

Moving Home Program Referral



Department of Health & Social Services

Head of Household Name	Number in HH
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Desired Community	Telephone Number
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Mailing Address

Local DHSS Point of Contact

Name	Referral Date
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Agency Name

Mailing Address

Telephone	E-Mail
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I certify that this household is eligible for community-based, long-term services as provided through Medicaid waivers, Medicaid state plan options, state funded services, or other appropriate services related to the target population, **and**

- Meets the U.S. Department of Housing and Urban Development's definition of a disabled family (24 CFR 5.403), **or**
- Is an Alaska Mental Health Trust Authority beneficiary

DHSS Selection Committee Signature	Date
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Fax or e-mail this Referral and the Moving Home Program Application materials to: Pamela Stantorf, pstantorf@ahfc.us, (907) 338-1683

Alaska Housing Finance Corporation (AHFC)

Received _____

Emailed _____

To _____

AHFC Representative Signature



Date rec'd: _____

Moving Home Program Application

Time rec'd: _____



Head of Household:

(If more household members are needed, fill out the *Additional Household Members* form)

Last Name and Suffix (Jr., Sr., etc.)		First Name		Middle	Social Security Number
Other Surnames/Maiden Name				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Mailing Address				City, State, Zip Code	
Home Telephone	Message Telephone	E-Mail Address			
Do You Require Language Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Which Language?			
Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander		Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Full-time Student <input type="checkbox"/> Adult	Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino

Household Composition:

List the number of persons expected to be in your household, including yourself _____
Please complete the *Additional Household Members* form if more than just yourself.

Release of Information:

- I authorize and direct the State of Alaska Department of Health and Social Services (DHSS) to release to Alaska Housing Financial Corporation (AHFC) any information or materials needed to complete and verify my application for, or participation in, the Moving Home Program.
- I authorize and direct AHFC to release to DHSS any information or materials needed to complete and verify my application for, or participation in, the Moving Home Program.
- I understand that neither AHFC nor DHSS will release any of my medical information.

Personal Declaration:

I do hereby attest that all the information provided above about my household members and me is true and complete. I understand that my household must



be screened for eligibility before receiving housing assistance. Screening includes verification of household composition and income and screening for previous housing assistance participation and criminal activity.

Warning: Title 18, Section 1001, of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements in this application. Such false or fraudulent statements are punishable as crimes under Title 11 and 12 of the Alaska Statutes.

Head of Household Signature

Date

AHFC Fair Housing and Equal Opportunity Statement

It is the policy of Alaska Housing Finance Corporation (AHFC) to provide equal employment and fair housing opportunities to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status. AHFC does not discriminate on the basis of disability status in admission or access to its assisted housing programs and activities.

For AHFC Use Only

Code

Posted Date

Moving Home Program Additional Household Members



Head of Household

Spouse Adult Co-Tenant

Last Name		Last Name	
First Name	Middle	First Name	Middle
Social Security Number	Date of Birth	Social Security Number	Date of Birth
		Maiden/Other Last Names	Gender <input type="checkbox"/> M <input type="checkbox"/> F
		Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander	Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Not Working
		Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
		Alien Registration Number	

- I am applying for assistance and these are my additional household members.
- I am receiving assistance and want to add additional household members. I understand that I will need my landlord's and AHFC's permission to add additional persons to my household.

New Adult Household Member Signature (if applicable) Date

Head of Household Signature Telephone Number

Printed Name Date



Last Name		Last Name	
First Name		Middle	Middle
Social Security Number		Date of Birth	
Maiden/Other Last Names		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander	Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Not Working <input type="checkbox"/> Youth (under 18)	Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander	Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Not Working <input type="checkbox"/> Youth (under 18)
If Youth, Relationship to Head		If Youth, Custody Percentage	
Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino Alien Registration Number	Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification <input type="checkbox"/> Choose Not to State	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino Alien Registration Number

Last Name		Last Name	
First Name		Middle	Middle
Social Security Number		Date of Birth	
Maiden/Other Last Names		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander	Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Not Working <input type="checkbox"/> Youth (under 18)	Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Haw./Pacific Islander	Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elder (62 or older) <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Not Working <input type="checkbox"/> Youth (under 18)
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