

Valley Residential Service (VRS)

Rental Housing Application

Valley Residential Services (VRS) * 1075 Check Street, Suite 102 * Wasilla, AK 99654 * Phone: (907) 357-0256 * Fax: (907) 357-0368
www.valleyres.org

Date Received: _____
Time: _____
Initials: _____
Fee paid (if applicable): _____

A completed, signed, and dated application is required from each adult in the household (18 years of age or older)

Name of Applicant: _____
First Middle Last

Current Address: _____

Mailing Address: _____
City State Zip Code

City State Zip Code

Home or Message Phone: _____ Work Phone: _____

Desired move-in date: _____ Bedroom size: _____

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 Valley Residential Services (VRS)? _____

Are you a current or former tenant of Valley Residential Services? Y _____ N _____

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

Y _____ N _____ If yes, please explain: _____



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

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).

Name of Current Landlord: _____
 How long: From: _____ To: _____ Rental amount: _____
 Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone No.: _____
 Why are you moving? _____

Name of Previous Landlord: _____
 How long: From: _____ To: _____ Rental amount: _____
 Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone No.: _____



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 _____

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 _____

Do you have pets? Y _____ N _____ If yes, please list: _____

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: _____

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 Valley Residential Services rental housing and may be grounds for denial. I agree further to furnish any additional income or other documentation required by VRS to document my/our application file. Additionally, I understand that it is my responsibility to update and contact VRS 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.



Valley Residential Services

Homeless Self-Certification

Are certain number of housing units have been set-aside for households who fall within the following definitions:

Date: _____

Adult Applicant Name: _____

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

- I am not homeless.
- I am/are currently homeless and living in a public or private place not designed for, or ordinarily used, as a regular sleeping accommodation for humans (i.e. a car, park, abandoned building, bus station, airport, or camp ground), or living in a publicly or privately operated shelter designed to provide temporary living arrangements such as shelters, transitional housing, hotel/motels paid for by charitable or governmental programs.
- I am exiting an institution where I resided for 90 days or less and resided in an emergency shelter, or place not meant for human habitation, immediately before entering that institution.
- I am the victim of domestic violence and am fleeing from abuse.
- My primary residence will be lost within 14 days of application for housing. No future residence has been found and I lack the resources or support networks (family, friends, faith-based, or other social networks)-needed to obtain permanent housing.

Are you an unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless under this definition?

_____ Yes

_____ No

I certify that the information above and any other information I have provided regarding my homeless status is true, accurate and complete. I am aware that I may be required to provide 3rd party verification of my homeless status prior to tenancy.

Applicant Signature: _____ Date: _____



Valley Residential Services

Disability Self-Certification

A certain number of units have been set-aside for households with a household member who falls within the following definition:

Disability means:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

Developmental Disability –

A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (ii) Is manifested before the person attains age 22;
- (iii) Is likely to continue indefinitely;
- (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language,
 - (C) Learning,
 - (D) Mobility,
 - (E) Self-direction,
 - (F) Capacity for independent living, and
 - (G) Economic self-sufficiency; and
- (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Chronic Mental Illness –

A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

Do you or a member of your household fall within one of these definitions?

Yes No

Print Name

Signature

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature on this form authorizes Valley Residential Services (VRS) 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 Valley Residential Services (VRS).

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that Valley Residential Services (VRS) 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 Valley Residential Services (VRS) 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.

Applicant/Resident Name (Please print)

Date

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 felony 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).

