



**PLEASE SELECT ALL THAT APPLY:**  
 HOMELESS     VETERAN     AI/AN  
 DISABLED     AHFC VOUCHER  
 CURRENT VRS TENANT

# VALLEY RESIDENTIAL SERVICES RENTAL HOUSING APPLICATION

Date Received: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_

**\$25 APPLICATION FEE PER ADULT (18 yrs or older)  
 (Check or Money Order ONLY. No Cash or Credit Cards)**

**DESIRED BEDROOM SIZE:**    STUDIO / EFFICIENCY     1 BR     2BR     3BR

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Alternate Name(s) Used (i.e. Maiden, Aliases): \_\_\_\_\_

If applying to be added to existing lease, current VRS resident's name: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** Please list all persons who will reside in the unit in the next 12 months:

	FIRST & LAST NAME	RELATIONSHIP TO HEAD	GENDER	BIRTHDATE	SOCIAL SECURITY NUMBER	FULL TIME STUDENT? Y or N
1						
2						
3						
4						
5						
6						
7						

● Do you anticipate any additional household members under the age of 18 being added to the household in the next 12 months?    Yes    No    If yes, please explain: \_\_\_\_\_

FIRST & LAST NAME <i>(Household Members 18 yrs or older ONLY)</i>	MARITAL STATUS	DRIVERS' LICENSE or STATE ID #	STATE

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

<b>CURRENT RESIDENCE</b>	
Current Landlord Name:	
Current Address (Applicant):	
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 actions below***

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Phone #	
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	



**HOUSEHOLD RESIDENTIAL HISTORY (Continued)**

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Phone #	
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	

Applicant Name	
Previous Residence Address	
Previous Landlord Name	
Previous Landlord Phone #	
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 VRS?    Yes    No  
 If yes, which property? \_\_\_\_\_ When did you move out? \_\_\_\_\_
- Are you currently residing in a home that is leased or owned by family and/or friends?                       Yes    No  
 If yes, how many people in total are residing in the household? \_\_\_\_\_
- Does your household receive any services? (Case management, service coordination, etc.)                       Yes    No  
 If yes, please list the name and/or the agency: \_\_\_\_\_

**HOUSEHOLD INCOME:** Please list all amounts that goes to or is received on behalf of the family head, spouse or co-head (even if the family is temporarily absent). Include all amounts guaranteed to be received from a source outside the family during the 12-month period following admission or annual recertification effective date. Example: Full and/or part-time employment, seasonal employment, welfare assistance, social security, pensions, SSI, disability, military pay/benefits, current unemployment, child support, alimony, student grants/loan, self-employment, PFD, Native Dividends, sale of property, income from trusts, and any other income received from people not residing with you. You will need to provide documentation for all income.

<b>SOURCES OF INCOME</b> <i>(Documentation Needed)</i> <b>Must mark yes or no on all sources listed</b>	<b>APPLICANT NAME:</b>			<b>APPLICANT NAME:</b>		
	Yes	No	<b>GROSS MONTHLY INCOME</b>	Yes	No	<b>GROSS MONTHLY INCOME</b>
<b>Wages or Self-Employment</b> <i>(6-8 paystubs)</i>						
<b>ATAP / APA</b>						
<b>SSI / SSA</b> <i>(Current SS Benefits Letter)</i>						
<b>Veteran's Pension</b> <i>(Current OPM Benefits Letter)</i>						
<b>Senior Benefits</b>						
<b>Permanent Fund Dividend (PFD)</b> <i>(Driver's License &amp; SS Card copies)</i>						
<b>Native Dividends</b>						
<b>Pensions / Retirements</b> <i>(Current Benefits Letter)</i>						
<b>Unemployment</b> <i>(Current UI printout from MyAlaska.com)</i>						
<b>Child Support</b> <i>(Custody Paperwork)</i>						
<b>Alimony</b> <i>(Divorce Decree)</i>						
<b>Monetary Gifts</b>						
<b>Other:</b>						
<b>GROSS MONTHLY TOTAL FOR EACH ADULT</b>	<b>TOTAL \$</b>			<b>TOTAL \$</b>		

*\*Includes rent and utility payments paid on behalf of family, or other cash or non-cash contributions provided on a regular basis.*



**HOUSEHOLD ASSETS:** List all current and/or anticipated assets for all household members in the next twelve (12) months below. Assets include, are not limited to bank accounts (checking and savings), online cash applications (Venmo, PayPal, Cash App, etc.), CDs, trusts, stocks, bonds, insurance policies and cash kept in a safety deposit box or at home.

FIRST & LAST NAME	SOURCE OF ASSET (ie: Wells Fargo, Venmo)	CURRENT AMOUNT (\$)	INTEREST AMOUNT (%)

● Have you disposed of any assets for less than fair market value within the last two (2) years?  Yes  No  
If yes, please explain: \_\_\_\_\_

● Do you own property?  Yes  No If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION:**

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

● Has anyone in the household ever been asked to leave or been evicted from where they were living?  Yes  No  
If yes, please explain: \_\_\_\_\_

● Has anyone in the household currently and/or have engaged in any drug-related criminal behavior in the last five (5) years?  Yes  No If yes, please explain: \_\_\_\_\_

● Is anyone in the household a registered sex offender in any state?  Yes  No

● Has anyone in the household been convicted of any other violent criminal activity in the last five (5) years?  
 Yes  No If yes, please explain: \_\_\_\_\_

● Does anyone in the household owe any outstanding utility charges?  Yes  No If yes, where? \_\_\_\_\_

● Does anyone in the household have a disability (including physical, mental or impairment of alcoholism or drug addiction)?  Yes  No If yes, list any required accommodations needed? \_\_\_\_\_

● Does the household have pets?  Yes  No If yes, please list: \_\_\_\_\_

In case of an emergency, who can we contact? (This should be someone who would be allowed in your unit if something happens to you or needs animal out of unit for emergency reasons only.)

FIRST & LAST NAME	ADDRESS	PHONE	RELATIONSHIP

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head or Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult 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 within 90 days of the signature date above to remain on the waitlist. If there is no response within this timeframe, my/our application will expire and will no longer remain on the waitlist.***





# VALLEY RESIDENTIAL SERVICES VOLUNTARY SELF-IDENTIFICATION

The questions in this section are voluntary. Please check below all that apply to you and all household members.

# OF HH MEMBERS	RACE & ETHNICITY
<i>Example:</i> 2 1	<i>Example:</i> <b>Hispanic</b> <b>Non-Hispanic</b>
	Hispanic or Latino
	Non-Hispanic
<i>Example:</i> 2 1	<i>Example:</i> <b>White or Caucasian</b> <b>Black or African American</b>
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White or Caucasian
	Other
	American Indian / Alaska Native (AI/AN)

**(Please Check)**

Regional Corporation: \_\_\_\_\_  Shareholder  Descendant

Village Corporation: \_\_\_\_\_  Shareholder  Descendant

Tribal Affiliation: \_\_\_\_\_  Shareholder  Descendant

*Please provide a copy of your Certification of Indian Blood (CIB) or Tribal Card to show proof of American Indian / Alaska Native (AI/AN) status.*



# VALLEY RESIDENTIAL SERVICES HOMELESS & DISABILITY SELF-CERTIFICATION

We have a certain number of housing units have been set aside for households who fall within the following definitions of homelessness and disabilities:

Date: \_\_\_\_\_ Individual / Head of Household Name: \_\_\_\_\_

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

**CHECK ONLY ONE:**

- 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. vehicle, park, campground, abandoned building, etc.), or living in a publicly or privately operated shelter designed to provide temporary living arrangements (i.e. shelter, transitional housing, hotel/motels, etc.) 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 day of application for housing. No future residence has been found and I lack the resources or support network (family, friends, faith-based or other social networks) needed to obtain permanent housing.
- I/We are not currently homeless.

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 these definitions?  Yes  No

.....

**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 define 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 activities:
  - 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 their 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 disability definitions?  Yes  No

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

Applicant / Head of Household (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_





# VALLEY RESIDENTIAL SERVICES 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 VRS rental housing. This authorization and the information obtained may be given to Federal, State or local programs 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 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 VRS rental housing.

## COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that 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 the 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 VRS and will stay in effect for 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**

## 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 this application. I authorize release of information regarding my credit, references (personal / landlord, etc.), criminal history, and financial information to a representative of VRS for a period of fifteen (15) months from the date signed above.



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