



Rental Housing Pre-Screening Application

Applicant Name: _____ Phone# _____
 Last First Middle

Current Mailing Address _____ Zip _____ Email _____

HOUSEHOLD COMPOSITION – List all persons who are anticipated to reside in the residence.

	Name (Last, First and Middle Initial)	Marital Status	Relationship to head of household	Birthdate	Social Security Number	Student Status FT/ PT/ N/a	Race (optional)
Head of Household 1							
Co-head 2							
3							
4							
5							
6							
7							
8							

HOUSEHOLD SOURCES OF INCOME

Household Member Name	Source of Income (List all sources of income for all household members)	Monthly Gross Income
Do all household members receive the Alaska Permanent Fund Dividend (PFD)	YES or NO	In answer is no, please explain why:

Has anyone in the household applied for or anticipate any additional income including but not limited to; Full Time/Part Time Employment, Social Security benefits, Public Assistance, Unemployment Insurance, Child Support, etc.?

Yes No If Yes, please explain: _____



RESIDENTIAL HISTORY- Please list the last three (3) years of residential history:

Current Residence

Current Landlord Name:
Current Address:
Current Landlord Phone Number:
Dates of Residency:
Current Monthly Rental 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

If at current residence is for less than 3 years (36 months) please complete the section below:

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Number	
Dates of Residency	
Monthly Rental 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	

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Number	
Dates of Residency	
Monthly Rental 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	

Have you previously rented from CIHA? Yes No

If yes, which property? _____ When did you move out? _____

How did you hear about us? Flyers/Ads Facebook Instagram Craigslist Website Friends/Family
Referred by CIHA Renter Caseworker/Shelter Email Signage/banner
Other _____

Are you currently homeless? (Please see the attached "homeless" definition.) Yes No

Did anyone in the household serve in the active military and receive a DD-214 at discharge? Yes No

If yes, was the discharge other than "dishonorable?" Yes No

Rental assistance or voucher holder? Yes No Level: _____ Provider: _____

Are you on a public housing waitlist? Yes No Where?: _____



VOLUNTARY SELF-IDENTIFICATION

The questions in this section are voluntary. Please check below all that apply to you or any member of the applicant household:

Does anyone in the household meet the definition of disabled? (Please see Q & A Disabilities definition) Yes No

Does anyone in the household require the features of an accessible unit? Yes No

Please select one

- Hispanic or Latino
- Non-Hispanic or Latino

Please select one

- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Please select all that apply

- Alaskan Native / American Indian

Regional Corporation: _____

Shareholder Descendent

Village Corporation: _____

Shareholder Descendent

Tribal Affiliation: _____

Shareholder Descendent

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.

_____ Date

_____ Date

_____ Date

_____ Date

I understand that entering my name above constitutes as my signature.

Staff Use Only	Date & Time Stamp
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Frequently Asked Questions:

Q: Is there a fee to apply for housing?

- A: Yes, there is a \$20.00 non-refundable application fee per household adult.

Q: Can you apply to be added to additional properties at a later time?

- A: Yes, however you will need to complete a Resubmittal Form.

Q: What Forms can be completed online?

- A: At this time only the online application.

Q: What happens after you are Pre-Screen approved?

- A: You are placed on waitlists that you income qualify for. Once your name reaches the top of the waitlist you will be contacted by a Housing Intake Specialist to complete eligibility.

Q: What do you have to pay at move-in?

- A: First month's rent and a security deposit is due at the time of lease signing.

Q: Can you add a household member to your application after you apply?

- A: Yes, as long as the lease has not been signed yet and they pass pre-screening.

Q: What is needed during eligibility processing?

- A: Copies of government issued photo ID
- A: Verification of Social Security Number, date of birth, and birth certificate and/or guardianship papers (for all minor children on application)
- A: Previous year's Tax Return or 4506-T Form if taxes are not filed.
- A: Proof of enrollment status, if applicable (tribal, regional, or village)
- A: Verification of Social Security Number for all adults (taxes, Social Security benefit verification, or Social Security Card)

Q: What is the definition of Persons with Disabilities?

- A: A person with a disability is any person who:
 1. Has a physical or mental impairment that substantially limits one or more major life activities;
 2. Has a record of such an impairment; or
 3. Is regarded as having such impairment

Q: What is the definition of Homelessness?

- A: "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. Resides in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); in an emergency shelter; and in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
 2. 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.
 3. Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
 4. Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
 5. Is an individual(s) who lacks a fixed, regular and adequate nighttime residence and includes: children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

Q: What documentation is needed for homelessness?

- A: letter from the shelter, transitional, or supportive housing agency on letterhead stating the applicant's current residency in their shelter, or;
- 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;
- A: letter from an Alaska School District staff Homeless liaison, or designee, verifying services via the McKinney-Vento Homeless Assistance Act on letterhead.

Do you have a preferred property at Cook Inlet Housing?

Bedroom Size:

- Studio
- 1 Bedroom
- 2 Bedroom
- 3 Bedroom
- 4 Bedroom

Unit Type:

- Multi-Unit Apartment
- Townhome/Duplex
- Single Family Home
- Family Housing
- Senior Housing

Location:

- Peninsula
- Anchorage
- Eagle River

STAFF USE ONLY:

Placed on the following waiting lists:

BEDROOM SIZE	PROPERTY NAME

Staff initials: _____ Date: _____





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

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