



RENTAL APPLICATION

Property Name and Address:

Birchwood Apartments

16411 Home Place

Eagle River, AK 99577

Phone: 907-694-3264

Fax: 907-694-3284

Instructions for completing the application:

1. Birchwood Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988):

Name: Misty Anderson

Address: 16411 Home Pl

City, State, Zip: Eagle River, AK 99577

Telephone (Voice): 907-694-3264

Telephone (TTY) 711

3. Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
4. This application must be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office.
6. Rental History must include all places where you/or any adult member lived in the past four years including places where your or their name did not appear on the lease and places where you or they used a different name.



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FOR OFFICE USE ONLY:

Date Received: _____ Time Received: _____

APPLICANT INFORMATION:

Name: _____
Last First Middle Initial
 Current Address: _____
Street City State Zip Code
 Telephone #: _____ SS #: _____ Date of Birth: _____

HOUSEHOLD INFORMATION:

List below all information for each additional household member who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	Special Status Veteran / Disaster (FEMA) <input type="checkbox"/> Vet <input type="checkbox"/> Disaster	Social Security Number	Date of Birth (Mo./Day/Yr.)
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster		
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster		
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster		
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster		
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster		
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster		
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster		

Do you need an accessible unit? Yes No What size apartment do you need? 1 Bedroom 2 Bedroom 3 Bedroom

Do you anticipate a change in household composition during the next 12 months? Yes No

Will any of the above household members live anywhere except in the apartment? Yes No

Will any other persons live in the apartment on a less than full-time basis? Yes No

If you answered "Yes" to either questions, please explain: _____

MISCELLANEOUS INFORMATION:

Are you or any household member currently expecting a child? Yes No

If yes, what is the scheduled due date: _____

Are you currently Homeless (defined as 'lacking a fixed night time residence' / 'lacking an address as to where you spend the night')? Yes No

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?

Yes No If yes, explain: _____

Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes N If yes, explain: _____

Do you have any pets? Yes No If yes, what kind and size: _____

Are you a current user of illegal drugs? Yes No Does anyone in the household currently use Medicinal Marijuana? Yes No

Do you abuse alcohol to the extent that you are a danger to others health, safety, or right to peaceful enjoyment? Yes No



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Has any household member ever been convicted of any drug offense? Yes No If **yes**, who: _____ Explain: _____

Has any household member ever been convicted of a felony? Yes No If **yes**, who: _____ Explain: _____

Does anyone in the household currently have any felony charges pending against them? Yes No
If **yes**, who: _____ Explain: _____

Have any household member ever been evicted from HUD or subsidized housing program for drug related or criminal activity? Yes No
If **yes**, who: _____ Explain: _____

Are you listed on a state or federal sex offender registry? Yes No

For each household member 18 years or older, please list all states in which you have lived:

Name: _____ States: _____

Name: _____ States: _____

Name: _____ States: _____

LANDLORD INFORMATION: Please provide 4 years of rental history

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____
Street City State Zip Code

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____
Street City State Zip Code

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)



EMPLOYMENT INFORMATION:

Present Employer: _____ Telephone # _____

Employer Address: _____
 Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____
 (mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____

Second Employer, or
 Previous Employer: _____ Telephone # _____

Employer Address: _____
 Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____
 (mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____

Spouse Employer: _____ Telephone Number: _____

Employer Address: _____
 Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____
 (mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____

Please list the total annual employment income of all members of your household.

Name of Recipient	Wages (Full Time)	Wages (Part Time)	Overtime Pay	Commissions Or Fees	Tips or Bonuses

BENEFITS:

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type		Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N			
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			



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OTHER INCOME:

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

Income Type		Amount Received	Per	Household Member Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Unemployment Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N			
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N			
Retirement Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N			
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			
Member of an Indian Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Utility Assistance from any source	<input type="checkbox"/> Y <input type="checkbox"/> N			

Do you have any Rental Property or Business Property income? Y N

If yes, give the name and address of the renter or the business owner:

Name _____

Address _____

Amount of rent or income per month: _____

ASSET INFORMATION:

Does any member of the household own any of the following types of assets?

