



Tlingit-Haida Regional Housing Authority
 P.O. Box 32237 Juneau, Alaska 99801
 Phone: (907) 780-6868 Fax: (907) 780-6895
 www.thrha.org

**THRHA Tax Credit Program
 Initial Preference Point Eligibility Self-Certification**

Having reviewed the attached information on the “Preference Points” and based on the enclosed documentation, I believe that my application should be considered eligible for the Preference Points listed below.

Description	Points Possible	Points Requested	(For THRHA Use only)
Living in the Community	5		
Handicapped or Disabled	25		
Displacement	20		
Substandard Housing or Homelessness	16		
Rent Burden	14		
Terminal Illness	4		
Working Family, disabled & elderly	2		
Qualified Veteran	2		
Totals >>>>>	88		

We recommend that you sign, date and return this sheet with your completed Tax Credit Program Application and include any documentation that you believe with help substantiate your eligibility

Certification and Acknowledgement:

I certify that I have read and understand the contents of this self certification and application including but not limited to the selection process; the importance of preference pointsw and appropriate supporting documentation that is required.

Name (Signature)

Date

Important Note: Your next application revision will require (1) your past three tax returns, (2) copies of your Social Security cards and (3) proof of income for all household members in order for your application to continue to proceed. At that time, all information will be verified.



Tlingit-Haida Regional Housing Authority P.O. Box 32237 Juneau, AK 99803 (907)780-6868

Housing Credit Program Applicant Questionnaire

Return to: THRHA Specialist: Robert Cesar

Household Information

List all household members that are applying to live in this apartment with you. Please list the community applying for: _____

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

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

YES NO

- 1. Do you expect any additions to the household within the next twelve months?**
 Name & Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now who won't be living with you at this property?**
 Name & Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit.)*
 Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*
 Explanation: _____
- 5. Does your household have or anticipate having any pets other than those used as service animals?**



Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____
7. Have you or any one else named on this application been convicted of a felony?
Explanation: _____
8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs
Explanation: _____
9. Have you or any one else named on this application been convicted of property damage?
Explanation: _____
10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____
 Address: _____
 Phone: _____ Relationship: _____ Years Known: _____

Native Corporation Dividends

List shareholder and name of corporation.

	<u>Shareholder name</u>	<u># of shares</u>	<u>Corporation Name</u>
Shareholder:	_____	_____	_____
Shareholder:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	11. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
(EMC #01)				
		<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	12. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
(EMC #02)				
		<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	13. Regular pay as a member of the Armed Forces/Military?		
(EMC #03)				
		<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	14. Unemployment benefits or workman's compensation?		
(EMC #04)				
		<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

(EMC #05)

15. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

Household Member Case Worker Amount

If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

Household Member Pavor Amount

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Name of Agency: _____
- Agency
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

(EMC #07)

17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member SSA Office Amount

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

(EMC #08)

19. Regular payments from a severance package?

Household Member Source of Benefit Amount

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member Source of Benefit Amount

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

22. Regular payments from lottery winnings or inheritances?
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
23. Regular payments from rental property or other types of real estate transactions?
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
24. Any other income sources or types not listed?
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
25. Do you or any other household members expect any changes to your income in the next 12 months?
Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- YES NO
26. Checking or savings account?
(EMC #09)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
27. CDs, money market accounts or treasury bills?
(EMC #09)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
28. Stocks, bonds or securities
(EMC #10)
- | <u>Household Member</u> | <u>Company or Broker</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
29. Trust Funds
(EMC #09)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

30. Pensions, IRAs, Keogh or other retirement accounts?
(EMC #09)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
31. Whole life insurance policy?
(EMC #09)
- | <u>Household Member</u> | <u>Insurance Carrier</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(EMC #10)
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)
- | <u>Household Member</u> | <u>Address of Property</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
33. Personal property held as an investment?
(EMC #10)
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)
- | <u>Household Member</u> | <u>Item</u> | <u>Amount</u> |
|-------------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
34. A safe deposit box?
(EMC #13)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
(EMC #11)
- Household Member: _____ Amount: _____
- Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the T-HRHA Housing Credit Program.

YES **NO**

36. Are you or any other ADULT household members claiming zero income?
(EMC #20)
- Household Member: _____
- Explanation: _____
37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?
(EMC #12 & #18)
- Household Member(s): _____

(EMC #15 & #21)

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

39. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. 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 management 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, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____