



Regional Housing Authority

5446 Jenkins Drive Juneau, AK 99801

Ph: (907) 780-6868 Fx: (907) 780-6868

Application period April 15, 2019 – June 30, 2019

Student Housing Voucher Scholarship

The Tlingit-Haida Regional Housing Authority has a limited amount of funding available for low-income college students who may need assistance with housing costs. The Student Housing Voucher Program may be used to pay for a portion of your rent while attending college.

Terms:

- Up to \$1,500.00 per semester. Maximum total amount of assistance under this program shall not exceed \$3,000.00 per recipient, per year.
- Assistance may be provided for a period of no more than 4 consecutive years for undergraduates.
- No repayment is required for recipients who reside in Alaska within 6 months after graduation.
- Recipients who reside outside of Alaska within 6 months after graduation may be required to repay 50% of their total assistance amount.
- Funds will be disbursed directly to the university or landlord.
- Assistance is based on need; therefore, funds may not be used to pay for existing mortgage loan/rent payments owed by the applicant or applicant's parents
- Applicant must provide a copy of the signed rental/lease agreement

Eligibility:

- Student's (parents) total household income may not exceed 80% MFI
- Student or parents must be Alaskan Native/Native American
- Student and parent's primary residence must be in Angoon, Craig, Douglas, Juneau, Kake, Kasaan, Klawock, Petersburg, Saxman, Skagway, Wrangell or Yakutat
- Student must attend an accredited university or vocational institution
- Must be a full-time student- minimum of (12) credits; (9) credits for graduate school
- Part-time students- minimum of *nine (9)* credits—may be eligible for 50% of the maximum assistance
- Minimum GPA for eligibility is 2.0

Application Deadline: August 15th!!

Tlingit Haida Regional Housing Authority **Student Housing Voucher Program**

Required Documents Checklist

(ALL required documentation must be submitted or your application will automatically be DENIED!)

1. ____ Completed Student Information Form
2. ____ Completed Student Budget Form
3. ____ Signed Student Agreement Form
4. ____ Student and Parent's most recent Income Tax Return (*must include parent's tax return if they claim you as a dependent*)
5. ____ Letter stating need for rental assistance
6. ____ Tribal Enrollment Card/Certificate of Degree of Indian Blood
7. ____ Certificate of Enrollment or Letter of Acceptance
8. ____ Copy of transcript (*to verify GPA*)
9. ____ Verification of full-time or part-time enrollment (*credit hours*)
10. ____ Copy of Rental Agreement (*please have name of landlord, phone number & address legible and include Landlord's Tax ID# or Social Security Number*)
11. ____ Signed Release of Information Authorization

THRHA will not process your request until the application (*ALL documents listed above*) is 100% Complete. Incomplete or unsigned applications will delay the process. The application may be filled out by the student's parents or legal guardians. If you have any questions, please contact Dawn Wesley with THRHA's Tribal Services Department at (907)780-6868, or dwesley@thrha.org
Applications must in our office by **August 15**

Tlingit-Haida Regional Housing Authority
Attn: Dawn Wesley, Financial Skills Specialist
P.O. Box 32237
Juneau, AK 99801

Applications may be submitted by fax to (907)780-6895 or email: dwesley@thrha.org

Tlingit Haida Regional Housing Authority
Student Housing Voucher Program

Student Information

Student Name _____
Last First Middle

Date of Birth _____ Social Security# _____
Month/Day/Year

Mailing Address while at School _____
Street or PO Box City State Zip

Email Address _____

Father's Name _____
Last First Middle

Mother's Name _____
Last First Middle

Permanent Address _____
Street/POB City State Zip

Phone # _____
Home Cell/School/Message

Name of School _____

School Address _____
Street/POB City State Zip

Landlord's Name _____ Phone # _____

Landlord's Address _____
Street/POB City State Zip

Landlord's Federal Tax ID No. or Social Security No. _____

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Financial Resources & Budget Worksheet

Please fill in the worksheet below listing all items that apply. The amount should be for the entire school year.

<i>RESOURCES</i>		<i>BUDGET</i>	
Perkins Loan		Tuition	
State Loan		Fees	
Other Loan		Books	
Corporation Grant-Sealaska		Supplies	
Corporation Grant		Room	
Gov't Aid (Assist./Soc.Sec.)		Board	
SEOG		Transportation: Car/Bus	
Pell Grant		Transportation: Airfare	
College Scholarship		Child Care:	
State Grant		Personal Expenses	
ANB/ANS Grant		Other	
Veteran's Benefit		Other	
Parent Contribution			
Student Contribution			
Spouse Contribution			
College Work Study			
Tuition Exemption		Total College Budget	\$
Other-CCTHITA			
Other-Housing Scholarship		(-) Total Resources	\$
Other			
Total Resources	\$	Total Remaining Need	\$



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Student Housing Voucher Program

Student Agreement Form

Please read the following statements and sign below.

I hereby declare that the preceding income verification is accurate and complete to the best of my knowledge and are submitted for obtaining student housing rental assistance from the Tlingit Haida Regional Housing Authority. It is understood that upon presentation, this application becomes the property of Tlingit Haida Regional Housing Authority.

The applicant agrees that should any of the above information change the applicant will notify this office of these changes before final agreements are signed between the applicant and this office.

At the completion of each term you must provide the following to Tlingit-Haida Regional Housing Authority:

- 1. An official set of transcripts indicating the number of credits and cumulative GPA, and**
- 2. Confirmation of Fall/Spring enrollment**

A minimum cumulative GPA of 2.0 must be maintained to receive the following semester funding. Fall/Spring semester funding will not be issued until these documents are received by THRHA.

I understand that all funds received for housing assistance must be reimbursed to Tlingit- Haida Regional Housing Authority on behalf of the Tribe if I do not complete the semester.

I understand that if I reside outside of Alaska for more than 6 months after graduation that I will be required to repay 50% of the total amount of assistance I received under this program.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS; U.S.C., TITLE 18, SECTION 1001 provides that:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than (5) five years, or both.”

Student 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 Past and Present Employers Veterans Administration
Public Housing Agencies) 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:

Guardian or parent: _____

Date: _____

Student: _____

Date: _____