necessary documentation, including a copy of appropriate identification for all adult household members, previous year filed taxes for all adult household members, and a Certificate of Indian Blood (CIB) for any household member, as applicable.*
- *Provide application update information, as necessary, including new mailing addresses, telephone numbers or income/household composition changes.*

***Incomplete applications will not be processed!*** *If your application is found to be incomplete, you will be contacted via phone, email and/or letter to inform you of your application status. Once you are contacted, you will have 14 days to provide the necessary information. If your application remains incomplete after 14 days, we will conclude that you are no longer interested in obtaining housing through CIHA and consider your application withdrawn.*

***What are the screening criteria?***

*Pre-qualification screening will include a credit, criminal & civil background review, as well as landlord references. The length of this process is determined by the volume of applications received. Please allow up to four (4) weeks for this process to take place.*



*Income eligibility screening is completed for all affordable housing units. An annual income determination is comprised of all monetary and non-monetary funding amounts, received from an outside source, which benefit members of the applicant household. Income sources may include, but are not limited to: actual or anticipated employment income; unemployment benefits; Child Support; alimony; retirement & pensions; Alaska Senior benefits; disability or death benefits; public assistance benefits; native corporation dividends; Alaska Permanent Fund Dividend; etc. Interest income from assets such as bank accounts, 401K accounts, IRAs, CDs and real estate will also be calculated.*

*Housing applicants that pass all pre-qualification and income screenings will be placed on the property waitlist by the date/time of application receipt, as well as any applicable, documented preferences that may apply.*

*Housing applicants that do not pass the pre-qualification and income screening processes will receive a written notice of denial to the mailing address listed on the housing application.*

***What can I do if I'm determined ineligible, and I disagree with this decision?***

*If you received an application denial letter, and believe that Cook Inlet Housing Authority has made this decision in error, you may request a "Denial Review Form" from the CIHA office and submit this completed form, as well as additional documentation to support your request, within 14 business days of the denial letter date.*

*Please note that without additional documentation to support the request for denial review, no additional review will be granted. Additionally, no denial review for sex offender registry status will be granted.*

Again, thank you for making CIHA your housing provider of choice. We look forward to meeting your housing needs with our quality, affordable residential options.

If you have any questions, concerns or feedback regarding the housing application process, or require assistance to complete your housing application, please contact (907) 793-3000 and ask to speak to our Customer Care staff for further information.

Sincerely,

Housing Operations Management





## **SENIOR HOUSING**

- Kenaitze Pointe (907-338-2211 or 793-3000)**  
53 units located at our campus off of Muldoon Road. Applicants must be 55 years or older. **\*\*Waitlist may apply\*\***
- Tyonek Terrace (907-338-2211 or 793-3000)**  
40 units located at our campus off of Muldoon Road. Applicants must be 55 years or older. **\*\*Waitlist may apply\*\***
- Salamatof Heights (907- 338-2211 or 793-3000)**  
120 units located at our campus off of Muldoon Road. Applicants must be 62 years or older or disabled. **\*\*Waitlist may apply\*\***
- Chickaloon Landing & Knik Corners (907-338-2211 or 793-3000)**  
95 units located at our campus off of Muldoon Road. Applicants must be 62 years or older or disabled. **\*\*Waitlist may apply\*\***
- Eklutna Estates (907-338-2211 or 793-3000)**  
59 units located at our campus off of Muldoon Road. Applicants must be 55 years or older. **Please note that this property enforces “smoke-free” housing requirements. \*\*Waitlist may apply\*\***

◆ ***Please rank numbers one (1) through four (4) if interested in more than one property***

◆ ***Income restrictions may apply. Prices and availability subject to change. Accessible homes subject to availability. Section 8 welcome.***

**\*Please note that all Cook Inlet Housing Authority residential units will become “smoke-free” housing in the spring/summer of 2011.**





# RENTAL APPLICATION

Date & Time Received	Rcvd Method	Rcvd By

- ALL ADULT APPLICANTS**
- APPLICATION FEE PAID
  - AMT RCVD: \$ \_\_\_\_\_
  - PHOTO ID COPIES
  - PREVIOUS YR. FILED TAXES

CIHA will charge a non-refundable application-processing fee of \$20.00 per adult. CHECK OR MONEY ORDER ONLY.

APPLICANT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

IF APPLYING TO BE ADDED TO EXISTING LEASE, CURRENT RESIDENTS NAME \_\_\_\_\_

*If you require a reasonable accommodation or staff assistance to complete this application, please notify a CIHA staff member.*

CURRENT RESIDENCE
CURRENT LANDLORD NAME:
CURRENT LANDLORD PHONE NUMBER:
DATES OF RESIDENCY:
CURRENT MONTHLY RENT AMOUNT:
REASON FOR MOVING:
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> Other _____ <input type="checkbox"/> In current Lease Agreement <input type="checkbox"/> Month to Month

PREVIOUS RESIDENCE
PREVIOUS RESIDENCE ADDRESS:
PREVIOUS LANDLORD NAME:
PREVIOUS LANDLORD PHONE NUMBER:
DATES OF RESIDENCY:
MONTHLY RENT AMOUNT:
REASON FOR MOVING:
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> Other _____

