

Please keep this top page for your records.

St. Vincent de Paul

8617 Teal ST.

523 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!

**-ST.VINCENT DE PAUL SOCIETY, 8617 TEAL ST. JUNEAU AK, 99801
PHONE: (907)-789-5535, FAX: (907) -789-2557**

- Channel View Apartments
- Hill View Apartments
- Strasbaugh Apartments
- Paul's Place Apartments
- Family Shelter

HOUSING APPLICATION

Applicant's Full Name: _____

Current Address: _____

Phone: (____) _____ **Cell:** (____) _____

Instructions: Please follow carefully. Incomplete applications will be returned.

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We may ask for copies of Social Security Cards.** If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

Driver's License	Medicare Card	Medical Insurance Card
Bank Statement	Retirement benefit letter	Benefit letter from government agencies

If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.
3. **Proof of US Citizenship.** The US Department of Housing & Urban Development requires that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you must have the attached Declaration of Section 214 Status forms completed by EACH family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Signatures are required by all adult applicants.**

Return your application to:

St. Vincent de Paul Housing office
8619 Teal St.
Juneau AK, 99801
FAX: (907) 789-2557

Note: Pets and/or assistance animals are allowed upon approval. Please ask the office staff for more informations and pet and assistance animal application.

Your application is being returned because:

O You did not complete all areas or you did not sign the application.

Please return your application along with the information that was missing if you want to be considered for HUD 202 PRAC housing.



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 origin, 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.



A. FAMILY SUMMARY -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender	Soc Sec #	Birth Date	Place of Birth
1	Head				
2					
3					
4					
5					
6					

Have there been any changes in household composition in the last twelve months? Yes No
If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No
If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? Yes No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No

Are any full-time student(s) a TANF or a Title IV recipient? Yes No

Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return? Yes No

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

Physical Address: _____ City: _____ State: _____ Zip: _____
 (if different than mailing address)

Telephone No. (which you can be reached at): _____ E-Mail Address _____

Applying to Property(s): _____ Requested Unit Size: _____ Bedrooms

How did you hear about the apartment for which you are applying? _____

If you require a handicap-accessible unit, check here

If you require any modifications to an apartment, check here and explain in a note to us



Real Estate

Do you own any property? Yes _____ No _____

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
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D. MEDICAL AND CHILD CARE EXPENSES

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

Monthly Amount \$ _____	Monthly Amount \$ _____
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Medical Insurance

Name	Name
Address	Address
Claim No.	Claim No.
Monthly Amt. \$	Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____
Name
Address
Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$	Anticipated costs not covered by insurance - Balance Due \$
Monthly Amount \$	Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____



E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes____ No____

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

Do you have a Section 8 Voucher or any other type of voucher? Yes____ No____

- 1. You have been served a Notice to Quit or been asked to leave by a previous landlord
- 2. You have been served with lease violations from a previous landlord
- 3. You have been evicted
- 4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity?

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

- 5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____

G. REFERENCE INFORMATION

Current Landlord (Name, Address,& Phone No.)

How long have you lived there? _____ Is this landlord related to you? Yes____ No____

List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes____ No____	Is this landlord related to you? Yes____ No____

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please 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.

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes _____ No _____ If yes, describe _____

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and St. Vincent de Paul's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head _____

Spouse/Co-Tenant _____

Date _____

Date _____

For St. Vincent de Paul

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development/HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

- () American Indian or Alaskan Native () Black () Hispanic () Asian or Pacific Islander () White () Other
 () Male () Female

(To be completed by Owner/Agent)

Member #	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth	Declaration			
						1	2	3	4
						Date Verified			
Head									
2									
3									
4									
5									
6									
7									

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize 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.

Signatures

(II)

Applicant Signature

Date

(II)

Co-Applicant Signature

Date

