



# RENTAL PROGRAM

429 Deermount Street Ketchikan, AK 99901

Fax (800) 821-4901 Direct 907-228-9222

Email Housing@kictribe.org

## ELIGIBILITY GUIDELINES

The KICHA rental program provides affordable housing to qualified American Indian/Alaska Natives (AI/AN)

Eligibility is based on household gross income using the following criteria:

- Copy of the most recent 30 days of income verification prior to award (Examples: Pay Stubs, Annual Statements of benefit's from Various Agencies) for each adult
- Previous year's tax return for each adult
- For self-employed household members tax returns with Schedule C included

All household members 18 years+ must provide verification of their income for the eligibility period.

The standard used to determine maximum allowable income for eligibility is 80% of the median income guidelines issued annually by Housing and Urban Development (HUD) for the Ketchikan Gateway Borough area.

Maximum eligible income **FY21** to May is:

Persons in Household	Annual Income	Monthly Income
1	\$52,584	\$4382
2	\$60,096	\$5008
3	\$67,608	\$5634
4	\$75,120	\$6260
5	\$81,130	\$6761
6	\$87,139	\$7262
7	\$93,149	\$7762
8	\$99,158	\$8263

**Minimum Income** Families must have sufficient income to make monthly housing payments, utility payments and perform maintenance of the home. To be eligible the family's income must equal or exceed the minimum income requirements necessary for the tenant to make a minimum rental payment of \$150.00 and have the ability to pay utilities and food, minimum annual income ( $\$12,000 / 12 = \$1,000 \times .30\% = \$300$ )

1409 Jackson Street minimum rents

\$625 -1 Bedroom= \$26,800 income. And \$775 - 2 Bedroom units= \$32,800 income.

**Preferences:** *KIC Tribal Members, Clean Rental History, Ability to Pay Rent, Veteran, and Elder as defined by KICHA*



<b>For office use only</b>
Date Received: _____
Service Date: _____
Grant Amount: _____

## 2021 KIC Housing Authority Rental Program Application

*Before completing this application, carefully read the "Eligibility Guidelines"*

**Part 1. Personal Information**

Your Social Security Number:	
<div style="border: 1px solid black; width: 100%; height: 30px; display: flex; justify-content: space-around; align-items: center;"> <span>-</span> <span>-</span> </div>	Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed.
Your Name: _____	
DOB: ____/____/____	
_____	_____
First Name	M.I.
_____	
Last Name	
Current Home Address:	
_____	_____
Street	Apt. City
_____	_____
State	Zip
Mailing Address:	
_____	_____
Street	Apt. City
_____	_____
State	Zip
( ) _____	( ) _____
Work Phone:	Daytime or other phone
Email: _____	

**Part 2. Household Information**

List all household members starting with applicant

First, M.I., Last name	Social Security	DOB mm/dd/yyyy	Tribal Enrollment number	Relationship to applicant
	- -	/ /		Self
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

**List emergency contacts**

First, M.I., Last name	Address	Contact Numbers	Relationship to applicant

**Part 3. SOURCES OF INCOME AND OTHER ASSISTANCE**

(Check all that apply for your household and send proof of income)

<input type="checkbox"/> Wages	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony or Spousal Support
<input type="checkbox"/> Alaska PFD	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Contract for Deed Interest
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Social Security Retirement Benefits	<input type="checkbox"/> Social Security Disability Income (SSDI)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Retirement Survivors Disability Insurance (RSDI)	<input type="checkbox"/> Retirement Income
<input type="checkbox"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Judgments or ANSCA Per Capita Payments	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Long/Short-term Disability	<input type="checkbox"/> FIP	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> State of Alaska Senior Benefits	<input type="checkbox"/> Other:	
<input type="checkbox"/> Food Support (is not income)	<input type="checkbox"/> Earned Income Tax Credit	<input type="checkbox"/> No Income

List all expected income for the calendar year for each member of the household. Include all annuity payments such as PFD's and ANSCA corporation payments.

