



Ninilchik Traditional Council

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All Rental Housing by Ninilchik Traditional Council facilities comply with Federal Fair Housing regulations, accepting age-qualified residents without regard to national origin or gender, race, color, religion, disability, or familial status. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities



Applications for Tovarish Manor Building B, Senior Independent 6-Plex Apartments

NINILCHIK TRADITIONAL COUNCIL ("NTC") has developed 12 units of independent elderly rental housing through the combined assistance of the Ninilchik Senior Center, Alaska Housing Finance Corporation, the Denali Commission, HUD and NTC's Native American Housing Assistance and Self Determination Act ("NAHASDA") Indian Housing Block Grant.

1. Project Introduction

The Tovarish Manor is located at 66351 Aspen Ave., Ninilchik; this is located next to the Senior Center, off of Kingsley Rd. These two buildings include eight 2-bedroom units and four 1-bedroom units. Five of the 2-bedroom units are fully equipped for seniors in wheelchairs. 8-bedroom units have special sensory features for visual/hearing-impaired occupants. All units in building B, have roll in showers. All units are handicapped assessable, have their own washers, dryers, patios, and attached heated garages with inside storage rooms. Rents include: heat & hot water, trash removal and snow removal. This is a non-smoking senior housing complex. Pets are not allowed at this time unless it is a medical prescribed/assist pet. There is an assisted pet policy that applies for those that qualify.

To qualify as an elderly family, the head of household or spouse, or the family's sole member, must be 62 years of age or older. Tenants admitted to the project must occupy the unit as their primary residence, year round, and comply with NTC's occupancy policies and rules, which will address authorized absences, visitors, and other occupancy standards. Unemancipated minors under the age of 18 will not be admitted to elderly housing, and must comply with visitor policies. To ensure affordability, certain income thresholds apply for all applicants.

Selected applicants must sign the lease to their assigned unit within 15 days of receiving written notice of move-in eligibility, or apartment will go to the next applicant on waiting list.

IF YOU NEED ASSISTANCE OR ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS, PLEASE PROMPTLY CONTACT BOB CROSBY OR DENISE SMITH AT NTC TO DISCUSS YOUR NEEDS OR QUESTIONS.



Applications for Tovarish Manor are being accepted now. Any applications for other NTC programs do not qualify as applications for Tovarish Manor. To apply for admission, please complete and return the attached application to NTC.

- **Part I** of the application must be completed and submitted by all applicants.
- **Part II** of the application is for those that are applying for the HOME assisted units. To qualify for these units, your income must be below the 50% Median Income for the Kenai Peninsula Borough. Rents will be established at current HUD Low Market Rates & Utility Allowance for the Kenai Peninsula. Please ask the Housing Department for this application if you are interested and if an apartment is available at this time.

2. Manner of Selection.

NAHASDA Selection. 2 of the units in building A will be offered to eligible low-income Alaskan Native or American Indians under the HUD NAHASDA program. A NAHASDA applicant must complete Part I and Part II of the application, and establish that the tenant family is low-income, defined as receiving 80 percent or less of median income for the area & being either an Alaskan Native or American Indian by providing a CIB or BIA card. From the pool of qualified NAHASDA applications, NTC will select two elderly families 60 years of age or more that are eligible for NAHASDA assistance. NAHASDA applicants not selected for admission will be placed on the NAHASDA waiting list. Applicants not selected through the NAHASDA process may be included in selection from the general eligibility pool, as well. However, because low-income households generally are less able to pay Fair Market rent, financial eligibility will be reviewed as part of selection.

HUD HOME Selection. Three of the 12 units will be offered to eligible Low Income qualified families who qualify for low-income HUD, HOME assistance, in accordance with the HOME program from the U.S. Department of Housing and Urban Development. To qualify for the HOME assisted units one of the household must be age 62 years of age or older, be able to qualify as low income under federal guidelines established by HUD. HOME applicants must complete Part I and Part II of the application, and establish that the tenant family is low income, defined as receiving 50 percent or less of median income for the area. From the pool of qualified HOME applications, NTC will select three elderly families eligible for HOME assistance. HOME applicants not selected for admission will be placed on the HOME waiting list. Applicants not selected through the HOME process may be included in selection from the general eligibility pool, as well. However, because low-income households generally are less able to pay Fair Market rent, financial eligibility will be reviewed as part of selection.



