

FOR THE APPLICANT TO KEEP

St. Vincent de Paul
8617 Teal St
Juneau Alaska 99801
(907) 789-5535
(907) 789-2557 (Fax)

Shelter information:

The St. Vincent de Paul Shelter provides transitional housing to families, singles and couples for up to two years and permanent housing for the disabled. We have 26 rooms, each approximately 200 sqft plus a bathroom. Kitchen, shower and laundry facilities are shared. The Shelter is almost always at full capacity and unfortunately our waiting list very long. Minimum rent is \$525 a month. Residents are also required to do a daily chore. The Shelter is an alcohol and drug free zone, and currently has a strict no Visitors policy.

Waiting List Information:

If you wish your application to remain on our active waiting list, it is your responsibility to contact us periodically and let us know you are still seeking housing with us. Also be sure to inform us whenever your contact information changes. If we have not heard from you within 90 days of your application, you will be moved to our inactive list.

To update your contact information, or to inform us of your continued housing need, call 789-5535 ext 8. Be sure to leave a message with your name, phone number and housing status. Alternatively you can stop by our main office in Smith Hall weekdays from 9am -5pm.



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

- SVDP Transitional Housing
- Channel View apartments
- Paul's Place apartments
- MacKinnon aptments

Strasbaugh	<input type="checkbox"/>
Hillview	<input type="checkbox"/>

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 need copies of Social Security Cards** The government requires that all applicants over the age of 5 submit a copy of their social security card with the attached housing application. 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
Bank Statement

Medicare Card
Retirement benefit letter

Medical Insurance Card
Benefit letter from government agencies

Note: Copies of Metal Social Security Cards are not acceptable.

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 (Management office)
8617 Teal St.
Juneau AK 99801
FAX: (907) 789-2557

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.

our application is being returned because:

- You did not complete all areas or you did not sign the application.
- You did not provide the required social security cards for all household members over the age of 5.
- The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.

Please return your application along with the information that was missing if you want to be considered for Section 8 housing.



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

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? _____



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B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$



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C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____ Date of transaction _____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Certificates of Deposit

Bank	Bank
Address	Address
Acct.# Int Rate Amt. \$	Acct.# Int Rate Amt. \$
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

Stocks

IRA's/401-K's

Name	Bank
Address	Address
Value \$ Div. Rate	Value \$ Div. Rate

Bonds

Trust Accounts

Bank	Bank
Address	Address



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Present Value \$	Account No.
Maturity Date	Int. Rate Balance \$

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 \$

Medical Insurance			
Name	Name		
Address	Address		
Claim No.	Monthly Amt. \$	Claim No.	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	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments	
Name	Name
Address	Address



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

Have you been a St. Vincent resident before? _____ If YES when and where _____
 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 _____
- You have been served a Notice to Quit or been asked to leave by a previous landlord
 - You have been served with lease violations from a previous landlord
 - You have been evicted
 - 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.

- 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 _____



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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 St. Vincent de Paul 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 _____

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.



Are you a U.S. Military Veteran? _____

Are you Disabled? _____

Are you Homeless? _____

If yes, where did you sleep last night: _____

Optional:

What is your primary race? _____

Are you Latino/Hispanic? _____

Optional:

Anything else you would like to share with us?

Thank you for applying to St. Vincent de Paul!



Tenant;

Please sign and date below.

Release of Information

I/we do authorize St. Vincent de Paul and/or it's staff to contact any agency, offices, credit bureau, landlords or personal references regarding my tenancy and/or any issues that may arise. The information used will remain confidential between the agencies. This release is good indefinitely.

Signed: _____ Date: _____

Signed: _____ Date: _____

