



## 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

**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	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.*

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 ( <b>if you are self employed, i.e. fisherman, please supply AHA with prior 3 years taxes</b> )
	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