Household Member	Income Source (Wages, PFD, SSA, SSI, APA, etc.)	Amount	Frequency (i.e., monthly/ weekly)	Verification Attached (i.e. Check stub/w-2 etc.)
Self		\$		
Self		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

To be placed on the waiting list verification of income is not required **but** prior to service you will be required to send proof of all gross income received by all members in your household for the **most recent calendar month**. Send copies, originals will not be returned.

\*If self-employed, IRS-1040 tax return with schedule C.

**Criminal and Administrative actions for False Information**

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination from KICHA programs.

Signature and Date of adult household members:

Applicant: \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

This page must be completed with all employment information before application will be considered, **if you are not employed be sure to put N/A**. Income earned by **all** household members must be reported. Upon selection you will be required to submit complete copies of federal tax returns and/or most recent month income verification for all adult residents.

<b>Head of Household Employer:</b>	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
<b>Gross (Before Taxes) Monthly Earnings</b> \$	
<b>Co-Head of Household Employer:</b>	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
<b>Gross (Before Taxes) Monthly Earnings</b> \$	
<b>Other Adult Household Member Employer:</b>	
Position:	
Employer Address:	
Work Phone Number:	Date Employed:
<b>Gross (Before Taxes) Monthly Earnings</b> \$	

**Current Landlord Contact Information:**  
Must provide accurate mailing address

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

**Best ways to reach you if we have additional questions:** *(Make sure your contact information on page 1 is correct and call us if you move or your phone number changes after submitting this application)*

- US Mail       Phone       email (address on page 1)

Do you have any relatives working at KIC? ___ Yes ___ No		If "YES", please list them here.	
Name:		Relationship:	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

# Ketchikan Indian Community Housing Authority

429 Deermount Street | Ketchikan, AK 99901

Fax (800) 821-4901 | Direct: 907-228-9222

Email: [Housing@kictribe.org](mailto:Housing@kictribe.org)

## Authorization for release of information 2021

1. I give my consent and authorization for any Federal, State, or local agency to release to the Ketchikan Indian Community Housing Authority (KICHA) any information needed to complete and verify my application for assistance.
2. I authorize the Social Security Administration and the Alaska Department of Health and Social Services (ADHSS) and its affiliated agencies to share with KICHA data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits.
3. I authorize KICHA to:
  - Contact my employer to verify my income.
  - If I am renting, to contact my landlord to confirm my residency and standing.

**By signing, I affirm that all data in this application is correct. I also acknowledge that:**

- I currently reside in the address listed on this application.
- I am signing on behalf of all household members.
- I may have to prove my statements.
- I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
- I understand that filling out this application does not guarantee that my household will receive assistance.

### Head-of-Household

Print Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

### Adult-Applicant

Print Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

### Adult Member

Print Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

*I authorize release of information regarding my credit, references (personal/landlord etc.) criminal history, and financial information to a representative of KICHA for period of (1) year from the date signed.*

## RENTAL APPLICATION CHECKLIST

**Please review application for completeness prior to mailing or delivering to KICHA**

### Personal and contact information

- Completed Application – Signed and dated.
- Copy of KIC enrollment card or Certificate of Indian Blood or other Tribal Enrollment Card - for all household members
- Copy of Current Photo I.D. (examples DL/ Passport/ State I.D.)
- Copy of Social Security Card - for all household members
- Copy of Borough Tax Exempt Card, 65+ Applicants
- Signed, Authorization for Release of Information, page 5

### Income Information

- Copy of each hold members 30 days of income verification prior to award (Examples: Pay Stubs, Annual Statements of benefit's from Various Agencies) for each adult and
- Copy of previous year's tax return for each adult
- For self-employed household members tax returns with Schedule C of Tax Return)

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**Statement of No Income**

I, \_\_\_\_\_ attest to not having any income.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
**Signature**

Do you have any relatives working at KIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "YES", please list them here.
Name:	Relationship:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	