**HOUSEHOLD COMPOSITION – LIST ALL PERSONS WILL RESIDE IN YOUR UNIT IN THE NEXT 12 MONTHS**

	NAME (Last, First, Middle Initial)	Relationship	Birth Date	Social Security Number	Race	Full or Part-Time Student? (if yes, please mark Full or Part-Time)
Head of Household						
Co-head						
3						
4						
5						
6						
7						
8						



Is anyone in the household age 62 years or older, or disabled? Yes  No

Does anyone in the household qualify for and request an accessible unit and/or any reasonable accommodations? Yes  No

Did you serve in the active military and receive a DD-214 at discharge? Yes  No   
 If so, was your discharge other than "dishonorable?" Yes  No

Are you currently homeless? (Please see the attached "homeless" definition.) Yes  No   
 If yes, please attach necessary documentation.

Do you receive rental assistance? Yes  No  Agency: \_\_\_\_\_  
 If yes, voucher size is  1 Bd  2 Bd  3 Bd  4 Bd

Have you or any household member ever been evicted from any housing? Yes  No   
 If yes, please explain: \_\_\_\_\_

Have you ever been convicted of any violent crimes and/or drug related felony? Yes  No   
 If Yes, explain when and why: \_\_\_\_\_

**SOURCES OF INCOME** – This includes, but is not limited to: Full and/or part-time employment, seasonal employment, welfare assistance, social security, pensions, SSI, disability, military pay/benefits, unemployment, child support, alimony, student grants/loans, self-employment, PFD, Native Dividends, income from the sale of property, income from trusts and any other income received from people not residing with you.

FAMILY MEMBER NAME	SOURCE OF INCOME (List Name, Address & Phone #)	ANNUAL GROSS INCOME

**ASSETS** – This includes, but is not limited to, checking/savings accounts, 401K, money market accounts, IRA, stock/bonds, CD's, trusts, whole or universal life insurance policies, cash held in safety deposit boxes, items held as investments, etc.

TYPE OF ASSET	CURRENT BALANCE/VALUE	IS THIS ASSET HELD JOINTLY (Yes or No)

Do you own any real property? Yes  No   
 If yes, please explain the type and address of the property: \_\_\_\_\_





**FOR THE PURPOSE OF THIS APPLICATION, PLEASE NOTE THE FOLLOWING DEFINITIONS:**

**DISABILITY**

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing or learning.

**HOMELESSNESS:**

“Homelessness” includes a family residing in one of the following places and does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or State law:

- (1) A place not meant for human habitation, i.e., car, park/camp, sidewalk, or abandoned building.
- (2) An emergency shelter, which might include a church.
- (3) Transitional or supportive housing for persons who qualify because of homelessness.
- (4) In any of the above places, but is being treated in a hospital or other medical facility for 30 days or less.
- (5) A family with children that is doubled-up with family or friends AND who receives services from an Alaska School District under the McKinney-Vento Homeless Assistance Act.

**Documentation Required:**

1. A letter from the shelter, transitional, or supportive housing agency on letterhead stating the applicant’s current residency in their shelter, or;
2. A letter from a social worker, social service agency, health care official, family intervention advocate, or school official on letterhead having firsthand knowledge that the family resides in one of the places listed above, or;
3. A letter from an Alaska School District staff Homeless liaison, or designee, verifying services via the McKinney-Vento Homeless Assistance Act on letterhead.





**AUTHORIZATION FOR RELEASE OF INFORMATION**

Your signature on this form authorizes Cook Inlet Housing Authority (CIHA) to obtain information on your income, financial position and personal history to determine your eligibility for CIHA rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska’s Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for CIHA rental housing.

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that CIHA may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

**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 with CIHA and will stay in effect for one (1) year and one (1) month from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

---

**Applicant/Resident Name (Please print)**

**Date**

---

**Applicant/Resident Signature**

**Date**

**STATEMENT OF TRUTH**

*I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (personal/landlord, etc.), criminal history, and financial information to a representative of CIHA for a period of one (1) year and one (1) month from the date signed. I also understand that it is my responsibility to update my application in writing every 120 days and that if I fail to do so my application will be removed from the wait list, a new application will be required, and I will not retain my position on the wait list.*





**AUTHORIZATION FOR RELEASE OF INFORMATION**

Your signature on this form authorizes Cook Inlet Housing Authority (CIHA) to obtain information on your income, financial position and personal history to determine your eligibility for CIHA rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska’s Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for CIHA rental housing.

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that CIHA may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

**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 with CIHA and will stay in effect for one (1) year and one (1) month from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

---

**Applicant/Resident Name (Please print)**

**Date**

---

**Applicant/Resident Signature**

**Date**

**STATEMENT OF TRUTH**

*I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (personal/landlord, etc.), criminal history, and financial information to a representative of CIHA for a period of one (1) year and one (1) month from the date signed. I also understand that it is my responsibility to update my application in writing every 120 days and that if I fail to do so my application will be removed from the wait list, a new application will be required, and I will not retain my position on the wait list.*

