Please keep this top page for your records.

St. Vincent de Paul

8617 Teal ST.

5 23 3727 907-789 5535 ext. 7 (Main Office)

907-789-5535 ext. 8 (Waitlist)

907-789-2557 (Fax)

St. Vincent de Paul Shelter Information:

Our Shelter provides housing for families, singles, and couples for UP TO two (2) Years.

We also have several different permanent housing programs in the building. We have 26 rooms, each approximately 250 square feet with bathroom vanity and commode.

The kitchen, shower stalls, and laundry facilities are communal. The rent is \$525, and the deposit is \$525. In addition to monthly rent, every resident is required to do a chore to help us keep our building clean. Chores are assigned by our ON-SITE Shelter manager. The Shelter is an alcohol and drug-free zone with a NO TOLRENCE rule. No visitors are allowed in the building. Everyone in the shelter is expected to look for permanent housing. This means you should apply for subsidized units, Alaska Housing vouchers, and other means of obtaining permanent residency. If you refuse to look for permanent housing, you could lose your housing with St. Vincent de Paul.

Waitlist Information

You must contact the waitlist number, 907-789-5535 ext. 8, and leave a message with your information, or talk to staff, to remain current on the waitlist. When calling in, be sure to give your name, phone number, or message number and any changes of income. You may stop by our main valley office at Smith Hall (where you may have picked up this application) Monday Through Friday 9 am to 4 pm to update information. If you do not contact us every 3 months your name will be placed on the inactive list, and your name will be returned to the bottom of the active waitlist.

Thank you for your interest in St. Vincent de Paul!

-81	r.vincent de paul society, 8	617 TEAL ST. JUNEAU AK, 99801
P	HONE: (907)-789-5535, FAX: (90	7) -789-2557
	 ☐ Channel View Apartments ☐ Hill View Apartments ☐ Strasbaugh Apartments ☐ Paul's Place Apartments ☐ Family Shelter 	
<u>H</u>	OUSING APPLICATION	
Aj	pplicant's Full Name:	
Cı	urrent Address:	
Pi	none: _()	
	haddallanski Aleas	
1.		does not apply to you, mark "N/A" on that line.
2.	one of the following, as long as y Driver's License Bank Statement	Retirement benefit letter Benefit letter from government agencies
	If you cannot provide us with any made application to the Social S	of the above documents, it will be necessary that you certify to us that you have ecurity Office for a new card before we will accept your housing application.
3.	US Citizens nationals or certain	US Department of Housing & Urban Development requires that all applicants b categories of eligible noncitizens. To do this, you must have the attached s forms completed by EACH family member (including yourself). Please make n the Declaration Form.
4.	Stotucionice repeated for the following	
7	માં તાલા કોલિલ કોમ જ તામાં પ્રાપ્ત	St. Vincent de Paul Housing office 8619 Teal St. Juneau AK, 99801 FAX: (907) 789-2557
No	ote: Pets and/or assistance animoments and pet and assistant	nals are allowed upon approval. Please ask the office staff for more ce animal application.
Yo	O You did not complete all as Please return your applications	eas or you did not sign the application. on along with the information that was missing if you want to be

Office USE ONLY:	DATE RECEIVED:	Time received:	ID #:	
	····			

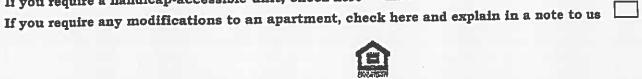
APPLICATION FOR ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy they must be able to pay rent, to care for their apartment, to report required information to St. Vincent de Paul, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- St. Vincent de Paul is a management company that provides low rent housing to eligible households, elderly households and single people. St. Vincent de Paul is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, St. Vincent de Paul has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change St. Vincent de Paul can make to its apartments or procedures
 that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, 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 the management company, that is your right:
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410 or call 1-800-669-9777 or 1-800-877-8339.



. Name	Relationship	Gender	Soc Sec #	Birth Date	Plac	e of Birtl
1	Head					
2						
3		35				
1				18		
5						
5						
f yes, explain: Oo you anticipate any char f yes, explain:	nges in household comp	osition in th	e next twelve	months?	☐ Yes	□ No
•	ne next calendar year at	an educatio	nal institution	uring five cales (other than a	correspon	ths of ndence
chool) with regular faculty		an educatio	nal institution	iring live cale	correspon	ndence
chool) with regular faculty IF YES, ANSWER THE	and students?	an educatio	nal institution	other than a	correspon	ndence
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How did you hear about the apartment for which you are applying?

