

Opportunity Inc.
 323 Carlanna Lake Rd.
 Ketchikan, AK 99901

**Preliminary Application
 for Section 811 Housing Assistance**

For Office Use Only	
Date:	Time:
Client Number:	
Public Records ck:	
Staff Initials:	

Please Check the Purpose of the following application:

- Application for Apartment
- Addition of Adult Family Member(s) or Live-In Aide to existing family living at 323 Carlanna Lake Rd.

Yes No Do you or your spouse meet the federal definition of a developmental disability? (See attached definition.)

If Yes: List the name and contact information for a medical professional who can verify your disability status.

Name:	Title:	Phone:	Address:
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Head of Household	Last Name & Sr., Jr. etc.:		First Name:		Middle Initial:	Social Security Number:
	Date of Birth:	Age:	Driver's License No. & State:	Other Surnames/Maiden Names:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unmarried Partner/Living-Together <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Language: (Primary)				
Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islndr		Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled		Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

Spouse/ Co-Tenant	Last Name & Sr., Jr. etc.:		First Name:		Middle Initial:	Social Security Number:
	Date of Birth:	Age:	Driver's License No. & State:	Other Surnames/Maiden Names:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islndr		Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled		Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

Mailing Address:	City, State, Zip Code:	Home Telephone:
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Message Telephone:	Messages C/O:	Emergency Contact & Phone:	Email:
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Special Considerations:

Yes No Does your household require a wheel chair accessible unit and/or a unit with sight/sound accessible features?
 Wheel Chair Accessible Sight/Sound

List all household members who will live with you. Household members include those who are temporarily absent due to military duty, attending school, or in foster care. **Please use the codes below for relationship.**

Relationship Codes:

C = Cousin **F** = Father **K** = Niece / Nephew **M** = Mother **O** = Non-Relation/Other **R** = Sister
D = Daughter **G** = Grandchild **L** = Brother **N** = Foster Child **P** = Grandparent **S** = Son

Household Member	Last Name & Sr., Jr. etc.:	First Name:	Middle Initial:	Social Security Number:
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled
	Age:		% of Time Minor Lives in Household:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				

Household Member	Last Name & Sr., Jr. etc.:	First Name:	Middle Initial:	Social Security Number:
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled
	Age:		% of Time Minor Lives in Household:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				

Household Member	Last Name & Sr., Jr. etc.:	First Name:	Middle Initial:	Social Security Number:
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled
	Age:		% of Time Minor Lives in Household:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				



Asset Information: List all assets and their value for all household members.

Account	Name of Bank or Credit Union	Name on Account	Account Number	Account Balance
Checking				\$
Savings				\$
Other				\$

Commercial Fishing Permits \$ _____ Recreational Vehicle/Boat \$ _____ Certificate of Deposit (CD) \$ _____
 U.S. Savings Bonds \$ _____ Property \$ _____ IRAs \$ _____
 Stock and Bonds \$ _____ Other \$ _____

Have you sold or given away any asset with a value of \$5,000.00 or greater in the last two (2) years? Yes No

Income Information: List sources of income and amounts for ALL household members.

Name:	Sources of Income	Amount of Gross Income	Per Wk/Mo/Bi-monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
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		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly

Please list any household member(s) who **DID NOT** receive a PFD in the previous year and **WHY**. _____

Does anyone outside your household pay for any of your bills or give you money? Yes \$ _____ No

If yes, please explain. _____

Rental History: List where you have lived in the past three (3) years.

(If you need more space, use an additional sheet of paper.)

Current address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you live at):
From: To:	Name on lease (if applicable):	Landlord or Contact Telephone number:



Previous address (include city, state):	Did you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you lived at):
From: To:	Name on lease (if applicable):	Landlord or Contact Telephone number:
Previous address (include city, state):	Did you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you lived at):
From: To:	Name on lease (if applicable):	Telephone number:
Previous address (include city, state):	Did you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and address of landlord or property owner (if different from address you lived at):
From: To:	Name on lease (if applicable):	Landlord or Contact Telephone number:

Tenancy Information Required by Law

Yes No Has any household member applied for or been housed under any federal rental assistance program?
If yes, please list names, dates, and locations. _____

Yes No Is any household member currently living in or assisted with federally subsidized housing?
Please explain. _____

Yes No Do you owe money to Opportunity Inc. or any other federally subsidized housing program?

Yes No Have any household members been evicted from federally subsidized housing?

Yes No Has any household member been evicted for reason of drug-related criminal activity; or evicted for disturbing neighbors or property destruction?
If yes, please identify whom and explain. _____

Yes No Has any household member abused the use of alcohol within the last three years resulting in an alcohol related arrest or traffic violation?

Yes No Has any household member been arrested and/or convicted for any criminal activity against another person or another person's property or any drug-related criminal activity?

Yes No Is any household member subject to a lifetime registration under a state sex offender law?

Yes No Is any household member required to register on the State of Alaska sex offender list?

Yes No Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony (or a high misdemeanor in New Jersey)?

If yes to any of the above questions, please explain _____



Personal Declaration (All household members 18 years of age and older must sign the application and release of information forms):

I do hereby attest that all the information provided above about my household members and me is true and complete. I understand that I must report to Opportunity Inc. all changes in household income or household membership to retain my correct placement on the wait list.

Warning: Title 18, Section 1001, of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements in this application. Such false or fraudulent statements are punishable as crimes under Title 11 and 12 of the Alaska Statutes.

Signature of Head of Household:	Date:
Signature of Spouse/Co-Tenant:	Date:
Signature of Adult Household Member:	Date:
Signature of Adult Household Member:	Date:

Guardianship: Are you under the care of a payee, a conservator or guardian?

Yes No

Name

Phone

Payee / Conservator / Guardian

Fair Housing and Equal Opportunity Statement

It is the policy of Opportunity Inc.) to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status.

**Housing and Urban Development
Developmental Disability Defined**

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., is a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
- e. 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.

