



MARKET RATE RENTAL HOUSING APPLICATION

APPLICANT NAME: _____

PROPERTY APPLIED FOR: _____ BDRM SIZE: _____

When submitting your application, please note the following:

- White-out cannot be used on this application. Please seek assistance if corrections need to be made for any reason.
 - You can apply and be added to additional property waitlists at a later date. If you wish to pursue this option, please complete a Resubmittal Form. Your rental housing application fee must be valid at that time or will need to be repaid.
 - First month's rent and a security deposit are due at the time of lease signing.
-

Items needed for **ALL** applications (*for all members of household 18 and over*):

- ☐ Completed Rental Application
- ☐ \$20 **Non-refundable** application fee, per household adult (**Cash NOT accepted**). Fee is valid for 180 days
- ☐ Copies of government issued photo ID and proof of enrollment status, if applicable (tribal, regional, or village)
- ☐ Previous year's Tax Return or recent pay stub.
- ☐ Copy of Voucher for Rental Assistance (*if applicable*)
- ☐ Homeless Verification (*if applicable*), or landlord contact information for current and previous landlords.

3510 Spenard Road, Suite 100, Anchorage, AK 99503 Tel 907-793-3000 Fax 907 793-3073



RENTAL HOUSING APPLICATION

Date & Time Stamp: _____

APPLICANT NAME _____ **PHONE #** _____

MAILING ADDRESS _____ **ZIP** _____ **E-MAIL** _____

IF APPLYING TO BE ADDED TO AN EXISTING LEASE, CURRENT RESIDENT NAME _____

HOUSEHOLD COMPOSITION – List all persons who will reside in the unit in the next twelve (12) months:

	NAME (Last, First, Middle Initial)	Relationship to HOH	Marital Status	Birth Date	Social Security Number	Race (Optional)
Head of Household						
Co-head						
3						
4						
5						
6						
7						
8						

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 and Address)	Annual Gross Income

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"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____

RENTAL HOUSING APPLICATION

Have you previously rented from CIHA? Yes ☐ No ☐

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

Do you receive rental assistance? Yes ☐ No ☐ Agency: _____

If yes, voucher subsidy level is: ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Have you, or any household member, ever been evicted from any housing? Yes ☐ No ☐

If yes, explain when and why: _____

Have you, or any household member, ever been convicted of a violent crime, i.e., assault? Yes ☐ No ☐

If yes, explain when and why: _____

Have you, or any household member, ever been convicted of a drug-related crime? Yes ☐ No ☐

If yes, explain when and why: _____

Have you, or any household member, ever been convicted of a felony? Yes ☐ No ☐

If yes, explain when and why: _____

How did you hear about us? _____

Are you an employee or Board Commissioner of CIHA, or a family member or business partner of a CIHA employee or Board Commissioner? Yes ☐ No ☐

If yes, name of employee/Commissioner: _____

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 ☐

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 the attached "Person with Disabilities" definition.) Yes ☐ No ☐

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

If yes, please list: _____

Does anyone in the household request any reasonable accommodations/modifications? Yes ☐ No ☐

If yes, please list: _____

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 ☐

American Indian 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.

Applicant's Signature _____ Date _____

Other Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Other Signature _____ Date _____