



Tenant Application for Housing JAMHI, JAMI-Douglas Inc. and Salmon Creek Housing, Inc.

Thank you for your interest in JAMHI housing. Please take a moment to review the following requirements before you complete this application and authorization forms attached to this letter.

JAMHI Health & Wellness community housing and support services are not licensed and do not serve people whose medical needs are such that they require ongoing medical services on site at the residences.

The application must be fully completed and submitted to JAMHI. Incomplete applications will not be processed.

Your application will be reviewed utilizing the following criteria:

- Household Income
- Landlord verification for the past five (5) years
- Credit history
- Criminal history
- Verification of Disability (verified by a qualified medical provider and must be current within 120 days of applying for housing with JAMHI).
- Eligibility for housing.

Your application may/will be denied for the following reasons:

- Any applicant who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity with two exceptions: (1) the applicant has successfully completed an approved, supervised drug rehabilitation program or 2) circumstances relating to the eviction no longer exist
- An applicant who is currently engaged in the illegal use of drugs or for which management has reasonable cause to believe that an applicant's use or pattern of illegal use of a drug may interfere with the health, safety and right to peaceful enjoyment of the property by other residents;
- Any applicant if there is reasonable cause to believe that their behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents.
- Any applicant who is subject to the sex offender lifetime registration requirement;
- Any applicant who is required to register as a sex offender under the State of Alaska central registry or under a state's lifetime requirement;
- Violent criminal activity;
- Misdemeanor crimes or convictions against people or property that would provide reasonable cause to believe there would be a threat to the health, safety and right to peaceful enjoyment of the property by other residents or the health and safety of management, employees, contractors, subcontractors or agents of the owner; convicted of damage to property of more than \$400.00.
- False or misleading information on the application.

Submission of your application does not guarantee housing. Your application must be approved prior to you being offered housing or placed on our waiting lists.

You must notify JAMHI if there is a change in your address or current phone number. You are responsible for notifying us of your intent to remain on the housing list if you are found eligible for housing and waitlisted.

Once an approved applicant is offered an apartment, you will have five (5) days to make a decision to accept or decline the unit. If you decline the unit the first time, your name will be placed on the bottom of the waitlist for that facility. Should you decline the unit a second time, your name will be removed from the waitlist and you will not be able to apply in the future.

Payments for security deposits and first month's rent will be required upon signing of the lease, as well as completion of a unit inspection.

The processing of this application will be considered complete once verifications have been received. Please do not call the JAMHI office; you will receive a letter indicating your approval or denial of JAMHI housing.

Smoking and pets are not allowed in JAMHI-owned housing.

Please review the attached checklist to make sure the required documents are submitted with your application.

Incomplete applications will not be processed.

Checklist

___ Signed Application

___ Signed Releases of Information (ROI): Please complete and sign ALL releases in the application.

You must attach copies of the following:

___ Copy of Alaska Driver's License or Identification Card

___ Copy of Social Security card

___ Proof of Earnings / Income

*Benefit statements indicating State assistance, SSI, SSDI, Social Security,

*Receipts or paystubs for employment,

*Prior year taxes if self-employment,

*Retirement benefit statements

*Permanent Fund dividend paystub or proof of receipt

* Native Corporation pay stubs indicating pay-outs

*Any other income or earnings information necessary to show proof of income.

___ Bank statements – savings & checking (3 months)

Once you have checked off the above documentation, please mail or drop off your application with attachments to JAMHI Health & Wellness, Inc., 3406 Glacier Highway, Juneau, Alaska 99801.

Applications received by JAMHI will be noted and processed by time and date received and may take several weeks. Once the application has been processed, you will be notified in writing of approval or denial of your application. If your application is denied, you will be notified in writing and given an opportunity for an informal hearing.

Should your application be approved, your name will be placed on a housing waiting list if there are no available units. You must indicate continued interest in remaining on our housing waitlists by contacting our offices every six (6) months and are responsible for keeping your address and telephone contact information current with us. In the event we are unable to contact you, your name will be removed from the list.

JAMHI will give preference to applicants or those on the waitlist who are most in need of the unit by the severity of the disability. Current tenants requesting a move to another JAMHI-owned or managed facility will have a higher preference than new applicants or applicants that are waitlisted.

JAMHI may, at its discretion, restrict or close the waitlist based on the number of current applications on the waitlists. At a minimum, if the same three applications have been on the waitlist for three months, the waitlist will be closed. A notice of closing of the waitlist will be placed on JAMHI's website for public dissemination and provided to staff. After closing the waitlist, JAMHI will not accept applications nor notify individuals who wish to be notified of the opening. Notice of re-opening the waitlists will be provided to staff and posted on the website.

