

DATE & TIME STAMP

APPLICANT NAME: _____

HIS Seen:	Date:
HIS Seen:	Date:

When submitting your application, please note the following:

- White-out cannot be used on this application. Please seek assistance if corrections need to be made for any reason.
- BBHA has a minimum occupancy standard of at least one person per bedroom.
- You will be processed for an available unit at the property you've selected when your name is next in line on the applicable property waitlist. At the time your name is selected to be processed for a vacant unit, you can request to be skipped if you wish not to be processed at that time. Applicants are allowed one (1) skip before being cancelled and dropped to bottom of the property waitlist.
- Further eligibility processing will be completed on your application at the time your name is pulled from the waitlist. In order to be approved for a unit, applicant(s) must meet all applicable eligibility requirements.
- Electricity hook-up and a security deposit are due at the time of lease.

Items needed for ALL applications (for all members of household 18 and over):

- Completed Rental Application
- Copies of government issued photo ID and proof of enrollment status, if applicable (tribal, regional, or village)
- Verification of Social Security Number, date of birth, and birth certificate and/or guardianship papers **(for all minor children on application)**
- Verification of Social Security Number for all adults (tax return), Social Security benefit verification, or Social Security Card)
- Previous year's Tax Return or Notarized letter of No Taxes Filed if taxes were not filed.
- Landlord references and contact information for current and previous landlords.

1244 Lil' Larry Road, Dillingham, AK 99576 Tel 907-842-5956 Fax 907-842-2784





RENTAL HOUSING APPLICATION

Select the property/properties you wish to apply for from the list provided below.
Please note that property waitlists apply and unit availability varies.

Fully accessible units are available at all properties in varying bedroom sizes.

Senior/Active Adult Housing/Assisted Living

Income-based rent rates. Washer and dryer on sites. No Pets.

Dillingham Senior/ Active Adult Housing

Bedroom size options:
 1 bedroom

New Stuyahok Senior Apartments/Active Adult Housing

Bedroom size options:
 1 bedroom

Southwest Elders Home/Active Adult Housing

Bedroom size options:
 1 bedroom

Togiak Senior Apartments/Active Adult Housing

Bedroom size options:
 1 bedroom

Multi-family Housing

Cottonwood Apartments - Income-based rent. Alaska Native/American Indian status waitlist preference applies.
Washer and dryer on site. No pets.

- 1 bedroom
- 2 bedroom

Forest View Apartments – Income-based rent. Washer and dryer on site. No pets. Rental assistance.

- 2 bedroom
- 3 bedroom

RENTAL HOUSING APPLICATION

Manokotak View Apartments – Income-based rent. Washer and dryer on site. No pets. Rental assistance.

- 2 bedroom
- 3 bedroom
- 4 bedroom

Muklung Manor Apartments – Income-based rent. Townhouse-style apartments. Washer and dryer on site. No pets. Rental assistance.

- 1 bedroom
- 2 bedroom
- 3 bedroom
- 4 bedroom

Taiga View East/West Apartments – Income-based rent. Washer and dryer on site. No pets. Rental assistance.

- 2 bedroom
- 3 bedroom

Togiak View Apartments – Income-based rent. Washer and dryer on site. No pets. Rental assistance.

- 2 bedroom
- 3 bedroom

Chignik Lagoon Low Rent Apartments - Income-based rent. Alaska Native/American Indian status waitlist preference applies. Washer and dryer on site. No pets.

- 1 bedroom
- 2 bedroom

Togiak View Low Rent Apartments - Income-based rent. Alaska Native/American Indian status waitlist preference applies. Washer and dryer on site. No pets.

