



P.O. Box 1157
Skagway, AK 99840
Phone: (907) 983-4068
Fax: (907) 983-3068

Date and Time Received:
Received By:
Financial Literacy Class attendance may be required
before Occupancy
Date Class Completed:

AFFORDABLE RENTAL HOUSING APPLICATION

Complete all information or indicate N/A if it doesn't apply. It is your responsibility to update your application when changes occur and/or when a unit becomes available. PLEASE BE ADVISED THAT A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED ON ALL ADULTS LISTED ON THIS APPLICATION AND WILL BE TAKEN INTO CONSIDERATION DURING THE SELECTION PROCESS.

REQUIRED DOCUMENTATION: Failure to provide information may cause your application to be delayed or denied.

- Signed and Completed Affordable Rental Housing Application**
- Financial Literacy Class** (Emailed proof of completion)
- Signed Consent to Release Information Form** (Signed by all household members 18 and older)
- Landlord Reference Form** (lower portion to be completed by STC)
- Copy of Government issued photo ID or Driver's License** (for all household members 18 and older)
- Copy of Certificate of Indian Blood (CIB) OR Tribal Enrollment Card OR Proof of eligibility of membership**
- Copy of Birth Certificates for all children** (under the age of 18)
- Social Security cards** (for all household members)
- Copy of past three (3) years of tax returns and signed request for transcript of tax return 4506T form** (must be completed by all household 18 and older).
- Homeless Verification** (if applicable)
- Employment Verification Authorization Form** (Completed by STC)
- Copy of Bank Statements** (three (3) current months – including all pages)
- Retirement and/or Pension Statements**
- Adult Public Assistance/Alaska Temporary Assistance Program/Alaska Senior Assistance/Temporary Assistance for Needy Families/Child Support** (Printout from Agency showing amount received/awarded and duration)
- SSI/SDI/SSA/Veterans Benefits/Military Pay** (benefit award letter or proof of income)
- Unemployment** (copy of award letter or proof of income and duration)
- Alaska Native Corporation Dividends** (letter or statement from Native Corporation showing amount received in last 12 months)
- Worker's Compensation** (letter showing amount receiving and duration)
- Self-Employment** – Current tax information such as Schedule C, Form 1065, and Form 1120
- Most Current Pay Stub**

*More documents may be required based on individual circumstances

There will be a Nonrefundable Application Fee of \$40.00 per unit. This must be provided at the time the application is submitted in the form of a money order or cashier's check only. If applicant declines a unit and would like to wait for the next available unit, there will be an additional \$25.00 required. Once an applicant has declined 2 units, they will be removed from the STC Wait list.

Money Orders or Cashier Checks can be made out to: Skagway Traditional Council

APPLICANT INFORMATION:**Date:** _____

Applicant Name: _____ Other Names Used, Maiden: _____

Home Phone #: _____ Work/Cell# _____ Email: _____

Co-Applicant: _____ Other Names Used, Maiden: _____

Home Phone #: _____ Work/Cell# _____ Email: _____

ADL or State I.D.: _____ Expiration Date: _____

Co-Applicant ADL or State I.D.: _____ Expiration Date: _____

Current Mailing Address: _____

Current Physical Address: _____

Tribal Affiliation: _____

HOUSEHOLD COMPOSITION: If you need additional space, please list on a blank page

	Name	Relationship	Birthdate	Age	Social Security #	STC Member #
Head						
2						
3						
4						
5						
6						
7						
8						

TOTAL INCOME: If left blank STC will assume insufficient Income; Applicants must demonstrate sufficient Income to pay for housing and/or other utilities to be considered.

INCOME – ALL amounts, monetary or not, that go to or are received on behalf of the family head, spouse or co-head (even if the family member is temporarily absent), or any other family member; and/or ALL amounts anticipated to be received from a source outside the family during the 12-month period following admission or annual re-certification effective date. This includes but is not limited to: Full and /or Part time employment, seasonal employment, welfare assistance, social security, pensions, SSI, disability, military/veterans pay/benefits, senior assistance, unemployment, child support, alimony, student grants/loans, self-employment, Alaska PFD, Native Dividends, TANF, income from sale of property, rental income, income trusts and any other income received from people not residing with you.

*** SOURCES OF INCOME:**
This section must be completed by all adult household members

INCOME – ALL amounts, monetary or not, that go to or are received on behalf of the family head, spouse, or co-head (even if the family member is temporarily absent), or any other family member; and/or ALL amounts anticipated to be received from a source outside the family during the 12-month period following admission or annual re-certification effective date. 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 sale of property, income trusts and any other income received from people not residing with you.

	Head Applicant Name:			Co – Applicant Name:			Other Adult Applicant Name:			Other Adult Applicant Name:		
Please Mark (X) YES or NO	Yes	No	Amount/ Frequency	Yes	No	Amount/ Frequency	Yes	No	Amount/ Frequency	Yes	No	Amount/ Frequency
Employment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
APA/OAA/ATAP	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Native Corporation Dividends	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
SSI/SSA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Veterans Benefit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Senior Assistance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Pensions/ Retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Income Property/Rental	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Self Employed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Monetary Gifts*	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Claim zero income	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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

ASSETS: Checking, Savings, Land, Property, Stocks, Bonds, House(s), Boats, etc.

Asset Type:	Account Number	Estimated Balance	Name of Financial Institution, if applicable
Checking		\$	
Savings		\$	
Property		\$	
		\$	
		\$	

FEDERAL PREFERENCE:

1A. Are you without housing or are you about to be without housing? No Yes

If yes, explain: _____

1B. How many bedrooms are needed? _____

2. Are you living in crowded conditions?

No Yes

No Yes

Two or more families living in one home.

