



CIHA Rental Housing Application

Thank you for choosing Cook Inlet Housing Authority!

To avoid complications with your application, ensure the information listed on this application is completed full, information listed is true and accurate and no use of white out. Applications that are incomplete or have use of whiteout 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.
- There are 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, Option 3. *We do not accept faxed or emailed applications.*

If you are in need 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, Option 3

Email: customercare@cookinlethousing.org

Website: www.cookinlethousing.org

Thank you for your partnership. 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 Option 3 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 an impairment; or is regarded as having such impairment.*

Q: What is the definition of Homelessness?

A: "Homelessness" includes a family residing in one of the following places and does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or State law:

- 1. Resides in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); in an emergency shelter; and in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.*
- 2. A family with children that is doubled-up with family or friends AND who receives services from an Alaska School District under the McKinney-Vento Homeless Assistance Act.*
- 3. Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.*
- 4. Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.*
- 5. Is an individual(s) who lacks a fixed, regular and adequate nighttime residence and includes: children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.*

Q: What documentation is needed for the homeless waitlist preference?

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: _____

If applying to be added to existing lease, current CIHA resident's name: _____

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

Household Member 1 Head of Household	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
Household Member 2	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
	Relationship to Head of Household:		
Household Member 3	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
	Relationship to Head of Household:		
Household Member 4	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
	Relationship to Head of Household:		
Household Member 5	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
	Relationship to Head of Household:		
Household Member 6	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
	Relationship to Head of Household:		
Household Member 7	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
	Relationship to Head of Household:		
Household Member 8	Full Name:	Birthdate:	Student Status (circle): Full-time Part-time N/A
	Race (optional):	Social Security Number:	Marital Status (circle): Married Single Separated
	Relationship to Head of Household:		





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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 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"/> In current Lease Agreement <input type="checkbox"/> Month to Month	
Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Number	
Dates of Residency	
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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 attach supporting documentation.

Are you currently residing in a home that is leased or owned by family and/or friends? Yes No
 If yes, how many total persons are residing in the household? _____

If you are residing with family and/or friends, how many sleeping areas, including all bedrooms and living/family rooms, are in the home? Number of living rooms _____ Number of bedrooms _____

Please note that if you responded affirmatively above, you will be requested to provide documentation from the homeowner/lease holder verifying this information.





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Household Income— List all amounts that goes to or is received on behalf of the family head, spouse or co-head (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:	Applicant Name:
Employer Name			
Mailing Address			
Phone Number			
Fax Number			
Occupation			
Supervisor's Name			
Wage and # of Hours Weekly			
	From/To	From/To	From/To
Dates of Employment			

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

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

Do all members in the household receive a PFD? Yes No
 If no, please explain who does not and why: _____

Has anyone in the household been promised employment that will start in the next 12 months?
 Yes No If yes, please provide a copy of the offer letter and answer the following questions:
 Employer: _____ Start date: _____ Job Position/Title: _____
 Anticipated or promised wage per hour: \$ _____ Anticipated or promised hours per week: _____





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Other Information:

Is anyone in the household divorced? Yes No If yes, please list date of divorce: _____
If yes, and within the last 3 years, please provide a copy of the divorce court documents, as well as child support orders in place for all minor children.

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? _____

How did you hear about us? Flyer/Ads Instagram Facebook Craigslist Friends/Family
 Referred by CIHA Renter Caseworker/Shelter Signage/Banner Email from CIHA
 Other: _____

I allow CIHA to release information related to my application and waitlist status to the following:

- Case manager Name: _____ Agency: _____ Phone: _____
- Family member name: _____ Relationship: _____ Phone: _____
- Other: _____ Phone: _____
- I do not wish to share information related to my application with anyone other than the listed household members.

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 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: _____

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

Tribal Affiliation: _____

Shareholder Descendent





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

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.





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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 customers and 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, but 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.

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