



Thank you for choosing **Cook Inlet Housing Authority!**

Please help us expedite the application process by checking all the required boxes below:

- ❖ Applications must be filled out completely (no blanks).
 - Complete contact information (phone, email, and/or mailing address)
 - Social Security Number for all adults (18 years and older)
 - Birthdate for all members of the household
 - Complete income & anticipated income for all members of the household
 - Complete 3 year residential history with dates and landlord information or living situation for all adult members of the household
 - Signed and Dated by all adult members of the household

- ❖ Applications must have all signatures in order to be added to our waiting list(s). Applications will be date and time stamped in the order they are received.
- ❖ Application Fees must be paid in full. [\$20 per each adult (18 years and older) listed on the Application, capped at \$60 per household.]
- ❖ Applications can be submitted to the Customer Care Team at 3510 Spenard Road, Anchorage AK 99503 following an intake appointment. Appointments can be scheduled by calling (907) 793-3020 Option 3.
- ❖ Applications can be completed online at www.cookinlethousing.org. Emailed and/or Faxed applications will not be accepted.
- ❖ If you need emergency housing/shelter please contact our partners at Catholic Social Services at www.cssalaska.org or call 907-277-1731.

Contact Us:

Customer Care: 907-793-3020 Option 3

Email: customercare@cookinlethousing.org

Website: www.cookinlethousing.org

Our Team looks forward to assisting you on your housing journey!

Frequently Asked Questions:

Q: Is there a fee to apply for housing?

A: Yes. An application fee of \$20 per each adult member, 18 years and older, listed on the Application (capped at \$60) is required for application processing.

Q: How do I get added to multiple housing waitlists?

A: Only one (1) application is required to be added to multiple waitlists.

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

A: Yes, If you would like to be added to additional waitlists after submission of your initial application you will need to complete a Resubmittal Form.

Q: Where can I find an application?

A: Applications can be completed online at www.cookinlethousing.org or can be submitted to the Customer Care Team at 3510 Spenard Road, Anchorage AK 99503 following an intake appointment. Appointments can be scheduled by calling (907) 793-3020 Option 3.

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 an Eligibility Specialist to complete move-in processing.

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 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 the homeless waitlist preference?

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 Homeless liaison, or designee, verifying services via the McKinney-Vento Homeless Assistance Act on letterhead.

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

Current Address:
Current Landlord Name:
Current Landlord Phone Number:
Dates of Residency:
Currently Monthly Rental Amount:
Reason for Moving:
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> In Current Lease Agreement <input type="checkbox"/> Month to Month <input type="checkbox"/> Other _____

Previous Address:
Previous Landlord Name:
Previous Landlord Phone Number:
Dates of Residency:
Reason for Moving:
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____

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Previous Landlord Phone Number:
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Have you previously rented from CIHA? Yes No

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

How did you hear about us?

- Social Media (Facebook/Instagram/Twitter/Youtube) Flyers/Ads Craigslist CIHA Website AHFC Website
 Friends/Family Referred by CIHA Renter Caseworker/Shelter Signage/banner Other: _____

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

Is anyone in the household a Military Veteran? 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

Describe: _____

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

- American Indian / Alaskan Native

Regional Corporation: _____ Shareholder Descendent

Village Corporation: _____ Shareholder Descendent

Tribal Affiliation: _____ Shareholder Descendent

Do you have a preferred property at Cook Inlet Housing? Please visit www.cookinlethousing.org for available rentals.

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

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.

Applications that are incomplete and/or missing information will be canceled and not processed. If you require assistance with filling out your application, please call the Customer Care Team at 907-793-3020 Option3.

Applicant's Signature Date

Other Signature Date

Co-Applicant's Signature Date

Other Signature Date



STAFF USE ONLY:

Waitlist selections:

BEDROOM SIZE	PROPERTY NAME

Additional notes:

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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