

**State of Alaska/Department of Health and Social Services
Section 811 Project-Based Rental Assistance (PRA) Program Application**

Sponsoring Agency Information

Agency Name: _____
Agency Contact Name: _____
Phone: _____ Fax: _____ E-Mail: _____

Applicant Information

Applicant Name: _____
Date of Birth: _____ Social Security Number: _____

Participant Program Eligibility

Does the applicant meet the following criteria (must answer "yes" to all questions):

Yes: ___ No: ___

- Does the applicant meet criteria for one of the target populations (listed below)?
- Does the applicant meet the HUD definition of a disabled person or family (see definition under *Program Eligibility* in the Directions section of the application)?
- Does the applicant demonstrate qualification as extremely low-income, defined as less than 30 percent of Area Median Income? For information regarding HUD income limits, please view the following:
https://www.huduser.gov/portal/datasets/il/il2018/select_Geography.odn
- Is the applicant eligible to receive community-based services for their disability?
- Will the applicant be between the ages of 18-62 at the time of entry into a housing unit?

Check the target population:

___ Residing in an Assisted Living Facility, funded in part by the State of Alaska General Relief (GR) program

___ Re-entering the community from institutional care or other separated settings including:

- those discharged (within the last 12 months) from an inpatient psychiatric setting, jail or prison
- those discharged from a residential treatment facility including long-term (more than 60 days) drug or alcohol treatment or long-term (over 6 months) nursing home stay

___ At risk of institutionalization or deferred from institutionalization through a therapeutic program (e.g. Wellness Court)

___ Homeless, at risk of homelessness or exiting from another permanent supportive housing program that required homeless or chronic homeless status at entry

___ A youth who is aging out of foster care, an institutional setting, or transitioning from the adolescent service system to the adult service system

Check the disability (may check more than one):

___ Mental Health ___ Intellectual or Developmental ___ Physical

Does the applicant meet any of the criteria listed below, which could potentially exclude them from program eligibility?

- Has the applicant or any member of the household* been convicted of a drug-related crime in the past 36 months (conviction is not necessarily a barrier to the program)? **No: ___ Yes: ___**
If yes, detail offense here:

- Is the applicant required to register on a sex-offender registry in any state or country?

No: ___ Yes: ___

- Has the applicant been convicted of manufacturing methamphetamines at a federally funded housing property?
No: ___ Yes: ___

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Housing Needs

1. Does applicant or any members of the household require any special household supports or accommodations?

Yes No

If yes, please list:

3. How many people will be living in the household, including applicant? _____

4. What size apartment is applicant applying for?

1 bedroom

2 bedrooms

Other (specify): _____

5. What city in Alaska would applicant prefer to live?

Anchorage

If other, please specify: _____

This program was designed to provide both affordable housing and a full range of supportive services. All services are optional, but applicants are required to have a Sponsoring Agency who will be available to provide or link to any supportive services needed.

By submission of this Section 811 Program Application, the Sponsoring Agency agrees to:

- Assist the applicant in accessing the Section 811 program which would include:
 - Submitting applications and attending any required housing appointments with the applicant;
 - Assisting applicant with the verification process with the property owner when a referral to a housing unit has been made;
 - Assisting with moving and accessing any needed funds through DBH ISA or SDS SILC. Funds are available for purchasing items needed to set up apartments, security deposits, etc.
- Offer, provide or link to any services requested by the applicant to support independent living.

Services are voluntary and not a condition of receiving Section 811 PRA housing.

By signing the Section 811 PRA Program application, I indicate that all information provided in this application is accurate and complete to the best of my knowledge and belief.

Applicant Signature: _____

Sponsoring Agency Contact Signature: _____ **Date:** _____

**household member refers to any person who intends to reside in the housing unit with the participant*

Please fax or send application to:

(907) 269-3623 (Fax) or
3601 C Street, Suite 878
Anchorage AK 99503