- 1 bedroom
- 2 bedroom



RENTAL HOUSING APPLICATION

Date & Time Stamp: _____

APPLICANT NAME _____ **PHONE#** _____

MAILING ADDRESS _____ **ZIP** _____ **E-MAIL** _____

IF APPLYING TO BE ADDED TO AN EXISTING LEASE, CURRENT RESIDENT NAME _____

I. HOUSEHOLD COMPOSITION – List all persons who will reside in the unit in the next twelve (12) months:

	NAME (Last, First, Middle Initial)	Relationship to HOH	Marital Status	Birth Date	Social Security Number	Student Status FT/ PT/ N/a	Race (Optional)
Head of Household							
Co-head							
3							
4							
5							
6							
7							
8							

II. INCOME – ALL amounts, monetary or not, going to or being received on behalf of the family head, spouse or co-head, or any other family member (even if temporarily absent); and/or **ALL** amounts anticipated to be received from a source outside the family during the 12-month period after admission or after annual recertification effective date. This includes, but is not limited to: Full- and/or part-time employment, seasonal employment, welfare assistance, social security, pensions, SSI, disability, military pay/benefits, unemployment, child support, alimony, student grants/loans, self-employment, Alaska Permanent Fund Dividend (PFD), Native Dividends, income from the sale of property, income from trusts and any other income received from persons not living with you.

Additional Sources of Income	Applicant Name:			Applicant Name:		
	Yes	No	Monthly Amount	Yes	No	Monthly Amount
You must mark <input checked="" type="checkbox"/> YES or NO						
Native Corporation Dividends	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
ATAP	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
APA/OAA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
SSI/SSA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Veteran's Pension	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Senior Assistance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Pensions/Retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Alimony	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Monetary Gifts *	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

*includes rent and utility payments paid on behalf of family, and other cash or noncash contributions provided on a regular basis

Do all members in the household receive a PFD? Yes No

If no, please explain who does not and why: _____



RENTAL HOUSING APPLICATION

III. EMPLOYMENT INFORMATION- Please complete for all employed household members:

	Applicant Name:	Applicant Name:	Applicant Name:
Employer Name			
Mailing Address			
Phone Number			
Fax Number			
Occupation			
Supervisor's Name			
Wage and # of Hours Weekly			
	From/To	From/To	From/To
Dates of Employment			

Does anyone in the household anticipate gaining part-time, full-time, seasonal or sporadic employment within the next 12 months? (Mark YES if unemployed and looking for work or if looking for employment in addition to work listed above.)

Yes No If yes, who? _____

Describe anticipated work or job search: _____

If yes, anticipated hourly wage _____ anticipated weekly hours _____

Has anyone in the household anticipate changing employment within the next 12 months? (Mark yes if you have been applying for other employment or anticipate changing employment.)

Yes No If yes, who? _____

Please explain: _____

If yes, anticipated hourly wage _____ anticipated weekly hours _____

Has anyone in the household **applied for or expect** to obtain any other source of income, i.e., Social Security benefits, Public Assistance, Unemployment Insurance, Child Support, etc. within the next 12 months? (**Do not include income sources listed as being received.**)

Yes No If yes, please explain: _____

Is anyone in the household divorced? Yes No If yes, please list date of divorce _____
If yes, and within last 3 years, please provide a copy of the divorce court documents, as well as child support orders in place for all minor children.

Do you receive rental assistance? Yes No Agency: _____

If yes, please explain _____

Have you, or any household member, ever been evicted from any housing? Yes No

If yes, explain when and why: _____

Have you, or any household member, ever been convicted of a violent crime, i.e., assault? Yes No

If yes, explain when and why: _____

Have you, or any household member, ever been convicted of a drug-related crime? Yes No

If yes, explain when and why: _____

Have you, or any household member, ever been convicted of a felony? Yes No

If yes, explain when and why: _____

Have you given legal notice where you currently reside? Yes No

What is the earliest date you can occupy a BBHA residence if offered a unit? _____ / _____ / _____

Have you or has anyone in your household used any names or social security numbers other than those listed? Yes No

Explain: _____



RENTAL HOUSING APPLICATION



IV. RESIDENTIAL HISTORY- Please list the last three (3) years of residential history:

CURRENT RESIDENCE	
Current Landlord Name:	
Current Address:	
Current Landlord Phone Number:	
Dates of Residency:	
Current Monthly Rental Amount:	
Reason for Moving:	
<input type="checkbox"/> Rent	<input type="checkbox"/> Own
<input type="checkbox"/> Other _____	<input type="checkbox"/> In current Lease Agreement
	<input type="checkbox"/> Month to Month

