



**POST-SECONDARY HOUSING ASSISTANCE
PROGRAM APPLICATION**

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Message Phone: _____
 E-mail address: _____
 Alaska Native/American Indian: Y / N Tribal Enrollment: Y / N Tribe Name: _____
 Please indicate the semester(s) for housing assistance: Summer Fall Spring
 Please indicate whether you are a: Full-time student Part-time student

Do you have any immediate family members that are Tribal Employees/Board Members or AHA Employees/Board Members? *(Immediate family: Mother, Father, Sister, Brother)* Yes / No

If so: Name: _____ Relation: _____
 Position: _____ Tribe: _____

Have you ever received funds from the AHA post-secondary housing assistance program? Yes / No

If so, did you supply AHA with the final transcripts, grades or training certificates from the funding semesters? Yes / No
(if you have not submitted this information, you will not be eligible for future funding until they are received by AHA)

I. FAMILY COMPOSITION: Beginning with the Head-of-Household. If you need additional space, please list on a blank page

Family Member No.	Name of Family Member	Relation to Family Head	Date of Birth	Birthplace	Age	Sex	Social Security Number	Occupation
1		Head						
2								
3								
4								
5								

II. CURRENT TOTAL INCOME: Include seasonal income

Family Member Name	Source of Income/ Employer Name unemployment, social security, public assistance, pensions, etc.	Address of Employer/Source of Income	Rate		Full Time	Hours Per Week
			\$ ____/hr	\$ ____/mo		
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs
			\$ ____/hr	\$ ____/mo	Y / N	____ hrs

III. Proposed Landlord Name, Address and Phone Number: *If landlord is not determined at the time of application, please enter "unknown" and the date you propose to know the residence.* *If approved or determined eligible, a class schedule and lease will need to be submitted.*

Name: _____	Address: _____
State: _____	Zip: _____ Phone: _____ Rent Amount: _____

IV. Required Information:

Enclosed

	Certificate of Indian Blood or a Copy of Tribal Enrollment Card
	Copies of Income Tax Returns for Previous Year for Entire Household (if you are self employed, i.e. fisherman, please supply AHA with prior 3 years taxes)
	Copy of Social Security Card
	Copy of Driver's License or State ID
	Copy of Acceptance Letter

V. Certification

I/We certify that the information given to the Aleutian Housing Authority on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and repayment of dispersed funds by the recipient.

As a condition for selection as a recipient of housing assistance, I/We agree that the use of funds will provide rental payments while I/We are pursuing a post secondary education and that My/Our grade point average does not fall below 2.0.

The above information is true and complete to the best of my/our knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Signature of Applicant		Date		Signature		Date
Signature		Date		Signature		Date

VI. Understanding

I (applicant) understand that if funding is granted it is required to supply AHA with final transcripts, grades or training certificates each semester *(if a technical/vocational school when schooling is complete)*.

Signature of Applicant	Date
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