*******PRINT CLEARLY*******

Facility

_____ Supported Living

_____ Housing with Support Services

Office Use Only:

Property: _____

Date Rec'd _____

Time Rec'd _____

Household Information:

Applicant Name: _____

Mailing Address: _____

Social Security # _____

Date of Birth _____/_____/_____

Driver's License # _____ State Issued: _____

_____ **Attach copy of SSN Card**

_____ **Attach copy of License**

OR State ID # _____ State Issued: _____

_____ **Attach copy of ID Card**

Are you a US Resident? ____ Yes ____ No

Place of Birth: _____

Phone # _____

Cell #: _____ Msg #: _____

Are you a smoker? ____ Yes ____ No

Do you have a mobility impairment? ____ Yes ____ No

Do you own a service animal? ____ Yes ____ No If yes, type: _____

Do you have an Assistance Animal? ____ Yes ____ No If yes, type: _____

JAMHI Health & Wellness community housing and support services cannot serve people whose medical needs are such that they require ongoing medical services on site at the residences.

REQUIRED: Rental Experience: Complete for the past three (3) years (list by current address first):

Address 1	Name of Landlord & Contact Telephone No.	Dates of Tenancy (from/ to)	Reason for Moving
Address 2	Name of Landlord & Contact Telephone No.	Dates of Tenancy (from / to)	Reason for Moving

Vehicle Information: Do you own a vehicle? ____ Yes ____ No If yes, vehicle make: _____

Year: _____ Insurance Co: _____ Value \$ _____

Income/Benefits	Yes	No	Monthly Amount
Income from employment (from an employer, self-employment or working for family members?) <i>If you mark Yes, please complete Employment Verification on page 10.</i>	☐	☐	
State of Alaska Adult Public Assistance, disability assistance, unemployment compensation, worker's compensation or Senior Benefits Program?	☐	☐	
*Social Security payments (includes SSA, SSI and SSDI)?	☐	☐	
*Alaska Permanent Fund? If you did not receive the dividend this year, indicate reason:	☐	☐	
Retirement benefits for pensions?	☐	☐	
*Native Corporation benefits (Alaska only)?	☐	☐	
Other:	☐	☐	

Asset Information: List all assets and their value	Yes	No	Value
Checking accounts? Name of Bank: _____ Account # _____	☐	☐	
*Savings accounts? Name of Bank: _____ Acct #: _____	☐	☐	
Does Applicant have access to Trust Funds? If yes, enter Trust Holder name: _____	☐	☐	
IRA or Keogh Accounts? Savings bonds?	☐	☐	
Money market funds, Certificates of Deposits, treasury bills, stocks or bonds?	☐	☐	
Commercial Fishing permits?	☐	☐	
Safety deposit box, at home, etc.?	☐	☐	
Recreational vehicle / boats / ATVs?	☐	☐	
Do you own property or other real estate?	☐	☐	
Do you receive rental income from a home or other real estate?	☐	☐	
Are any of the assets listed above held jointly with another person?			
Have you sold any assets in the last two years for less than market value? Yes ____ No ____			

Expenses:	
Do you have Medicaid/Medicare ?	Yes ____ No ____
Do you have any other kind of medical insurance?	Yes ____ No ____
Do you have outstanding medical bills on which you are paying?	Yes ____ No ____

Tenancy Information:

Yes No

____ ____ Are you currently enrolled as a student at an Institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)?

____ ____ Will you be receiving Section 8 housing assistance at the time of move-in?

____ ____ Do you have a Court Appointed Conservator/Guardian or Representative Payee? **If yes, please provide name, address and contact #s:**

Name: _____ Contact #: _____

(Please sign Release of Information on page 15 of this application).

____ ____ Are there any court judgments against you leading to eviction for lease violations, non-payment of rent, damages or other just cause? If Yes, please explain:

____ ____ Has your tenancy in a subsidized housing program ever been terminated due to fraud, non-payment of rent, or failure to cooperate with re-certification procedures? If Yes, please explain:

____ ____ Have you ever been asked to move out of an apartment before the lease term expired? If yes, under what conditions?

____ ____ Are you on a sexual offender lifetime registration list in any State? If answer is YES, please indicate all states in which you have resided:

____ ____ Are you required to register on the State of Alaska sex offender list?

____ ____ Are you a current abuser of an illegal, controlled substance?

____ ____ Have you ever been convicted of the illegal use or distribution of a controlled substance?

____ ____ Have you been arrested/convicted for any criminal act against another person, another person's property or for drug-related criminal activity?