If at current residence is for less than 3 years (36 months) please complete the section below:

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Number	
Dates of Residency	
Monthly Rental Amount	
Reason for Moving	
<input type="checkbox"/> Rent	<input type="checkbox"/> Own
<input type="checkbox"/> Other _____	<input type="checkbox"/> In current Lease Agreement
	<input type="checkbox"/> Month to Month

Have you previously rented from BBHA? Yes No

If yes, which property? _____ When did you move out? _____

Are you an employee or Board of Commissioner of BBHA, or a family member or business partner of a BBHA employee or Board of Commissioner? Yes No

If yes, name of employee/Commissioner: _____

Your answer to the above 2 questions only impacts processing of your application, not eligibility.

Do you currently own a home or residence? Yes No Explain: _____

V. VOLUNTARY SELF-IDENTIFICATION

The questions in this section are voluntary.

Please check all that apply to you or to any member of the applicant household:

Does anyone in the household meet the definition of disabled? (Please see the "Person with Disabilities" definition on the next page). Yes No

Does anyone in the household require the features of an accessible unit? Yes No

If yes, please list: _____

Does anyone in the household request any reasonable accommodations/modifications? Yes No

If yes, please list: _____





RENTAL HOUSING APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature on this form authorizes Bristol Bay Housing Authority (BBHA) to obtain information on your income, financial position and personal history to determine your eligibility for BBHA 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, school authorities, the Social Security Administration, law enforcement agencies, 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 BBHA rental housing.

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 BBHA and will stay in effect for one (1) year and one (1) month from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

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

Applicant/Resident Signature **Date**

STATEMENT OF TRUTH:

I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (personal/landlord, etc.), criminal history, and financial information to a representative of BBHA for a period of one (1) year from the date signed.





BBHA Tenant Responsibility Acknowledgement

Bristol Bay Housing Authority (BBHA) provides high quality, affordable homes to its resident households. In doing so, we entrust our residents with the responsibility to appropriately treat and care for the home, and to make timely monthly rental payments to BBHA. These expectations are outlined in the BBHA Lease Agreement, which defines the responsibilities of each tenant.

It is our desire to support housing success amongst our tenant body. As such, BBHA will proactively address issues of non-compliance with tenant responsibilities stated in the Lease Agreement, including, but not limited to:

- Late or Non-Payment of Rent & Tenant Charges
- Unit Damage
- Non-Approved Unit Alterations (Including Paint & Lock Changes)
- Non-Approved Animals/Pets
- Inappropriate and/or Abusive Treatment of Staff
- Unapproved occupants not on Lease Agreement

In all such cases, BBHA will take corrective actions to address these issues in accordance with the State of Alaska Landlord Tenant Law, including actively pursuing tenant eviction if applicable. Should a household vacate a unit and leave BBHA with an outstanding financial balance due, BBHA will vigorously pursue collection of these debt amounts through all available means, including third party collection methods, notice to credit bureau agencies and notification to the Online Rental Exchange screening system.

In addition, in the event a rental unit is intentionally and maliciously damaged by a tenant, BBHA will actively pursue criminal prosecution and financial restitution through the Alaska Court System.

In summary, BBHA takes its responsibility to provide a quality, affordable home to our clients seriously, and to act in all legal means necessary to ensure the continued affordability of our homes to future clients. In return, we ask, and entrust our residents to be responsible and respectful by paying the required rent charge on a timely basis and to keep their new homes safe, clean and in good physical condition, which includes the timely report of all maintenance concerns to property management staff so that these issues can be addressed before resultant damage can occur.



Acknowledgement Statement

By signing below, I acknowledge both receipt and understanding of the information stated within this document, including the various means with which BBHA will address non-compliance with the Lease Agreement. **I understand that should I be determined eligible and approved for a BBHA unit and choose to sign a BBHA lease, this acknowledgement form will become a part of my permanent resident file.**

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