Number of people living in home: _____

Number of bedrooms: _____

3. Paying more than 50% of your total family income towards rent and utilities? No Yes

Gross monthly income: \$ _____ Total of monthly rent and utilities: \$ _____

4. Are you living in substandard conditions?

No Yes

Is there running water?

No Yes

Is there safe electric?

No Yes

Is there safe and adequate heat?

No Yes

Do you have an indoor bathroom?

No Yes

Has the building been declared unsafe or condemned?

No Yes

5. Does any applicant have any of the following expenses?

Childcare? No Yes If yes, Monthly \$ _____

Provider Contact Information: _____

Medical Expenses? No Yes If yes, Monthly \$ _____

Description: _____

Tax Levy? No Yes If yes, Monthly \$ _____

Tax Documentation is required

OTHER INFORMATION:

1. **Are you related to any STC staff or council members?** No Yes
If yes, please specify whom: _____
2. **Do you own any automobiles?** No Yes
If yes, please specify: (year, make, model, license plate #) _____
3. **Do you have any pets?** No Yes
If yes, please specify: _____
4. **Have you or other members of your household been charged/convicted of:**
Violent Crimes? No Yes
Drug Related Crimes? No Yes
Sex Offender Registry? No Yes
If yes, please explain: _____

5. **Do you require a unit designed for persons with disabilities?** No Yes If
yes, please indicate special need (i.e., no stairs, roll-in shower, etc.) _____
6. **Do you currently own OR are you purchasing another home?** No Yes
If yes, please explain: _____
7. **Do you OR have you had utility account(s) in your name?** No Yes
If yes, what companies? _____
8. **Have you previously lived in a federally subsidized housing program?** No Yes
If yes, please explain: (Name, Year) _____
9. **Landlord Information**
Current Landlord: _____
Telephone & Address: _____
Monthly Rent \$: _____ Estimated Monthly Utilities \$: _____
10. **Employer Information**
Employer Name: _____
Mailing Address: _____
E-mail and phone number: _____
11. **Additional Comments - if any related to your living situation:**

12. **Are you required to put in a 30-day Notice to move?** No Yes
13. **Date that you are available to move in:** _____

DECLARATION

By signing this affordable rental housing application, the following is agreed to and understood

Initial(s)

____/____ STC will verify that my household qualifies as low-income as described in HUD low-income limits for Skagway.

____/____ I (we) certify that the information provided in this application is accurate and complete to the best of my (our) knowledge.

____/____ I (we) understand that providing false statements or information is punishable under Federal Law and constitutes grounds for termination of housing assistance and eviction.

____/____ I (we) further certify that I (we) do not owe any money to any Indian Housing Office or Authority.

____/____ I (we) will be responsible for any damages made to the rental housing during my occupancy, if selected.

____/____ If selected, I (we) will be required to sign a Residential Rental Agreement prior to occupying a STC rental unit and that it will be my (our) primary place of residence.

Printed Name, Signature of Head of Household Date

Printed Name, Signature of Co-Applicant Date

Printed Name, Signature of Co-Applicant Date

Printed Name, Signature of Co-Applicant Date

RELEASE OF INFORMATION

I hereby authorize the release of any information concerning me, to the STC Housing Programs, mailing address P.O. Box 1157, Skagway, Alaska 99840. The requested information shall be used solely in the administration of STC programs, and a reproduction of this release is as valid as the original. Contacts may include, but not be limited to:

- ❖ Public Assistance
- ❖ Department of Labor/Unemployment
- ❖ Social Security Administration
- ❖ Veterans Administration
- ❖ Division of Vocational Rehabilitation (DVR)
- ❖ Employers
- ❖ Native Corporations
- ❖ Child Support Enforcement Agency
- ❖ Financial Institutions
- ❖ Private Individuals
- ❖ Alaska Permanent Dividend Fund
- ❖ Senior Benefits Program
- ❖ Background Check
- ❖ Landlord Reference Verification
- ❖ Temporary Assistance for Needy Families (TANF)
- ❖ Alaska Power and Telephone
- ❖ Gas companies including but not limited to PETRO, Klondike Fuel, Doland Construction, or others
- ❖ Other (Please Name): _____

This authority shall continue until revoked in writing by the undersigned.

Applicant Printed Name/Signature	Date	Social Security Number
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Co- Applicant Printed Name/Signature	Date	Social Security Number
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Co- Applicant Printed Name/Signature	Date	Social Security Number
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Co- Applicant Printed Name/Signature	Date	Social Security Number
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**Skagway Tribal Council
Landlord Reference Form**

Applicant: _____ Co-Applicant: _____
Landlord Name: _____ <input type="checkbox"/> Private Owner <input type="checkbox"/> Mgmt. Co. <input type="checkbox"/> Other _____
Landlord Mailing Address and e-mail: _____
<input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Other _____
Phone # _____ Fax: _____

Tenant/Applicant - Do not write below this line

Date of Residency: From: _____ to: _____ Rental Address _____

Amount of Rent: \$ _____ # of Occupants: _____

Of Late Payments (if any): _____ # of returned checks (if any): _____

Is this a Low-Income Housing Tax Credit Project? Yes No

If yes, what is the last annual tenant income calculation? _____

Were there any disturbances/complaints? Yes No

If yes, please explain: _____

Did the resident or his family/guest damage the apartment/home or property? Yes No

If so, did the resident pay for the damages? Yes No

Did the resident violate the lease agreement in any way? Yes No

If yes, please explain: _____

Did the resident violate any of your house rules in any way? Yes No

Did the resident give the proper notice for vacating the unit? Yes No

Did the resident receive their deposit back? Yes No

Did the resident have any pets? Yes No

Would you rent to this individual again? Yes No

Are you related to the tenant? Yes No

Additional Comments: _____

Printed Name: _____

Signature: _____ Date: _____