



Tribal Housing Department

Intake Interview and Application Checklist

REQUIRED DOCUMENTATION

- Completed and signed application
- Photo ID for each adult household member
- Social Security Card or ID with SS# for all household members 6 and older
- Documentation of proof of Indian Blood
 - Alaska Native/American Indian (AN/AI) tribal enrollment
 - Certificate of Indian Blood from Bureau of Indian Affairs
- Income verification for each household member (Please provide any and all that apply)
 - At least three (3) most current paycheck stubs for those over the age of 18
 - Social Security Benefits
 - Disability
 - Public Assistance/TANF
 - Child Support
 - Alimony
 - Pension or Retirement
 - Native Corporation dividends in excess of \$2,000 per recipient
 - Veterans Administration Payments
 - Any income from assets such as rental property, interest on accounts, stocks, IRA, ect.
 - Unemployment
- Tax information -Completed tax returns for the last three (3) years
 - Certification of no income Tax Returned Filed, *If applicable*

REQUIRED AUTHORIZATIONS

- Landlord Verification
- Credit Report Authorization
- Release of Authorization
- Form 4506T
- Certification by Applicant of no Income Tax Returns Filed, *if applicable*

Craig Tribal Association does not discriminate on the basis of age, color, sex, religion, national origin, handicap or familial status. American Indian/Alaska Native (AI/AN) applicants receive preference in applying for Craig Tribal Association's housing programs.

CRITERIA FOR ACCEPTANCE OF THIS APPLICATION

All information requested in this application is necessary to satisfy our selection guidelines or to satisfy HUD requirements. Be sure that all information is correct.

- Application must be fully complete, signed, and dated with all necessary documentation prior to processing.
- Only persons listed on this application with all necessary information will be permitted to reside in an assigned unit. *It is important to keep this information updated as it will help CTA determine the family composition.*

By signing the application, you are stating that all information contained in the application is true and correct.

REQUIREMENT TO PROVIDE TAX INFORMATION

CTA's Tribal Housing Department requires each applicant to provide copies of Income Tax Returns of the most recent three years. If the applicant or an adult member of the household has not filed taxes, the Certification of no Income Tax Returned Filed will need to be completed and notarized.

All adult members of the household who do not provide their tax return documents for the most recent three years must complete the Request for Transcript of Tax Return form 4506-T reflecting their tax situation and submit the Request to the IRS per form instructions. It takes a minimum of ten (10) days for the IRS to process this request. **Your application will not be considered complete until the information is received.**

IF an adult member of the household has completed, signed, and notarized the Certification by Applicant of no Income Tax Returns Filed, and all other tax information for the household is submitted, this requirement will be considered met for application completeness.

CTA's Tribal Housing Department receives federal funds for its' housing assistance programs. By failing to file Income Tax Returns for any reason other than an exemption from the IRS from the

requirement to file, you are in violation of federal law. CTA cannot admit applicants who have been or are currently in violation of any local, state, or federal laws.

REASONS APPLICATION MAY BE DENIED

- Incomplete application and/or any required documentation or authorizations
- Provision of misleading or false information on application
- Omission of tenancy history
- Negative endorsements from previous and/or current landlords such as non-payment of rent, destruction of property, eviction, a history of violence to persons and/or property, or a history of poor housekeeping
- Any false information provided by the applicant that materially affects eligibility
- Over or under income limits
- Failure to update application annually or within timeframe of written request



APPLICATION FOR ADMISSION

It is the responsibility of the applicant to update this application as changes in family circumstances occur. Failure to update information at least annually or within the time frame specified in a written request for updated information will result in the application being deemed inactive.

APPLICANT INFORMATION

- Initial Application**

 Update Information

 Addition to Household

Name _____

Mailing Address _____

Physical Address _____

Home Phone _____ Cell _____ Work/Message _____

Email Address _____

Interested in: **Rent** **Lease With Option to Purchase**

Do you own any pets? **Yes** **No** Type(s): _____

HOUSEHOLD COMPOSITION

(List all household members that intend to live in this apartment with you, including any expected additions in the next 12 months):

Name	Relationship	DOB	Age	Gender
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				

The following information is for Federal reporting purposes, and in some cases, for eligibility purposes.