General Selection. After HOME selections are made, the remaining selections will be made as follows: three selections will be made from qualified applicants who placed their name on the initial waiting list maintained by NTC with first come first get.

Priorities. Selected families will be matched to units of the appropriate size and special features. Bedroom size and special features will take priority over order of selection. For example, if only two bedroom units are left, a family with a single member usually will not be selected. If only one-bedroom units are left, a married couple with live-in aide will not be selected for that unit. In order to fill the units with special features, NTC has established a priority for persons with visual, hearing, or physical disabilities, which will apply with the four units that have special features, with those units being filled first from the list NTC has to choose from. Special feature units not filled from the current list will then be filled with those applicants on the list. Handicapped/disabled applicants remain eligible for units that lack special features, and NTC will not discriminate against such applicants on any basis prohibited by law.

Qualified applicants who are not selected for Tovarish Manor may request placement on the NTC waiting list for later consideration. Applicants remain responsible for updating the information contained in their application, including current contact information, in order to remain eligible for future consideration. Failure to keep the information current may result in being dropped from the waiting list or not being considered for a particular opening.

A “qualified” applicant is one whose application preliminarily indicates, prior to NTC verification, that they meet eligibility requirements, and who has fully completed the application. Partially completed applications will not be considered. All admissions are subject to verification and review of information provided, including income information. NTC’s receipt of an application, and its deeming the application complete or the applicant qualified, shall not vest any expectations or rights in an applicant nor shall it constitute admission to NTC’s program or housing.

3. Rent and Utility Requirements.

Monthly rent for Tovarish Manor units will include, at landlord’s cost, natural gas heat, hot water heating, and garbage pick-up. All other utilities, such as electricity, will be the tenant’s sole responsibility. The units are individually metered for electricity.

HOME Rent: For participants selected for the three HOME openings, rent will be established at not more than 30 percent of adjusted monthly household income. All household income must be fully verified and proved prior to a HOME admission and move-in. The program will adopt a minimum rent level for family size, to ensure that the applicant’s rent will cover NTC’s utilities expenses, and that the household’s income is sufficient to pay for tenant utilities.



Fair Market Rent: For all other participants, rent will be established by NTC using a fair market affordability assessment, for size of unit. Estimated rents at this time: 2-bedroom \$795.00, 1-bedroom \$653.00. The final amounts for “Fair Market” rent will be announced at least 15 days before the date anticipated for the first move-in. To ensure that the family is capable of paying Fair Market rent each month, NTC may request additional information such as (1) credit report; (2) additional credit references; (3) completion of the full income questionnaire (Part II of the application, if not previously completed); (4) verification of income sources, (5) explanation of monthly expenditures. NTC will not admit an applicant for a Fair Market Rent unit unless s/he clearly establishes the ability to pay rent and utilities without hardship.

ADDITIONAL INFORMATION: Attached is the current HUD statement of median income for this area. If your household income falls at the 50 percent or less of median income for your family size, you may qualify as “low income” under HUD guidelines, this would lower the rent amount you would pay each month. Please ask our office to see if there are any HUD HOME apartments available at this time and if there please ask us for the Part II of the rental application. If there are no HUD HOME apartments available, then when returning your application please ask to be placed on the HUD HOME waiting list. Live in Assistants /Nurses with proper credentials will not be counted in the household income certification.

Federal Income Limits For The Kenai Peninsula Alaska

Kenai Peninsula Borough Median Family Income \$70,200.00

Effective 03/19/2009

You must be at or Under the 50% Median Income to Qualify for HUD’s HOME Program As Low-Income.

