KPHI Kenai Peninsula Housing Initiatives, Inc

RENTAL APPLICATION

EQUAL HOUSING OPPORTUNITY

First Middle Last	Desired Move-in Date

Date of Birth		**SSN (or ITIN)**	
Gov. Issued ID#		**Issuing State/Territory**	
Phone Number		**Email**	

Personal Information

Rental/Residence History

	Current Residence:	Previous Residence:	Prior Residence:
Street Address			
City			
State & Zip			
Monthly payment			
Landlord Name			
Landlord Phone Number			
Landlord Email			
Reason for Leaving			
Did you give notice?			
Were you asked to move?			
Dates of residency:	**From/To**	**From/To**	**From/To**

		Name/Company Name	Phone Number/Email
Do you have a payee?	**Yes No**		
Do you have a guardian?	**Yes No**		
Do you have a care coordinator?	**Yes No**		

Income/Financial Information

	Bank/Institution Name	Balance
Checking		
Savings		
Other		

	Current Employer:	Previous Employer:	Prior Employer:
Employer Name			
Employer Phone Number			
Employer Address			
Monthly Salary			
Position Held			
Supervisor Name			
Supervisor Title			
Supervisor Phone Number/Email			
Dates of employment:	**From/To**	**From/To**	**From/To**

Additional Income

Source	Amount

Dependents			
Name (First Last)			
Date of Birth			
Relationship			
Pets			
Name/Age			
Breed/Weight			
Emergency Contacts			
Name (First Last)			
Address			
Phone Number			
Email Address			
Relationship			

By signing this application, you grant KPHI permission to communicate with all contacts listed in the "Emergency Contacts" section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

Have you ever used any other names?	**Yes** **No**	Please list any other names used in the past.	
Have you ever been convicted of a crime?			**Yes** **No**
Have you ever filed suit against a landlord?			**Yes** **No**
Are you a veteran?	**Yes** **No**	Are you a senior (over 55)?	**Yes** **No**
Does anyone who will be living in the unit smoke?			**Yes** **No**
Many of our properties are income restricted rentals with priority given to households with mobility or sensory disability, or mental disabilities. Is anyone in your household disabled?			**Yes** **No**
Do you plan on renting from KPHI for at least 12 months?			**Yes** **No**
Have you ever been a defendant in an unlawful detainer (eviction) lawsuit or defaulted (failed to perform) any obligation of a rental agreement or lease?			**Yes** **No**
Have you had recurring problems with your current apartment of landlord?			**Yes** **No**
KPHI owns and manages rentals in the following communities: Homer, Ninilchik, Soldotna, Kenai and Seward. Please indicate which community you are interested in.			
Supportive Housing complexes for the mentally disabled are only available to beneficiaries of The Alaska Mental Health Trust Authority. Are you seeking supportive housing and a beneficiary of The Alaska Mental Health Trust Authority?			**Yes** **No**
Does anyone in the household have a qualifying disability needing special modifications?			**Yes** **No**
Do you have an AHFC Housing Choice Voucher?			**Yes** **No**
Are you on the AHFC Housing Choice Voucher wait list?			**Yes** **No**
Do you know what sized unit you are interested in? KPHI has 1, 2, 3 & 4 bedroom units. Please indicated unit size.			

KPHI may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?	

What is your race? As required by HUD 40097

- White
- Black or African American
- Black or African American & White
- Hispanic
- Asian
- Asian & White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native & White
- American Indian or Alaska Native & African American or Black
- Other Multi Racial

Are you a US Citizen?	**Yes**	**No**
Are you a legal noncitizen?	**Yes**	**No**

Agreement & Authorization Signature

The statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental agreement in whole or part. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: _____ ***Date:*** _____

Kenai Peninsula Housing Initiatives, Inc (KPHI)
a community housing development organization
P.O. Box 1869 Homer, Alaska 99603
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office@kphi.net

AUTHORIZATION FOR RELEASE OF INFORMATION

Tenant Name: _____ **DOB:** _____

Building: _____ **Unit #** _____

Current Behavioral Health Care Provider: _____

I hereby authorize Kenai Peninsula Housing Initiatives Inc to:

☐ **Release Information to:** ☐ **Obtain Information from:**

Agency/Individual Name: _____ **Phone:** _____

Agency/Individual Name: _____ **Phone:** _____

Agency/Individual Name: _____ **Phone:** _____

Address: _____ **Fax Number:** _____

Reason for Contact: (check all that apply)

☐ **Emergency**
☐ **Late payment of rent**
☐ **Unable to contact you**
☐ **Assist with recertification process**
☐ **Termination of rental assistance**
☐ **Change in lease terms**
☐ **Eviction from unit**
☐ **Change in house rules**
☐ **Other:** _____
☐ **Rental Application/Denial**

Named Exclusions of Release of Information: _____

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will remain in effect for the length of tenancy unless otherwise specified by tenant. My authorization is voluntary.

_____	_____	_____
Applicant/Tenant Signature	Print Name	Date

_____	_____	_____
Applicant/Tenant Signature	Print Name	Date

KPHI provides the low-income, very low-income, senior and special needs residents of the Kenai Peninsula area the opportunity to take a more active role in their lives and communities by providing a variety of affordable housing options.
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