

**INTERIOR REGIONAL HOUSING AUTHORITY**  
828 27<sup>TH</sup> Avenue • Fairbanks, Alaska 99701  
Phone: (907) 452-8315 • Fax: (907) 452-8324

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## **SENIOR ACCESS PROGRAM**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIRED DOCUMENTATION THAT NEEDS TO BE ATTACHED TO YOUR APPLICATION WHEN APPLYING FOR A PROGRAM

- Fill out the request form for Child Support Services for every person over 18 years of age
- Picture I.D. for Every Person over 18 Years of Age
- Proof of Income
- Verification of any and all income received for every person over 18 years of age
- Prior year tax information for every person 18 years of age
- Proof of all PFD'S and Native Corporation Dividends for every person 18 years of age
- Proof of Ownership (Quitclaim Deed, Warranty Deed) or land verification form

**ALL HOUSHOLD MEMBERS (18) AND OVER MUST SIGN THE APPLICATION OR IT  
WILL BE RETURNED  
ORIGINAL APPLICATION MUST BE RETURNED**

### **NOTICE TO ALL APPLICANTS**

In order for Interior Regional Housing Authority to determine if you are eligible for the Program to which you have applied, all required documentation must be completed and returned at the same time. Failure to do so will account for a letter requesting missing information. If IRHA's Planning Department has not received the requested information within thirty (30) days of the second letter sent to you requesting such information, your application will become inactive and you will not be considered for the program to which you have applied.

## **SENIOR HOUSING ACCESSIBILITY MODIFICATIONS:**

**SENIOR ACCESS PROGRAM**  
**Sponsored by: Interior Regional Housing Authority**

**APPLICATION FORM**



<b>Applicant Information</b>	
Last Name:	First Name:
Mailing Address:	
Street Address of Permanent Residence:	
City and State:	Phone:

<b>Household Information:</b>	
Name of Head of Household:	Annual Household Income \$
Name of Property Owner:	Phone # of Property Owner:
Number of Household Members:	Year house was built:
Current Residential Status: Rent Own Other:	Dwelling Type: Stick-built    Condominium Modular        Other: Manufactured (Mobile) Home is located in: Park    Private Lot    Other:

Modifications requested:
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Qualifying seniors must meet the definition of a "senior household" under 15 AAC 151.950(C)(10)(A), except that at the time the household is determined eligible
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for the program, it must qualify under one of the following definitions below. **Please indicate which definition your household meets by checking one of the boxes below.**

two or more individuals that are related to each other at least one of whom is 55 years of age or older;

The surviving spouse of an individual who (a) was at least 55 Years of age or older at the time of his or her death and (b) was living in the senior housing unit with the Surviving spouse at the time of his or her death.

an individual who is 55 years of age or older; or

an individual or individuals described in one of the three definitions above, regardless of their ages, who are essential to the care or well being of the individual or individuals.

Please Note: Seniors who cannot count the property as their current principal residence may not qualify the household as a "senior household".

I hereby certify that my household has a person(s) over the age of 55 as defined by the above regulation.

Initials \_\_\_\_\_

Date: \_\_\_\_\_

*Applicant Priority Disclosure:* In order to improve programmatic efficiency, priorities may be given to a property that qualifies for accessibility modifications from the Senior Access Program and from other funding sources.

*Reasonable Accommodations:* If you or any person in your household needs additional accommodation because of a disability, please explain the accommodation needed on the "Reasonable Accommodation Request Form" provided by the sponsoring organization.

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my-our signature(s) on this application and acknowledge my-our understanding that any intentional or negligent misrepresentations(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et.seq. and liability for monetary damages to AHFC, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**Interior Regional Housing Authority**  
**828 27<sup>th</sup> Avenue**  
**Fairbanks, AK 99701**  
**907-452-8315, 800-478-IRHA, Fax 452-8324**  
**ATTN: Planning Department**



**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, request and authorize the Interior Regional Housing Authority to obtain any and all information pertaining to my housing application to determine my eligibility. For example: Cash Assistance of any kind (ASAP/GA/SSI/SSDI/APA), wage information, tribal enrollment, Permanent Fund Dividend, Doyon Limited Programs & Tanana Chiefs Conference Programs. Please release my confidential information from my file to:

NAME: PLANNING DEPARTMENT PERSONNEL

ORGANIZATION: INTERIOR REGIONAL HOUSING AUTHORITY

ADDRESS: 828 27<sup>th</sup> Avenue, Fairbanks, AK 99701

Purpose of disclosure: Eligibility Determination

Material to be released: ANY

My signature indicates I have read this form and/or have had it read to me. I know that any and all information is to be disclosed for determining my eligibility.

This consent form does not expire unless revoked by me in writing prior to this date. I am able to revoke this consent (in writing) at any time.

Client's name (printed) \_\_\_\_\_

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Client's name (printed) \_\_\_\_\_

Client's signature \_\_\_\_\_ Date \_\_\_\_\_



CHILD SUPPORT VERIFICATION

PART I - REQUEST

TO: Child Support Services Div.
Attention:
550 W. 7th Avenue, Suite 310
Anchorage, AK 99501

FROM: (Name and Address of Lender):

Table with 4 columns: Applicant(s) Name, Soc. Sec. No., Address, Signature\*. Rows a, b, c, d.

\* Signature authorizes release of information:

Signature of Lender Date

PART II - VERIFICATION

(To be completed by Child Support Services Division)

Are applicants currently obligated to pay child support?

- a. No \_\_\_ Yes \_\_\_ Monthly Payment Amount: \$
b. No \_\_\_ Yes \_\_\_ Monthly Payment Amount: \$
c. No \_\_\_ Yes \_\_\_ Monthly Payment Amount: \$
d. No \_\_\_ Yes \_\_\_ Monthly Payment Amount: \$

Does a child support arrearage exist for any of the applicants?

- a. No \_\_\_ Yes \_\_\_
b. No \_\_\_ Yes \_\_\_
c. No \_\_\_ Yes \_\_\_
d. No \_\_\_ Yes \_\_\_

If an arrearage exists, the amount of the arrearage is: \$

Comments:

Information verified by: Name Date

### Tax Information Authorization

OMB No. 1545-1165  
**For IRS Use Only**  
 Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s) _____ _____	Employer identification number _____
	Daytime telephone number (____) _____	Plan number (if applicable) _____

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address <i>Jana George Vera Lestenkaf</i> <i>Interior Regional Housing Authority</i> <i>828 27th Ave Fairbanks, AK 99701</i>	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<i>Income</i>	<i>1040</i>	<i>2010</i>	<i>non-filing letter</i>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6.

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
- b If you do not want any copies of notices or communications sent to your appointee, check this box

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box   
 To revoke this tax information authorization, see the instructions on page 4.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

- ▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
- ▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name Title (if applicable)

\_\_\_\_\_  
 Print Name Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature