

Emergency Housing Voucher Program Referral



For Coordinated Entry Team Use Only

- Anchorage Coalition to End Homelessness
- Alaska Coalition on Housing and Homelessness

Head of Household Name	Desired Community
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1. I certify that this household meets the definition of an eligible household, **and**
2. This person was selected from a Coordinated Entry waiting list.

Referring Individual Signature	Date
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Service Provider Contact Information

Name

Agency Name

Mailing Address

Telephone	E-Mail
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- Please include service provider as a copy on any email to the family.
- 1. I am attaching the appropriate verification of eligibility.
- 2. The family has completed AHFC's online application.

Service Provider Signature	Date
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Email this form and appropriate verifications to Regina O'Keefe (rokeefe@ahfc.us) or fax to (907) 338-1683.

For Alaska Housing Finance Corporation (AHFC) Use Only

Received _____

Emailed _____

To _____

AHFC Representative Signature



Emergency Housing Voucher Homeless Certification



Head of Household Name		
Number of Adults	Number of Minors	Date

Check only one living situation as of the date of referral.

- Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks). The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Agency Name

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

- Living Situation: Emergency Shelter
The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter.

Shelter Name

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).

- Living Situation: Recently Homeless
The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (ex. Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.)

Agency Name

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in: an emergency shelter OR a place unfit for human habitation



Description of current living situation

This is to certify that:

- The above named individual or household meets the criteria selected above based on the current living situation and other indicated information.
- The information provided on this form is true and correct to the best of my knowledge and recollection.
- I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Authorized Agency

Representative Signature	
Representative Title	Telephone
Representative Email	

Emergency Housing Voucher Human Trafficking Certification



Confidentiality: All information provided to the service provider concerning the incident(s) of human trafficking shall be kept confidential and such details shall not be entered into any shared database. Employees of the PHA will not have access to these details, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

Head of Household Name		
Number of Adults	Number of Minors	Date

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

This is to certify that:

- The above named individual or household meets the definition for persons who are fleeing or attempting to flee human trafficking under section 107(b) of the Trafficking Victims Protection Act of 2000.
- The information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual(s) named above is/has been a victim of human trafficking.
- I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Authorized Agency

Agency Name

Representative Signature

Representative Title

Telephone

Representative Email



Date:

Application

Time:



Posted:

Initials:

Programs:

Code:

You may request assistance with this document from AHFC.

Do You Require Language Assistance? If Yes, Which Language?

Yes No

Yes No Have you lived in the area where you are applying for at least 30 days prior to the completion of this application?

Head of Household

Last Name and Suffix (Jr., Sr., etc.)	First Name	Middle
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Other Names Used

Social Security Number	<input type="checkbox"/> I don't have a Social Security Number	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Mailing Address

City, State, Zip Code

E-Mail Address	Telephone
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Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	Ethnicity (Check Only One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Alien Registration Number	Citizenship (Check Only One) <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State
Status (Check All That Apply) <input type="checkbox"/> Adult <input type="checkbox"/> Disabled <input type="checkbox"/> Full-time Student	<input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Near Elder (50 or older)	<input type="checkbox"/> Displaced <input type="checkbox"/> Homeless <input type="checkbox"/> Veteran

Spouse/Co-Head

Last Name and Suffix (Jr., Sr., etc.)	First Name	Middle
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Other Names Used

Social Security Number	<input type="checkbox"/> I don't have a Social Security Number	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	Ethnicity (Check Only One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Alien Registration Number	Citizenship (Check Only One) <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State
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Status (for Spouse/Co-Head, Check All That Apply)

Spouse
 Co-Head

Disabled
 Full-time Student

Elder (62 or older)
 Near Elder (50 or older)

Number of people who will be living in this household including the head and spouse/co-head listed above

Guardian Information

Does the Head of Household have a guardian? If Yes, please enter the name of this person or agency.

Yes No Name -

Mailing Address

City, State, Zip Code

Telephone

Income – Estimated Monthly Income for All Household Members. This includes all monies received by all household members. Please do not include Permanent Fund Dividends here.

My household does not have any income at this time.

OR

\$ This is seasonal or temporary income.
If checked, how many months per year is this income received? _____
 How many household members received the most current year's Permanent Fund Dividend? If no one, please enter "0" (zero).

Screening Process

Household members must pass AHFC's screening process to be eligible for housing assistance. The screening process includes verification of household members and their income, previous housing assistance participation, debts owed to AHFC or other housing authorities, citizenship status, previous tenancies, and any criminal activity or history. Families must meet income limits at the time of eligibility to qualify for assistance. Income limits are a maximum; there is no minimum income. Income limits are available at: www.huduser.org/portal/datasets/il.html.

Personal Certification and Notice

Warning: 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.

I understand that:

1. I must report the following changes promptly.
 - a. Any change to family composition (the members of my household).
 - b. **Any change to my mailing address** or telephone contact information.
2. Any discrepancy or lack of information in this application may result in its rejection.
3. I authorize AHFC to verify information I provided on this application, conduct any necessary screening for placement on a waiting list, and communicate with any and all names listed on this application.

I hereby certify under penalty of perjury under the laws of the United States of America and the State of Alaska that all of the information contained in this document is true and complete. I understand that making false statements on this document is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

<input type="text"/>	<input type="text"/>
Head, Spouse, or Co-Head of Household Signature	Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.