



VETERANS HOUSING PROGRAM

ELIGIBILITY GUIDELINES

The KICHA Veterans Housing Program provides affordable housing to qualified American Indian/Alaska Native Veterans.

Eligibility is based on household gross income (before taxes) using the following criteria:

- The most recent calendar month's income verification prior to award
- Previous year's tax return
- The self-employment worksheet for self-employed household members for the prior 12 months.

All households 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** is:

Persons in Household	Annual Income	Monthly Income
1	\$52,584	\$4382
2	\$60,096	\$5008

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. Rent starting at \$150.00, Minimum annual income \$12,000 ($\$12,000 / 12 = \$1,000 \times .30\% = \300) (\$150 Rent +\$150 utilities)

Preferences for KIC Tribal Members, clean rental history, ability to pay rent, veteran, and disabled/handicap as defined by KICHA



For office use only	
Date Received:	_____
Time Received:	_____
Service Date:	_____
Grant Amount:	_____

2021 KIC Housing Authority Veterans Housing 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; align-items: center; justify-content: center; margin-top: 5px;"> - - </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. KIC will use Social Security Numbers to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants for temporary assistance for families in need
Your Name: _____ DOB: ____ - ____ - ____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> First Name M.I. Last Name </div>	
Current Home Address: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ AK _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street Apt. City State Zip </div>	
Mailing Address: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ AK _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street Apt. City State Zip </div>	
() _____ () _____ Home 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	Enrollment Number	Relationship to applicant
	- -	/ /		
	- -	/ /		

List emergency contacts

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

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"/> State of Alaska Senior Benefits	<input type="checkbox"/> Long/Short-term Disability
<input type="checkbox"/> Alaska PFD	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Food Stamps (is not income)
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Alimony or Spousal Support
<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"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Judgments or ANSCA Per Capita Payments	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Retirement Income		<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Support (is not income)
<input type="checkbox"/> Unemployment Compensation	<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 (Employment, PFD, SSI, GA, etc.)	Amount	Frequency (i.e., monthly/weekly)	Verification Attached (i.e. Check stub/w-2 etc.)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

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, send first 2 pages of your most recent IRS-1040 tax return.

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 _____

List Emergency Contacts:

Name	Address	Phone	Relationship	Years Known

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.

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

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

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 rent, 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.

Head-of-Household

Print Name _____ Birth Date ____/____/____

Social Security Number ____-____-____

Signature _____ Date ____/____/____

Co-Applicant

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.



VETERAN'S 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, Certificate of Indian Blood or Tribal Enrollment Card - for all household members
- Copy of Photo I.D – for all household members
- Copy of Social Security Card – for all household members
- Proof of Veteran Status
- Copy of Borough Tax Exempt Card - 65+ Applicants
- Signed, Authorization for Release of Information, page 5

Income Information

- Copy of most recent month's income
- Copy of Annual Benefits Statement
- Copy of previous year's tax return (if applicable)
- IRS 4506 Form filled out and signed, if needed

Please note Veterans Housing Program Policies Attached 7 and 8

Veterans Housing Program Policies

Special Requirements for Veterans Housing

The purpose of the Ketchikan Indian Community Housing Authority Veterans Housing Program is to provide affordable housing for qualified American Indian/Alaska Native Veterans and spouse.

Selection

In addition to being eligible, applicants for KICHA Veterans Housing Program properties must be determined to be suitable, which is defined as;

The ability to pay rent in accordance with the KICHA policy

The ability to maintain a rental unit and its premises in accordance with the KICHA housing programs policies and lease provisions and generally accepted standards of cleanliness and housekeeping;

The ability to live harmoniously with other residents and neighbors and maintain conduct which is not likely to:

- interfere with other residents and neighbors in such a way as to materially diminish their enjoyment of the premises by adversely affecting their health, safety, or welfare, or
- affect adversely the physical environment of the community, or
- adversely affect the health, safety, or welfare of KICHA housing staff or employees of other service providers; and
- The ability to refrain from illegal drug-related activity either on or off Housing /tribal premises; and
- The ability to comply with necessary and reasonable rules and program requirements of the KICHA housing program

In determining eligibility the following factors also shall apply:

- ❖ Any participants evicted for non-payment from any public housing shall not be eligible until arrears are paid in full.

In selecting applicants to fill vacancies, the Ketchikan Indian Community Housing Authority/Tribe will give consideration to the following in the order shown.

- *Ketchikan Indian Community enrollees*
- *Whether applicant is a veteran or serviceman of the U.S. Military.*
- *Disability or handicap preference for units specially equipped*
- *Whether admission to the project would prove detrimental to the project or its residents by established records of any of the following:*
 - *Non-payment of rightful obligations,*
 - *Imperil to health, safety, or morals of neighbors,*
 - *Destruction of property,*
 - *Disregard for rules of occupancy and rights of others.*
- *Ability to pay rent as evidenced by checking/savings accounts and/or income.*
- *References*
- *Homelessness or Overcrowding*
- *Other applicants in application-date order*

Refusal to Provide Verification

The applicants file shall be denied if the applicant refuses to provide verification, fully disclose all information relevant to the eligibility and suitability determination or falsifies information for the purpose of obtaining housing with the KIC housing program

Denial

Veterans determined to be ineligible shall be notified in writing immediately of the reason(s) therefore, and, if requested, the applicant shall be granted a private conference regarding his/her eligibility status.

Waiting List

Each applicant shall be assigned his appropriate place on a community wide basis in a sequence based upon factors affecting preference or priority established by regulation or by the local Ketchikan Indian Community Housing Authority/Tribe's policy.

At the time a unit becomes available, the applicant first on the waiting list shall be offered a suitable unit at the vacancy location.

If an applicant rejects a unit offered, he/she shall be moved to the bottom of the eligibility list. Reassignment or transfer to another dwelling unit may be made to correct occupancy standards.

KICHA may conduct a waiting list update from time to time by mailing a notice to all applicants on the waiting list. Applicants must respond to the letter within 10 business days to express their continued interest or their application will be dropped from the wait list.

Ketchikan Indian Community Housing Authority

429 Deermount Street | Ketchikan, AK 99901

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

Email: Housing@kictribe.org

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:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

