



CIHA Rental Housing Application

Thank you for choosing Cook Inlet Housing Authority!

To avoid delays in processing your application, ensure the application is completed in full, the information listed is true and accurate, and no whiteout is used. Applications that are incomplete will not be processed.

Before submission, review to ensure the following is complete and accurate:

- Current 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 for all members of the household.
- Complete three (3) year residential history with dates and landlord information or living situations for all adult members of the household.
- Signed and dated by all adult members of the household.
- No blanks. *If a question or area of the application does not pertain to the household, please write "N/A".*
- Applications need to be completed with blue or black ink.

Requested Documents:

- A copy of a valid driver's license or other form of picture identification for all adult members.
- Proof of homelessness, if applicable.
- Proof of rental assistance, if applicable.
- Application fee of twenty dollars (\$20.00) is required for each adult household member. A max application fee of sixty dollars (\$60.00) will be applied per household. Fees can be paid in the form of a check, money order or by debit/credit card.

Applications should be submitted to Customer Care at 3510 Spenard Road following an intake appointment. Appointments may be made by contacting CIHA's Customer Care Team at 907-793-3020. *We do not accept faxed or emailed applications.*

If you are in need of emergency housing/shelter, please contact our partners at Catholic Social Services at www.cssalaska.org or call 907-277-1731.

Contact Us:

Customer Care Team: 907-793-3020

Email: customercare@cookinlethousing.org

Website: www.cookinlethousing.org

If you have additional questions, please feel free to reach out to us. Our Team looks forward to assisting you on your housing journey!





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Frequently Asked Questions:

Q: Is there a fee to apply for housing?

A: Yes, there is an application fee of \$20.00 per adult household member, 18 years and older, listed on the application (capped at \$60.00) 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 later?

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

Q: Where can I find an application?

A: Our website at www.cookinlethousing.org, Main Office at 3510 Spenard Road, Anchorage AK 99503. Email customercare@cookinlethousing.org or call 793-3020 to request an application.

Q: What's next after you are pre-screen approved?

A: You are placed on waitlists that your income qualified 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. A major life activity is a function such as caring for oneself, performing manual tasks, working, lifting, standing, walking, hearing, seeing, communicating, concentrating, breathing, learning, thinking, eating and sleeping.*
- 2. Has a record of such impairment; or is regarded as having such impairment.*

Q: What is the definition of Homelessness?

A: "Homelessness" defined by AHFC in AS 18.56.090(f) means the state of an individual who lacks a fixed, regular, and adequate nighttime residence, and includes an individual who:

- 1. Is sharing the housing of other individuals because of loss of housing, economic hardship, domestic violence, or a similar reason;*
- 2. Is living in a motel, hotel, trailer park, or camping ground because of the lack of alternative adequate accommodations;*
- 3. Is living in an emergency or transitional shelter;*
- 4. Is abandoned in a hospital;*
- 5. Is waiting for a foster care placement;*
- 6. has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;*
- 7. Is living in a car, a park, a public space, an abandoned building, substandard housing, a bus or train station, or a similar setting;*
- 8. Is fleeing a domestic violence situation, does not have an alternative residence, and lacks the resources and support needed to obtain housing;*
- 9. Is being evicted within a week, does not have an alternative residence, and lacks the resources and support needed to obtain housing;*
- 10. Is being discharged within a week from an institution, including a mental health treatment facility, substance abuse treatment facility, or prison, in which the individual has been a resident for more than 30 consecutive days, does not have an alternative residence, and lacks the resources and support needed to obtain housing. transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.*

Q: What documentation is needed for proof of 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 Homeless liaison, or designee, verifying services via the McKinney-Vento Homeless Assistance Act on letterhead.





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Applicant Name: _____ Phone # _____

Current Mailing Address: _____ Zip Code _____

Email: _____ Alternate Contact: _____

Household Composition: Please list all persons who will reside in the unit in the next twelve (12) months:

Head of Household	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Decline to Answer	Social Security Number:	Marital Status (circle): Married Single Separated Divorced
	Race: <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer		Citizenship Status <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Decline to Answer
	Please select all that apply: Regional Corporation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Village Affiliation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Tribal Enrollee: _____		
Additional Household Member Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Youth <input type="checkbox"/> Foster Child	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Decline to Answer	Social Security Number:	Marital Status (circle): Married Single Separated Divorced
	Race: <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer		Citizenship Status <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Decline to Answer
	Please select all that apply: Regional Corporation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Village Affiliation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Tribal Enrollee: _____		





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Additional Household Members

Additional Household Member Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Youth <input type="checkbox"/> Foster Child	Full Name: _____	Birthdate: _____	Student Status (circle): Full-time Part-time N/A	
	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Decline to Answer	Social Security Number: _____	Marital Status (circle): Married Single Separated Divorced	
	Race: <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer		Citizenship Status <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Decline to Answer	
	Please select all that apply Regional Corporation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Village Affiliation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Tribal Enrollee: _____			
Additional Household Member Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Youth <input type="checkbox"/> Foster Child	Full Name: _____	Birthdate: _____	Student Status (circle): Full-time Part-time N/A	
	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Decline to Answer	Social Security Number: _____	Marital Status (circle): Married Single Separated Divorced	
	Race: <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer		Citizenship Status <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Decline to Answer	
	Please select all that apply Regional Corporation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Village Affiliation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Tribal Enrollee: _____			





CIHA Rental Housing Application

Household Residential History: Please list the last three (3) years of residential history:

CURRENT RESIDENCE
Current Landlord Name:
Current Address (Applicant):
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 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	
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? _____

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

If yes, please provide supporting documentation.





