

MainTree Rental Application



Head of Household	Last Name & Sr., Jr. etc.:			First Name:		Middle Initial:	Social Security Number:	
	Date of Birth:	Age:	Driver's License No. & State:		Other Surnames/Maiden Names:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unmarried Partner/Living-Together <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			Language: (Primary)					
Race: Check <u>all</u> that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander			Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled		Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:	
							Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino	
Spouse/ Co-Tenant	Last Name & Sr., Jr. etc.:			First Name:		Middle Initial:	Social Security Number:	
	Date of Birth:	Age:	Driver's License No. & State:		Other Surnames/Maiden Names:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: Check <u>all</u> that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander			Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled		Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:	
							Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino	
Mailing Address:				City, State, Zip Code:			Home Telephone:	
Message Telephone:		Messages C/O:		Emergency Contact & Phone:			Email:	

Have you lived in the area where you are applying for 30 days at time of application? Yes No

Reasonable Accommodations: See page 2 of the instructions for a detailed explanation and instructions



Local Preferences: You must provide third party documentation for any preference(s) you claim. Points are totaled if you are eligible for and verify two or more preferences. All preferences must be re-verified at the time housing assistance is offered. Definitions and requirements for documentation are attached.

- Displacement (20 points) Due To (Check one): Domestic Violence Family Reunification Natural Disaster
 Terminally Ill (4 points)
 Working Family (2 points): one or more adult family members are employed, or a family head or spouse or sole member is age 62 years or older, or an adult disabled family member
 Veteran (2 points)
 Condition of Housing (16 points) (Check one): Substandard Homeless
 Rent plus utilities are greater than 50% of income (14 points)
- Current Monthly Rent & Utilities: \$ _____

Special Considerations:

Yes No **Disability:** Do you or your spouse meet the Social Security definition of a disability? You may obtain a copy of this definition from your AHFC representative.

Yes No **AHFC- Owned Housing ONLY:** If a person in your household is a person with a disability, does your household require a wheel chair accessible unit and/or a unit with sight/sound accessible features?
 Wheel Chair Accessible Sight/Sound

List all household members who will live with you. Household members include those who are temporarily absent due to military duty, attending school, or in foster care. If there are more than three (3) additional household members, request or make a copy of this page.

Please use the codes below for relationship.

Relationship Codes:

C = Cousin **F** = Father **K** = Niece / Nephew **M** = Mother **O** = Non-Relation/Other **R** = Sister
D = Daughter **G** = Grandchild **L** = Brother **N** = Foster Child **P** = Grandparent **S** = Son

Household Member	Last Name & Sr., Jr. etc.:	First Name:	Middle Initial:	Social Security Number:
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled
	Age:		% of Time Minor Lives in Household:	
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

Household Member	Last Name & Sr., Jr. etc.:	First Name:	Middle Initial:	Social Security Number:
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled
	Age:		% of Time Minor Lives in Household:	
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	



Household Member		Last Name & Sr., Jr. etc.:		First Name:	Middle Initial:	Social Security Number:
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled	
	Age:			% of Time Minor Lives in Household:		
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen				Alien Registration Number:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification						

Asset Information: List all assets and their value for all household members.

Account	Name of Bank or Credit Union	Name on Account	Account Number	Account Balance
Checking				\$
Savings				\$
Other				\$

Commercial Fishing Permits	\$ _____	Recreational Vehicle/Boat	\$ _____	Certificate of Deposit (CD)	\$ _____
U.S. Savings Bonds	\$ _____	Property	\$ _____	IRAs	\$ _____
Stock and Bonds	\$ _____	Other	\$ _____		

Have you sold or given away any asset with a value of \$5,000.00 or greater in the last two (2) years? Yes No

Income Information: List sources of income and amounts for ALL household members.

Name:	Sources of Income	Amount of Gross Income	Per Week/Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month

Please list any household member(s) who **DID NOT** receive a PFD in the previous year and WHY.

Does anyone outside your household pay for any of your bills or give you money?

Yes \$ _____

No

If yes, please explain.



Where have you lived for the past three (3) years? If applying for AHFC-Owned Housing, you must complete this section; this information is optional when applying for other programs. (If you need more space, use an additional sheet of paper.)

Current address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you live at):
From: To:	Name on lease (if applicable):	Landlord or Contact Telephone number:
Previous address (include city, state):	Did you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you lived at):
From: To:	Name on lease (if applicable):	Landlord or Contact Telephone number:
Previous address (include city, state):	Did you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you lived at):
From: To:	Name on lease (if applicable):	Telephone number:
Previous address (include city, state):	Did you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you lived at):
From: To:	Name on lease (if applicable):	Landlord or Contact Telephone number:

Tenancy Information Required by Law

- Yes No Has any household member applied for or been housed under any federal rental assistance program? If yes, please list names, dates, and locations. _____
- Yes No Is any household member currently living in or assisted with federally subsidized housing? Please explain. _____
- Yes No Do you owe money to AHFC or any other federally subsidized housing program?
- Yes No Have any household members been evicted from federally subsidized housing?
- Yes No Has any household member been evicted for reason of drug-related criminal activity; or evicted for disturbing neighbors or property destruction? If yes, please identify whom and explain. _____
- Yes No Has any household member abused the use of alcohol within the last three years resulting in an alcohol related arrest or traffic violation?
- Yes No Has any household member been arrested and/or convicted for any criminal activity against another person or another person's property or any drug-related criminal activity?
- Yes No Is any household member subject to a lifetime registration under a state sex offender law?



Yes No Is any household member required to register on the State of Alaska sex offender list?

Yes No Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony (or a high misdemeanor in New Jersey)?

If yes to any of the above questions, please explain _____

Yes No **Guardianship** Are you under the care of a payee, a conservator or guardian? A copy of a court order is required with the application.

Name _____ Phone _____

Payee / Conservator / Guardian _____

Personal Declaration (All household members 18 years of age and older must sign the application and release of information forms):

I do hereby attest that all the information provided above about my household members and me is true and complete. I understand that I must report to AHFC all changes in household income or household membership to retain my correct placement on the wait list.

Warning: Title 18, Section 1001, of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements in this application. Such false or fraudulent statements are punishable as crimes under Title 11 and 12 of the Alaska Statutes.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Tenant: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

AHFC Fair Housing and Equal Opportunity Statement

It is the policy of Alaska Housing Finance Corporation (AHFC) to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status. AHFC does not discriminate on the basis of disability status in admission or access to its assisted housing programs and activities.