Are you: **Enrolled Member of Craig Tribe*** **Alaska Native** **American Indian**

**If you are claiming Tribal preference, documentation of enrollment in the Craig Tribe of Alaska must be provided. To claim preference as an Alaska Native/American Indian, you must provide a Certificate of Degree of Indian Blood from the Bureau of Indian Affairs, or other acceptable proof from a federally recognized Tribe.*

PLEASE ANSWER THE FOLLOWING AS IT APPLIES TO YOU OR ANY MEMBER IN YOUR HOUSEHOLD:

1. Are you or anyone listed on this application required to register as a sex offender? YES NO
2. Have you or anyone listed on this application been convicted of domestic violence? YES NO
3. Have you or anyone listed on this application been convicted of dealing or manufacturing illegal drugs? YES NO
4. Have you or anyone listed on this application been evicted of a rental unit of any type? YES NO
5. Have you or anyone listed on this application been convicted of any crime other than a traffic violation? YES NO

If yes to any of the above, please explain:

APPLICANT STATUS

The following questions pertain to specific eligibility requirements of the Low Rent Program.

1. Do you own a home? YES NO
2. Do you or any household members require any special accessibility features? YES NO
3. Will ANY ADULT household member require a live in care attendant to live independently? YES NO

<hr/> <p style="text-align: center;">Name</p>	<hr/> <p style="text-align: center;">Relationship (if any)</p>
-----------------------------------------------	----------------------------------------------------------------

4. Will you be paying for child care to enable you to work or attend school? YES NO

<hr/> <p style="text-align: center;">Child Care Provider</p>	<hr/> <p style="text-align: center;">Contact Number</p>
--------------------------------------------------------------	---------------------------------------------------------

5. Are you an Honorably Discharged Veteran?
(If so, please provide a copy of your DD214) YES NO

CURRENT HOUSING CONDITIONS

In order to ensure prompt processing of the application and ensure proper preference scoring is applied, this section must be filled out as completely and descriptively as possible.

Current Address: _____ City/State: _____
of occupants: _____ # of bedrooms: _____ Monthly Rent Amount: \$ _____

***PLEASE INDICATE IF ANY OF THE FOLLOWING APPLIES TO YOUR CURRENT HOUSING SITUATION.**

VERIFICATION OF EACH CLAIMED PREFERENCE IS REQUIRED.*

- Homeless:** Are you living in a shelter, institution, or public place not designed for human habitation? Do you lack a regular nighttime residence?

- Involuntarily Displaced:** Have you been displaced by a disaster, actual or threatened physical violence, action of a property owner or landlord*, or activity of a State or local governing body?

- Substandard:** Use the attached contract sheet to describe, in detail, the issues in your current housing that make it substandard or unsafe. Substandard conditions will be evaluated and documented during the home visit.

- Rent Burden:** Have you paid more than 50% of your income for rent for more than 90 days?

- Disability:** Does your current residence not meet a disabled household member's special needs?

- Overcrowded:** Are there more than two persons or multi-generations per bedroom where you currently live?

- Non-permanent Housing:** Are you staying in a non-permanent situation, i.e. a hotel, friend, or relatives home where you are not a permanent resident or party to the lease agreement?

- Local Resident:** Have you lived in Craig for at least six months and qualify for the Alaska PFD?

- Veteran:** Are you an honorably discharged veteran?

*Please note, situations where an eviction has been served by a landlord for non-payment or other good cause does not qualify as Involuntary Displacement.

Please describe any extraordinary circumstances related to your current housing situation:

HOUSING REFERENCES

LANDLORD INFORMATION	DATES
Name _____	From: _____
Address _____	To: _____
Phone Number _____	Did you (circle): OWN RENT
<hr/>	
Name _____	From: _____
Address _____	To: _____
Phone Number _____	Did you (circle): OWN RENT
<hr/>	
Name _____	From: _____
Address _____	To: _____
Phone Number _____	Did you (circle): OWN RENT

HOUSEHOLD INCOME INFORMATION

ALL INCOME MUST BE REPORTED FOR EACH INDIVIDUAL IN THE HOME OVER THE AGE OF 18.

Income includes but is not limited to the following:

- Hourly wage/Salary
- Social Security
- Unemployment
- Self-employed
- Disability
- VA Benefits
- Public Assistance
- Child Support/Alimony
- Pensions/Retirement
- Rental property income
- General Relief, TANF, AFDC

- Annuity or trust
- Any other regular payments received

ANNUAL GROSS INCOME (INCOME BEFORE DEDUCTIONS):

NAME	SOURCE OF INCOME	TOTAL ANNUAL INCOME	PFD (Y/N)
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
TOTAL HOUSEHOLD INCOME:		\$	

ASSETS/NON-NATIVE DIVIDENDS:

List ALL assets held by ALL household members, including minors.