1. Person Household: \$24,550
2. Person Household: \$28,100
3. Person Household: \$31,600





Tovarish Manor Housing Application



PART I - GENERAL INFORMATION

Applicant's Name:

First _____ Middle _____ Last _____ Maiden _____

Nickname: _____ Age: _____

Alaska Native/American Indian? YES NO

Tribe/Village: _____ Degree: _____

(Provide copy of Citizenship, CDIB Cards, or ANCSA information)

Spouse/Other Name:

First _____ Middle _____ Last _____ Maiden _____

Nickname: _____ Age: _____

Alaska Native/American Indian? YES NO

Tribe/Village: _____ Degree: _____

(Provide copy of Citizenship, CDIB Cards, or ANCSA information)

Residence Address:

Address _____

City _____ State _____ Zip _____

Telephone Number: _____

How long at this Address? _____

Residence Address:

Address _____

City _____ State _____ Zip _____

Message Number: _____

Contact Person: _____

HOUSING INFORMATION

Present Housing: Rent: _____ Own: _____ Buying: _____ Living with Relatives: _____

If currently renting or buying:

Name of Landlord or mortgage holder _____

Address _____

City _____ State _____ Zip _____

Telephone Number: _____

If Living with Relatives:

Name of Relative _____ (Relation) _____

Address _____

City _____ State _____ Zip _____

Telephone Number: _____

Previous Address:

Address _____ City _____ State _____ Zip _____ How Long? _____

Landlord's Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

HOUSING REFERENCES

List the past THREE years of housing references stating with the most recent or current. (If additional space is required, use the back of this page).

Landlord's Name/Address	Your Address	Own/Rent	Dates
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

- Have you ever been housed by a housing authority or public agency? YES NO
If so, by whom, where & when? _____
- Have you or your spouse ever owned or co-owned a home in a federally assisted project? _____
If yes, under what name? _____ When? _____
- Have you ever been evicted from housing? YES NO
If so, by whom and when? _____

FAMILY COMPOSITION

Total number of person to be living in the home: _____

FAMILY COMPOSITION				
NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #	PLACE OF BIRTH
	HEAD			

CHILDREN UNDER 18 WILL NOT BE ALLOWED TO LIVE IN ELDERLY HOUSING.

- Do you expect any additions/deletions to the household within the next twelve months?
YES NO
Name & Relationship: _____
Explanation: _____
- Is there anyone living with you now who won't be living with you at this property? YES NO
Name & Relationship: _____
Explanation: _____

- Are there any absent household members who under normal conditions would live with you? *(for example, a spouse away in the military)*.
Explanation: _____
- Does your household have or anticipate having any pets other than those used as service animals?
Explanation: _____
- Have you or any one else named on this application been convicted of a felony or sex offense?
YES NO
Explanation: _____
- Have you or any one else named on this application been convicted for dealing, possession of, or manufacturing illegal drugs? YES NO
Explanation: _____
- Have you or any one else named on this application been convicted of a crime of violence or property damage?
YES NO
Explanation: _____
- Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? YES NO
Explanation: _____

APPLICANT/FAMILY STATUS

Are you an honorably discharged veteran? If so, please submit a copy of your DD-214 form.

So your or anyone in your household require any handicap/disabled features for the apartment? If so, what features? _____

CONTACT

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

	Name	Number
1.	_____	_____
	RELATION	
2.	_____	_____
	RELATION	
3.	_____	_____
	RELATION	

Household's Monthly Income Before Income Tax: _____

Annual Income: _____

Amount Household is Currently Paying for Housing: \$ _____ (monthly) [This amount includes: (check all that apply)]

- Mortgage/Rent
 Property/Fire Insurance
 Natural Gas
 Electric
 Maintenance
 Condo Dues
 Other _____ (describe)

Notice: If your household income is below 80% of median, or if paying average rent for this area will use up more than 30% of your available income, please complete Part II of this Application, even if you do not qualify for low-income Alaska Native/Native American assistance.

SIGNATURES

I have answered all questions to the best of my ability and knowledge, and authorize the _____ to communicate with the above individuals and/or companies in the processing my application. THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY. The above information is true and correct and I understand that falsification or misleading responses will void the application rendering me ineligible for the program. Providing false information is Punishable by Section 1001 of Title 18 of the U.S. Code. It is a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds.

