



5446 Jenkins Drive
PO Box 32237, Juneau, AK 99803
(907) 780-6868
(907) 780-6895 fax

Rental Application

Tongass Place, Timber Manor, Sea Breeze Apartments

HOUSEHOLD INFORMATION – List all household members that are applying to live in this rental unit with you.

<i>Name First, Middle Initial, Last</i>	<i>Relationship to Head of Household</i>	<i>Male/Female</i>	<i>Social Security Number</i>	<i>Birth Date Month, Day, Year</i>
	<i>Head</i>			

Mailing Address:

Physical Address:

Daytime Phone:

Evening Phone:

Cell or Message Phone:

HOUSING REFERENCES – List the past THREE years of housing references starting with the most recent or current. (If additional space is required, use the back of this page.)

Have you or anyone listed on this application ever been evicted?

<i>Landlord's Name/Address</i>		<i>Your Address</i>	<i>Own/Rent</i>	<i>Dates</i>
<i>Name:</i>			<i>Own</i> <input type="checkbox"/>	<i>From:</i>
<i>Address:</i>			<i>Rent</i> <input type="checkbox"/>	<i>To:</i>
			<i>Rent Amount:</i>	
<i>Phone:</i>				
<i>Name:</i>			<i>Own</i> <input type="checkbox"/>	<i>From:</i>
<i>Address:</i>			<i>Rent</i> <input type="checkbox"/>	<i>To:</i>
			<i>Rent Amount:</i>	
<i>Phone:</i>				
<i>Name:</i>			<i>Own</i> <input type="checkbox"/>	<i>From:</i>
<i>Address:</i>			<i>Rent</i> <input type="checkbox"/>	<i>To:</i>
			<i>Rent Amount:</i>	
<i>Phone:</i>				
<i>Name:</i>			<i>Own</i> <input type="checkbox"/>	<i>From:</i>
<i>Address:</i>			<i>Rent</i> <input type="checkbox"/>	<i>To:</i>
			<i>Rent Amount:</i>	
<i>Phone:</i>				

PERSONAL REFERENCES – List a personal reference other than a relative

Name:

Address:

Phone:

Relationship:

Years Known:

EMERGENCY CONTACT – List someone in the area that is not already on the application. Who do you want us to call in an emergency?

Name:

Address:

Phone:

Relationship:

Years Known:

EMPLOYMENT INFORMATION – Employment wages and salaries

<i>Household Member</i>	<i>Employer/Address/Phone</i>	<i>Monthly Income</i>	<i>Length of Employment</i>

CREDIT REFERENCES – Please list the names and address of TWO credit references. These can be banks, credit card companies, utilities, etc.

Name of Company:

Address:

Phone:

Name of Company:

Address:

Phone:

SIGNATURE CLAUSE

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application.

I understand that my occupancy is contingent on meeting THRHA's resident selection criteria and program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature

Date

Signature

Date

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Tlingit-Haida Regional Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or 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 (including Public Housing Agencies)
- 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
- Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

PRINTED/TYPED NAME

Head of Household: _____	«head»	Date: _____
Spouse: _____	«spouse»	Date: _____
Adult Member: _____	«adult1 »	Date: _____
Adult Member: _____	«adult2»	Date: _____
Adult Member: _____	«adult3»	Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.