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Household Income– List all amounts that are received on behalf of the family (even if the family member is temporarily absent). Include all amounts guaranteed to be received from a source outside the family during the 12-month period following admission or annual recertification effective date. *Examples:* Full and/or part-time employment, seasonal employment, welfare assistance, social security, pensions, SSI, disability, military pay/benefits, current unemployment, child support, alimony, student grants/loans, self-employment, PFD, Native Dividends, sale of property, income from trusts, and any other income received from people not residing with you.

	Applicant Name:	Applicant Name:
Employer Name		
Mailing Address		
Phone Number		
Fax Number		
Occupation		
Supervisor's Name		
Weekly Wage/ Hours		
Dates of Employment	From/To	From/To

Additional Sources of Income	Applicant Name:			Applicant Name:		
	Yes	No	Monthly Amount	Yes	No	Monthly Amount
<i>Must mark yes or no on all sources listed</i>						
Alaska PFD						
Native Corporation Dividends						
ATAP						
APA/OAA						
Senior Benefits (General Assistance)						
SSI/SSA						
Pensions/Retirement						
Veteran Pension						
Unemployment						
Child Support						
Alimony						
Monetary Gifts *						
Other:						

**Includes rent and utility payments paid on behalf of the family, and other cash or noncash contributions provided on a regular basis*

Has anyone in the household been offered employment that is expected to begin within the next 12 months? Yes No
 If yes, please provide a copy of the offer letter and complete the information below:

Employer: _____ Start date _____ Job Position/Title: _____

Anticipated or Promised Hourly Wage: \$ _____ Anticipated or Promised Hours per Week: _____





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Other Information:

Has any household member been divorced within the past 3 years? Yes No

If yes, please list date of divorce: _____
Please submit copies of the divorce decree and any current child support orders if applicable.

Do you receive rental assistance? Yes No Agency: _____

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

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

Is anyone in the household a military veteran? Yes No Who? _____

Voluntary Self-Identification: Please check all that apply to you or any member of the applicant household below.

Does anyone in the household meet the definition of disabled? (Please see the FAQ for "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: _____

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 the 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 understand that it is my responsibility to keep Cook Inlet Housing Authority informed of my current address/telephone number, and failure to do so will result in cancellation of my application.

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. All adult household members must fill and sign a Release of Information (ROI) to be included in this application.

Applicant's Signature Date

Other Signature Date

Co-Applicant's Signature Date

Other Signature Date

STAFF USE ONLY	APPLICATION DATE & TIME
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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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Applicant Eligibility and Responsibility Acknowledgement

Cook Inlet Housing Authority (CIHA) staff are committed to engaging in respectful, collaborative interactions with all applicants. To facilitate this, we ask that all persons interacting with CIHA staff, representatives, and residents conduct themselves in a manner consistent with the responsibilities below. Failure to do so may result in delays or termination of the application and/or eligibility process.

Applicant Responsibilities include:

- CIHA Applicants will ensure all information provided to CIHA, both in writing and verbally, is truthful and accurate to the best of their knowledge.
- Applicants are responsible for completing the necessary forms to update CIHA with any changes to their contact information, including phone number, mailing address and email address.
- Applicants are responsible for completing the necessary forms to note changes to household composition or changes in household income.
- Applicants will ensure timely response to all CIHA requests, both verbal and in writing, by the stated deadline.
- Applicants shall conduct themselves in a respectful, polite, and courteous manner when interacting with a representative of CIHA.
- Applicants shall not threaten, coerce, intimidate, shout at, curse, or make false accusations or allegations to or against a representative of CIHA.
- Applicants shall not engage in any activity that threatens the health or safety of, or right to peaceful enjoyment of the premises by, other clients, residents, or CIHA's employees.

Notice: CIHA policy allows applicants to decline one (1) unit offer and still remain on housing waitlists. If applicant declines two (2) unit offers the application will be removed from **all** current waitlists, and the applicant will be required to reapply for future housing opportunities.

Acknowledgement Statement

By signing below, I acknowledge both receipt and understanding of the information stated within this document. **I understand that failure to comply with the responsibilities stated above could result in the termination of my application. Should I be determined eligible and approved for a CIHA unit and choose to sign a CIHA lease, this acknowledgement form will become a part of my permanent resident file.**

Applicant Signature

Date

Applicant Signature

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.