Type of Asset		Value or Current Balance	Name of Financial Institution
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Shares	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment purposes	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets, including Express Debit Cards, reloadable Debit Cards	<input type="checkbox"/> Y <input type="checkbox"/> N		



Has any household member disposed of any assets at less than fair market value during the past two years?
 Yes No If yes, explain: _____

STUDENT INFORMATION:

Please provide the following information for **ALL** household members.

Family Member	A student now or next year?	Full Time	Part Time
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

Has any adult household member attended school full time for five months or more during this calendar year? Y N
 If yes, who: _____

EMERGENCY CONTACT INFORMATION:

Please provide the following information for two emergency contacts.

Name of Primary Contact: _____			
Last	First	Middle Initial	
Current Address: _____			
Street	City	State	Zip Code
Daytime Phone Number: _____		Evening Phone Number: _____	
Relationship: _____			
Name of Secondary Contact: _____			
Last	First	Middle Initial	
Current Address: _____			
Street	City	State	Zip Code
Daytime Phone Number: _____		Evening Phone Number: _____	
Relationship: _____			

VEHICLE INFORMATION:

Driver's License Number/State ID#: _____	State Issued: _____
Spouse Driver's License Number/State ID#: _____	State Issued: _____
Vehicle #1: Year _____ Make _____ Model _____ Color _____	
License # _____ State _____	
Vehicle #2: Year _____ Make _____ Model _____ Color _____	
License # _____ State _____	



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I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or landlord or criminal agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the background check (rental history, arrest and/or conviction records) will be completed through third party verification with the appropriate entity. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: “Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the

Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.”

WAITLIST POLICY: All completed applications will remain on the property waitlist as long as the following conditions have been met:

- A. All eligibility requirements are maintained per the Resident Selection Criteria.
- B. Applicant(s) has not refused/declined a unit more than twice.
- C. No criminal act has been committed by the applicant or anyone listed on the application, including minors.

It is the responsibility of the applicant to contact the rental office every six (6) months to inform management of any changes in income, address or contact phone number. In addition to updating information, you will also need to inform management of your desire to remain on the waitlist or cancel your application. Failure to contact the rental office to update information can result in your application being rejected from the waitlist due to “Unable to Locate”.

SIGNATURES: (All adult household members must sign below.)

_____/_____/_____
Applicant Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Agent for Owner Date



DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____
 (Date)

Approved by: _____
 (Signature)

Title: _____

Disapproved: _____
 (Date)

Disapproved by: _____
 (Signature)

Title: _____

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ (Written notification attached.)

Applicant Appeal Reviewed by: _____ Date: _____

(Signature)

(Title)

Appeal Decision: Approved _____

Disapproved _____

Applicant Notified in Writing on: _____

Driver's License or State-issued ID _____

Social Security Card _____

Birth Certificate _____

Citizenship _____

Credit, Criminal, and Sex Offender Registry Check _____



Documents Needed To Complete Application

(These Items Must Be Attached To The Application In Order To Process)

1. **Birth Certificate**
2. **Drivers License or State ID**
3. **Social Security Card**
4. **Proof of Income (Social Security Printout, Pension, IRA, 401K, etc.)**
5. **Proof of Assets (Checking (6 mo.), Savings, CD's, Home-ownership.)**
6. **Medical and prescription drug receipts for the past 12 months.**
7. **Proof of child care expenses, if applicable.**
8. **Money Order for \$40.00 Application Fee**

ALL PAPERWORK MUST BE SUBMITTED BEFORE FINAL APPROVAL CAN BE GIVEN.

NO ONE WILL BE PLACED ON THE WAITLIST WITHOUT A COMPLETE APPLICATION – FOR FURTHER INFORMATION AND DEFINITIONS OF A “COMPLETE APPLICATION”: SEE RESIDENT SELECTION CRITERIA.