
FNHS HUD Healthy Homes – Application Form

Applicant / Resident Information

Date of Application: ____ / ____ / _____

Applicant/Resident name (first, middle, last): _____

Phone: () _____ - _____ Email _____

Date of Birth: ____ / ____ / _____

Race of Applicant (to help ensure groups are represented as close to the FNSB general population as possible) – Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Alaska Native/Native American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Choose not to respond | |

Home Information

Address/House location: _____

I own this house (outright or with mortgage or payment plan). I rent this house from (provide contact info):

Approximate year of initial build (if known): _____

Type of Home (single-family, condo, townhome, modular, etc): _____

Square footage of home: _____

Home Concerns (describe any issues you know of):

Family Information

Total number of household members: _____

Total number of adults in the house: _____ [Each adult must be listed in the income tables]

Table 1: Home residents (you must list all household members, their relationship to you, the date of birth, and social security numbers (for everyone 18 years old or older)).

	Name	Relationship	Date of birth	Social security number (for all older than six)
1		Self		
2				
3				
4				
5				
6				
7				
8				
9				
10				

Income
Table 2: Regular income for the past 12 months (must list all income for all household members over 18).

- “Income type” – check the “Unemployed” box if unemployed.
- “Periods per year” refers to number of times the salary or benefit is paid per year. Biweekly checks are paid 26 times a year. Monthly checks are paid 12 times a year. Seasonal jobs may be paid over different number of periods per year.
- Every source of income requires documentation listed on the next page –Verify these are enclosed by checking the box in the “Docs?” column.

Adult Family member	Income type <i>Check box by wages (☐) if unemployed</i>	Periods per year	\$ per period	Annual \$	Docs?
	Wages / salaries Unemployed? ☐				☐
	SSI/SSA/pensions				☐
	Public assistance/Benefits				☐
	Other income: _____				☐
	Wages / salaries Unemployed? ☐				☐
	Benefits/pensions				☐
	Public assistance				☐
	Other income: _____				☐
	Wages / salaries Unemployed? ☐				☐
	Benefits/pensions				☐
	Public assistance				☐
	Other income: _____				☐
	Wages / salaries Unemployed? ☐				☐
	Benefits/pensions				☐
	Public assistance				☐
	Other income: _____				☐
	Wages / salaries Unemployed? ☐				☐
	Benefits/pensions				☐
	Public assistance				☐
	Other income: _____				☐
Total					

Table 3: Asset income (must list all assets)

- Every asset (**bank or other account**) requires at least six (6) months of statements, including any income from the assets. Verify these are enclosed by checking the box in the “Docs?” column.

<i>Family member</i>	<i>Asset description</i>	<i>Current cash value of assets</i>	<i>Docs?</i>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Required Supporting Information:

Homeowner(s) must supply the following:

- Application form, fully completed, signed by the homeowner or applicant
- Current mortgage statement (if applicable) or property deed or title

All adult household members must supply:

- Driver’s license or state identification card for 18 and over
- Six (6) months most recent checking/saving bank statements, ALL pages, for each account
- 4-6 of most recent paycheck stubs for all jobs held in the previous year (all wage earners)
- One (1) years of most recent federal tax returns
- Statements from PERS, TRS, deferred compensation, 401k accounts, or other retirement holdings
- Current social security/disability award letter (if applicable)
- Current pension/annuity letter (if applicable)
- Unemployment income (if applicable)

Agreement to house or residence access:

In order to participate in this program, I agree to (please initial each line):

___ Allow the program team members, survey team, and contractors into my house.

___ In most cases, a radon test will be required to be administered. I agree to have the house doors and windows closed for 60 hours (12 hours before radon testing, plus 48 hours of radon testing) except for the typical opening/closing to enter or exit the residence, and I agree to release the results of the radon testing to the state of Alaska. Exceptions include houses lifted off the ground (with no skirting) and not on well water, and houses that have had a recent radon test.

___ I agree to let other testing professionals, as required, into my house. These may include lead paint or asbestos professionals, for example. Advance notice will be provided.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I/we authorize and direct any Federal, State, or local agency organization, business, or individual to release to:

FAIRBANKS NEIGHBORHOOD HOUSING SERVICES

Any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under HUD Healthy Homes. I/we understand and agree that this authorization for the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and U.S. Rural Development in administering and enforcing program rules and policies.

INFORMATION COVERED: I/we understand that depending on program policies and requirements, previous/current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | |
|---------------------------|-----------------------------------|-----------------------|
| Housing Agencies | Welfare Agencies | State Agencies |
| Courts and Post Offices | State Employment Agencies | Native Corporations |
| Schools and Colleges | Social Security Administration | Unemployment Agency |
| Law Enforcement Agencies | Medical/Child Care Providers | Home Health Providers |
| Support/Alimony Providers | Bank/Other Financial Institutions | |
| Past/Present Employers | Credit Providers/Credit Bureaus | |
| Veterans Administration | Utility Companies | |
| Retirement Systems | Current or Former Landlords | |
| Criminal Activity | Family Composition | |

CONDITIONS: I/we agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect as long as I am an application or participant in any assisted housing program. I understand that a photocopy of this authorization is as valid as an original.

Print Name	Signature Head of Household	Date
Print Name	Signature of Co-Head or Spouse	Date
Print Name	Signature of Other Adult	Date

FNHS Healthy Homes Project Acknowledgement

I, _____,

- understand that to be eligible for the FNHS Healthy Homes Project, I must complete the above application, submit all required documentation, and pass the income verification step.
- certify that all the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements may constitute disqualification of this application.

Applicant's Signature: _____ Date: _____

Privacy Act Notice: Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applications and participants to submit the Social Security Number of each household member who is six years old or older. PURPOSE: Your income and other information are being collected by HUD to determine your eligibility. OTHER USES: HUD uses your family income and other information to assist in managing and monitoring HUD assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. PENALTY: You must provide all of the information requested by Fairbanks Neighborhood Housing Services including all Social Security Numbers you, and all other household members, have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the required information may result in a delay or rejection of your eligibility approval.

For more information, please contact the program coordinator listed below.

Kara Carlson
Deputy Director
Fairbanks Neighborhood Housing Services
Office: 907-451-7230 | Fax: 907-451-7236
properties@fnhs.org
<https://www.FNHS.org>