



## Knik Tribe Housing Low Income Housing Tax Credit Application

1831 W Nicola Ave, Ste A  
Wasilla, AK 99654 907-795-1425  
[sthorson@kniktribe.org](mailto:sthorson@kniktribe.org)

### Thank you for choosing Knik Homes #1!

To avoid delays in processing the application, ensure all information is fully complete, information is true and accurate and no use of white out. Applications that are incomplete or have use of white out will not be processed. Please use black or blue ink and attach all requested documents. Please set up an application interview with me when you are ready to turn in the paperwork.

To All Prospective Tenants- To qualify for low-income assistance, the annual household gross income must be at, or below certain levels set by AHFC or HUD. Please note that this is a preliminary application, and more information will be required to complete your application when a unit is available to you. Knik Homes #1 manages this wait list in compliance with HUD/AHFC regulations.

#### Before submission, review to ensure all information is complete and accurate:

- Current contact information (phone, email, and/or mailing address).
- Social Security Number for ALL adults. (18 years and older)
- Birthday for all members of the household.
- Complete three (3) year residential history with dates and landlord information or living situations for ALL adult members of the household.
- Complete income & anticipated income for all members of the household.
- Signed and dated by ALL adult members of the household.
- There are NO blanks. Of a question or area of the application does not pertain to the household, please write "N/A".

#### Requested documents:

- Copy of valid driver's license or picture ID for all adult members.
- Bank statements for the last 6 months
- Tax returns from prior year
- Proof of homelessness, if applicable.
- Application fee of twenty-five dollars per adult, nonrefundable. ( Money Order or Cashiers Check, made out to Knik Tribe)



# Knik Tribe Housing Application

## Knik Homes Application

Knik Tribe Housing Department \* 1831 W Nicola Ave, Unit A \* Wasilla, AK 99654 \* Phone: (907) 795-1425 \* Fax: (907) 373-2109  
email to sthorson@kniktribe.org

Every Adult in the household over 18 must fill out an application.  
If lines are left blank or not completed this may delay your application in being processed.

Must include:

- Copy of ID
- Application Fee \$25.00  
*(Money order or check only)*

Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

Initials: \_\_\_\_\_

Fee paid (if applicable): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

First Middle Last

List any names you have used in the past: (maiden name, etc.) \_\_\_\_\_

Current Address: \_\_\_\_\_

City State Zip Code

Mailing Address: \_\_\_\_\_

City State Zip Code

What is the best way to contact you? \_\_\_\_\_

Home or Message Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Desired move-in date: \_\_\_\_\_ # of Bedroom's: \_\_\_\_\_

State ID or Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Type ID: \_\_\_\_\_

Are you receiving any services? (Case management, service coordination, etc.) \_\_\_\_\_

If yes, please list the name and/or the agency: \_\_\_\_\_

How did you hear about Knik Tribe Housing? \_\_\_\_\_

Are you a current or former tenant of Knik Tribe Housing? Y or  N

Do you or a member of your household require a reasonable accommodation to occupy a apartment?

Y  N  If yes, please explain: \_\_\_\_\_

Do you have Pets? Y  N



Please list all individuals who will be residing in the unit within the next twelve (12) months below.

	Name	Relationship to Head	M/F	Birth Date	Social Security No.	Student Y/N
Head						
Co-Head						

Please list all current and/or anticipated income for all household members in the next twelve (12) months below. Income includes, but is not limited to, earned and unearned income for members age 18 and older (adults, including foster adults), unearned income of minor children and foster children under the age of 18. Examples of income but not limited to are: employers, Native dividends, the State of Alaska's Permanent Fund Dividend (PFD) division, child support, Social Security, Adult Public Assistance (APA), Temporary Assistance (TANF), etc...

Name	Source of Income	Phone Number	Monthly Income



Please list all current and/or anticipated assets for all household members in the next twelve (12) months below. Assets include, but are not limited to bank accounts, trusts, stocks and bonds, insurance policies, and cash kept in safety deposit boxes or at home.

Name	Source of Asset	Phone Number	Current Amount	Interest Amount
<b>Example: John Doe</b>	AK USA FCU Checking Wells Fargo Savings	1-888-258-7228 1-844-879-0412	\$1075.00 \$0.00	0% .05%

Have you disposed of any assets for less than fair market value within the last two years?

Y  N  If yes, please explain: \_\_\_\_\_

Do you own any property?

Y  N  If yes, please explain: \_\_\_\_\_

Date you became an Alaskan resident: \_\_\_\_\_

Please list your current and the **last three (3) years** of rental history below (please list any additional information on the back of this page). This must be filled out if you have questions ask Knik Tribe Housing.

Name of Current Landlord: \_\_\_\_\_

How long: From: \_\_\_\_\_ To: \_\_\_\_\_ Rental amount: \_\_\_\_\_

Landlord's Phone No.: \_\_\_\_\_

Current Address: \_\_\_\_\_

Why are you moving? \_\_\_\_\_

Name of Previous Landlord: \_\_\_\_\_

How long: From: \_\_\_\_\_ To: \_\_\_\_\_ Rental amount: \_\_\_\_\_

Landlord's Phone No.: \_\_\_\_\_

Prior Address: \_\_\_\_\_

Why did you move? \_\_\_\_\_



Do you receive rental assistance? Y  N  Agency \_\_\_\_\_

Have you ever been asked to leave or been evicted from where you were living?

Y  N  If yes, please explain: \_\_\_\_\_

Are you currently and/or have you engaged in any drug-related criminal behavior in the last five (5) years?

Y  N  If yes, please explain: \_\_\_\_\_

Are you a registered sex offender in any state? Y  N

Do you have a disability (including physical, mental or impairment is alcoholism/drug addiction)

Y  N

Have you been convicted in any other violent criminal activity in the last five (5) years?

Y  N  If yes, please explain: \_\_\_\_\_

Do you owe any outstanding utility charges? Y  N

Do you owe any outstanding 'Forcible Entry and Detainer' (FED) charges? Y  N

Are You a Veteran? Y  N

Please list two (2) references below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship (not related): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship (not related): \_\_\_\_\_

In case of an emergency, who can we contact? Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my application for Knik Tribe Housing rental housing and may be grounds for denial. I agree further to furnish any additional income or other documentation required by KTH to document my/our application file. Additionally, I understand that it is my responsibility to update and contact KTH staff within 120 days of the signature date above to remain on the waitlist. If there is no response within this timeframe, my application will expire and will no longer remain on the waitlist.



## AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature on this form authorizes Knik Tribe Housing to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, law enforcement agencies, school authorities, the Social Security Administration, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for rental housing with Knik Tribe Housing.

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that Knik Tribe Housing may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Knik Tribe Housing and will stay in effect fifteen (15) months from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

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**Applicant/Resident Name (Please print)**

**Date**

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**Applicant/Resident Signature**

**Date**

### PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felon for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 form is restricted to the purposes cited above. Any person who knowingly or willingly 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 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. 208a (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7), and (8).