If you require a handicap-accessible unit, check here

Real Estate		2.		-	
Do you own any property? Yes N	√o				
If yes, type & location of property		9.			
Appraised market value \$	Mor	tgage or outstandin	g loan due \$		
Name & address of broker/realtor who w	ould provide v	erification of mark	et value:		
Broker/Realtor A	Address	City	,	State	Zip
. MEDICAL AND CHILD CARE EXPENSE	S				
FOR ELDERLY, DI Medical Costs - Complete only if head these medical expenses are paid for o	or spouse is 6	52 or older, handid n pocket and not	capped, or di	sabled AND	ONLY i nsuran
Monthly Amount \$	263.000	Monthly Amount	\$		at o
	Medical I	ngurance			
Name	medical i	Name ,			
Address		Address			
				-1+	
Claim No. Monthly Amt. \$		Claim No.	Month	ıly Amt. \$	
	Pharm	acv			
Name		Name			-
Address		Address			
Anticipated prescription costs not covered nsurance - Monthly Amount \$		Anticipated prescri insurance - Mont			У
	Physi				
are you seeing a physician REGULARLY?		vo			
lame		Name			
ddress		Address			
Anticipated costs not covered by insuranc Monthly Amount \$		Anticipated costs n Monthly Amount		y insurance	
Outstanding Medical Bi				ents	
lame		Name '			
ddress		Address	Œ H		
aticinated costs and covered by Jacobs		Anticipated costs =	ot correspond by		
Inticipated costs not covered by insuranc Balance Due \$ Monthly Amount \$		Anticipated costs n Balance Due \$		y Amount \$	-
Child Care Expenses - Complete for chi					



E.	PROGRAM INFORMATION				
	Are you currently living in subsidized housing?	Yes No	_		
F.	APPLICANT INFORMATION-Please place a check	mark in the box if an	y of the	following statements ap	ply to yo
	Do you have a Section 8 Voucher or any other typ	pe of voucher?	Yes	No	
	1. You have been served a Notice to Quit or been	asked to leave by a	previou	s landlord	
	2. You have been served with lease violations fro	m a previous landlo	rd _		
	3. You have been evicted				
	4. You or any household member have been evic activity?	eted from federally as	ssisted h	ousing for drug-related	crimina
	If you checked any of the above boxes, please exp	lain the circumstan	ces on ar	attached sheet of paper	er and
	identify property & landlord.				
	5. You or a household member have been convic	ted of a sex related	crime or	are subject to a lifetime	9
	registration in a State sex offender registration	n program?		41	w.m.r.w
	List all states, other than the one that you res	ide in now, in which	you hav	e lived in during the la	st seven
	years?			_	
G.	REFERENCE INFORMATION				
	Current Landlord (Name, Address,& Phone No.)				
	How long have you lived there?	Is this landlord rel	ated to y	ou? Yes No	
	List all Previous Landlords for ALL Adults in Ho	ousehold (Attach a	sheet of	paper if more snace i	g
	needed.) (Name, Address & Phone No.)			pupos is anoto opace :	<u></u>
Г					
ŀ	1,	2.			
-					
-					
-	Address of Apt.	Address of Apt			
-	How long did you live there?	How long did y	ou live the	nere?	
L	Is this landlord related to you? Yes No	Is this landlord	l related	to you? Yes No_	
1	List two Professional Personal References for A	LL Adults in House	hold (At	tach a sheet of paper	if more
1	space is needed.) (Name, Address, Phone No. & F	Relationship)			
	Example: teachers, principals, past/present employers,	, physicians, etc.) Plea	se do not	list relatives or friends.	
	1.	2.			
	Phone No. Relationship	Phone No.		Relationship	

All information received by "mgmt_company" during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

(To be completed by Owner/Agent) Member Last Name of First Relationship to Family Member Name Relationship to Head of Household Head 2	Vah	nicles - l'iet enve	zehiole ove	med		68								_
Color						17	/ N & I							
We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. **CERTIFICATION*** we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. deristand I/we must pay a security deposit for this spartment prior to occupancy. I/we certify that the housing I/s cupy is/will be my/our permanent residence. we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of H and Urban Development's eligibility criteria and St.Vincent de Paul's resident selection criteria. I/we understand the plication in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a fundation in oway ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a fundation in oway ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a fundation in oway ensures occupancy and that my/our polication is the rejected based on, but not limited to (1) a fundation in oway ensures occupancy and (6) any records which show the applicant's behavior acceptable, even if it is a manifestation of an applicant's disability. **we certify that the Information given in this application is true to the best of my/our knowledge.** **we certify that the Information given in this application is true to the best of my/our knowledge.** **we certify that the Information or any omission of any significant information is punishable by ald could be grounds for cancellation of this application or termination of residency after occupancy.** **Federal Government, acting through the USDA, Rural Development/HUD, that Federal Laws prohibiting discriminist tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handica nplied with. You are not required to furnish this information, but are encouraged to do so. This information will not be evaluating your														
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Please sign ALL Black Checkmarks

Authorization

Signatures

I/we do hereby authorizes. Vincent de Paul and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

\mathbf{I}^{D}	
Applicant Signature	Date
I)	
Co-Applicant Signature	Date