Applicant

Spouse/Other

Date

Date

Notice To All Applicants: Options for Applicants with Disabilities or Handicaps

The Ninilchik Traditional Council Housing Department will not discriminate against applicants on the basis of race* religion, sex, family status, disability or handicap. To comply with nondiscrimination laws protecting disabled applicants and participants, NTC will provide reasonable accommodations, which may include structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision-impaired family member where existing pet rules would not allow the dog;
- Make large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;

- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of Elderly rental--they must still be able to pay, to maintain their home in a safe and sanitary condition, to report required information to the Division, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of the application is a Housing Requirements Questionnaire. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to Ninilchik Traditional Council.

* Implementation of requirements imposed by the Native American housing Assistance and Self-Determination Act is considered political, not racial, preference and is permitted by law in certain circumstances.

Special Needs Requirements Questionnaire

Please read the following regarding this questionnaire:

Completing this questionnaire is optional on your part. **IF YOU CHOOSE NOT TO COMPLETE THIS FORM, PLEASE CHECK THE BOX THAT INDICATES THAT CHOICE, SIGN AND DATE THE FORM, AND RETURN IT TO THE COUNSELOR.** The choice not to complete this questionnaire will not in anyway affect the processing of you application for a unit.

IF YOU CHOOSE TO COMPLETE THIS FORM, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the Counselor.

Please sign, date, and fill in social security number below, then indicate whether or not you choose to complete the following information.

Applicant's Signature

Social Security Number

Date

Yes, I choose to complete this questionnaire. No, I do not choose to complete this questionnaire

Information relative to the housing requirements of applicant's family:

1. Do you, or any member of your family, have a condition that requires:

____ A separate bedroom _____ Physical modification to a typical disability-accessible home
____ Unit for hearing-impaired _____ Special parking space
____ Unit for vision-impaired
____ Other: _____

2. If you checked any of the above listed categories of units, please explain in as much detail as possible what is needed to accommodate the special need. _____

3. What is the name of the family member who needs the features identified above? _____

4. Do you or any of your family members need special features to go up and down stairs other than traditional railings? Yes No

5. Will you or any of your family members require a live-in-aide to assist you? Yes No

6. Who would be contacted to verify your need for or currently have an assistive animal? Yes No
If so, please describe any needs related to the animal. _____

7. Who should be contacted to verify your need for the features you have identified above (e.g. your doctor, medical provider, or social service agency)?

Name: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

**NINILCHIK TRADITIONAL COUNCIL
DIVISION OF HOUSING**

Name: _____ Spouse: _____

S.S. #: _____ S.S.#: _____

DOB: _____ DOB: _____

This will authorize the Ninilchik Traditional Council to obtain any information regarding my past history from previous landlords.

Applicant's Signature Date

CN Admissions Counselor's Signature Date

Applicants' Spouse/Other Date

THIS IS APPLICANT HAS APPLIED FOR HOUSING OUR ELDERLY HOUSING PROGRAM. WE WOULD APPRECIATE YOUR COMPLETION AND EARLY RETURN OF THIS FORM.

THE APPLICANT WAS YOUR TENANT AT _____
Property Address City State Zip

DOES THIS PERSON OWE A BACK BALANCE? YES _____ (IF YES \$ _____) NO _____
HOW MUCH IS THE RENT FOR THIS APARTMENT/HOUSE \$ _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

	EXCELLENT	GOOD	FAIR	POOR
RENT PAYING HABITS				
HOUSEKEEPING HABITS				
ABILITY TO GET ALONG WITH NEIGHBORS				

DATES OF OCCUPANCY: _____, 20 ____ TO _____, 20 ____

WOULD YOU ACCEPT THE ABOVE AS A TENANT AGAIN? YES _____ NO _____

COMMENTS: _____

LANDLORD'S SIGNATURE

PHONE NUMBER

ADDRESS

CITY STATE ZIP

Approved / Disapproved

Date: _____ Time: _____

Elderly Housing Manager

END OF PART I

Part II

**TO BE COMPLETED IF APPLYING FOR
NAHASDA Or HUD HOME PROGRAMS**