Assets and Dividends includes, but is not limited to the following:

- Real Property
- Non-commercial boats
- Recreational vehicles/watercraft
- Interest in non-native corporations
- Stocks
- Other asset/dividend

NAME	DESCRIPTION OF ASSET	CURRENT VALUE
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

BANK ACCOUNTS:

List each household member's bank accounts, use additional sheet if necessary.

- Checking and Savings
- CD's, IRA's, Bonds
- Other

NAME	BANK OR LENDING INSTITUTION	ACCOUNT NUMBER
1.		
2.		
3.		

NATIVE CORPORATION SHARES:

List each household member’s corporate shares, use additional sheet if necessary.

SHAREHOLDER	CORPORATION	# OF SHARES
1.		
2.		
3.		
4.		
5.		
6.		

APPLICANT CERTIFICATION AND DECLARATION OF TRUTH

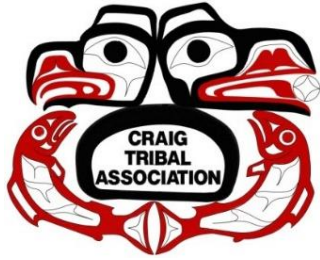
PLEASE READ BEFORE SIGNING

I/We understand that CTA’s Tribal Housing Department is relying on this information to prove my household’s eligibility for housing programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have CTA’s Tribal Housing Department verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the CTA Tribal Housing Department’s resident selection criteria and the Low Rent Program requirements.

All ADULT household members must sign below:

_____	_____
Head of Household Signature	Date
_____	_____
Adult Member Signature	Date
_____	_____
Adult Member Signature	Date
_____	_____
Adult Member Signature	Date



TRIBAL HOUSING DEPARTMENT
1330 Craig-Klawock Highway
Craig, Alaska 99921
Tel: (907) 826-3996
Fax: (907) 826-3997

CREDIT REPORT AUTHORIZATION

BY MY SIGNATURE BELOW I AUTHORIZE CRAIG TRIBAL ASSOCIATION'S TRIBAL HOUSING DEPARTMENT to obtain a Consumer Credit Report and/or Background Report on me. This authorization is valid for purposes of verifying information given pursuant to mortgage lending, leasing, rental, or any other lawful purpose covered under the Fair Credit reporting Act (FCRA).

Applicant's Full Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

Co-Applicant's Full Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

Current Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Applicant Signature

Date

Co-applicant Signature

Date

FOR OFFICE USE:

CREDIT REPORT FEE PAID: \$ _____

CTA REPRESENTATIVE: _____



TRIBAL HOUSING DEPARTMENT
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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct and Federal, State, or local agency, organization, business, or individual to release **Craig Tribal Association's Tribal Housing Department** any information or materials needed to complete and verify my application for a rental unit, leasing, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). I understand this release will remain valid for as long as my housing application and file remains active.

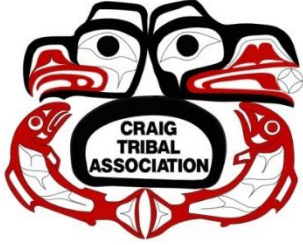
INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding myself or anyone in my household may be needed. Verifications and inquiries that may be requested include but are not limited to: Identity and Marital Status; Employment, Income, and Assets; Residences and Rental Activity; Medical or Child Care Allowances; Credit and Criminal Activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous Landlords; Past and Present Employers; Veterans Administration; Welfare Agencies; Retirement Systems; Courts and Post Offices; State Unemployment Agencies; Banks and other Financial Institutions; Schools and Colleges; Social Security Administration; Credit Providers and Credit Bureaus; Law Enforcement Agencies; Medical and Child Care Providers; Utility Companies; and Support and Alimony Providers.

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

_____ Head of Household Signature	_____ Date
_____ Spouse Signature	_____ Date
_____ Adult Member Signature	_____ Date
_____ Adult Member Signature	_____ Date



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CERTIFICATION BY APPLICANT OF NO INCOME TAX RETURNS FILED

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I/We, _____, certify that I/we have not filed income tax returns for the following years: _____, _____, _____. The reason I/we have not filed taxes is _____

_____.

Section 1001 of title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

By signing below, I/we acknowledge that if it is determined that I/we have misrepresented this information the I/we are subject to prosecution for misrepresentation of income and/or assets for the purpose of unlawfully obtaining federal funds.

Applicant Signature

Date

Co-Applicant Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ in _____, Alaska.

Signature of Notary Public

Date Commission Expires