If yes, please list and explain: _____

If you are currently homeless, please provide name and contact # of an individual / agency that is able to verify your status:

JAMHI, Salmon Creek Housing, Inc. and JAMI-Douglas Terrace Housing require applicants to meet disability criteria as defined in 42 U.S.C. 423, as outlined in the required Verification of Disability form attached to this application.

Do you think you meet this criteria? ____ Yes ____ No

If you feel you meet this criteria, please complete the verification of disability form enclosed with this application.

If you are the victim of domestic violence, dating violence or stalking where such incidents may affect your application status or your background screening, please notify Housing staff for information regarding additional housing protections. You will be asked to complete a certification and provide documentation of circumstances. Housing protections you may request include but are not limited to:

- Request management not to contact certain entities listed in your application during your background screening check
- Discuss with management negative issues that may potentially arise in a background screening check that would be attributable to domestic violence, dating violence or stalking.
- If the application is determined to be ineligible based on a negative applicant history arising from domestic violence, dating violence or stalking, you may request a review based on mitigating circumstances;
- You may provide alternate contact information if needed for your protection.

Ethnicity of Household: ☐ Hispanic or Latino ☐ <u>Not</u> Hispanic or Latino	Race: check all that apply ☐ White ☐ American Indian/Alaska Native ☐ African American/Black ☐ Asian ☐ Native Hawaiian / Other Pacific Islander
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Emergency Contact Information:	
Name _____	Relationship _____
Telephone #: _____	
Address: _____	
In the event of an emergency or death, I hereby authorize JAMHI to contact the individual listed above.	
_____ Signature of Applicant	Date _____
NOTE: If the applicant is currently under Court-appointed Guardianship, JAMHI will contact the Guardian of record.	

Pet or Assistance Animal Emergency Contact

Per JAMHI policy, pets or assistance animals residing with the tenant will be taken to Juneau Animal Rescue in the event of an emergency or tenant death. Please provide name and telephone number.

Pet / Assistance Animal Emergency Contact Name: _____

Relationship: _____

Contact Phone #: _____

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JAMHI, Salmon Creek Housing, Inc., and JAMI-Douglas Housing Inc., does not discriminate in tenant selection on the basis of race, ethnic heritage or national origin, creed or religion, age, gender, marital status, sexual orientation, or disability and/or handicaps. It is the policy of these organizations to affirmatively seek persons with a disability who meet income criteria as applicants for its projects and to offer equal housing opportunities to those with eligible disabilities.

You have the right to request a reasonable accommodation in the event that your disability prevents you from the reasonable enjoyment of the building or its premises. JAMHI, Salmon Creek Housing Inc. and JAMI-Douglas Housing Inc. conforms with and attests to compliance with the standards of the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act, and the Alaska Landlord Tenant. Complaints of discrimination can be directed to the Fair Housing Office of HUD in Anchorage or the Disability Law Center in Juneau.

Applicant agrees to consent to the release of information as necessary to verify income, prior rental history, disability, financial history, obtain a credit report and criminal background checks and that this process will be completed through third-party verification. I also understand that a check will be made of the sex offender registry for all states and territories.

Applicant swears and attests to the validity and truthfulness of information provided in this application and any subsequent information requested of tenant necessary for owner to comply with federal regulations regarding tenancy in its HUD projects or in JAMHI housing

Applicant agrees to sign this application knowing that the penalty for falsified or fraudulent information given to owner is immediate lease termination. If such fraud is found to exist at the time of application or during tenancy, any housing assistance payments made to owner by housing agencies will be recovered from tenant through court action. This means tenant is responsible to repay the value of any housing subsidy enjoyed while renting under a lease granted with falsified information. Payment will be sought through civil and criminal court action. Owner is not required to mitigate any penalties sought by HUD from tenant.

Applicant's signature attests to full knowledge and understanding of above procedures, to the truthful representation of information, to the intent to follow the Lease stipulations, Tenant Rules and Responsibilities and House Rules and understands and agrees to live by them. If you are selected as a Tenant and your lease is terminated for any reason, you acknowledge that JAMHI will contact persons or entities as necessary to effectuate the lease termination.

Applicant /Guardian Signature

Date



Authorization to Release Information

I authorize JAMHI, Salmon Creek Housing, and JAMI-Douglas Housing, Inc., to request and direct all persons, businesses, organization or state, local and federal departments contacted by JAMHI, JAMI-Douglas Housing, Inc., or Salmon Creek Housing, Inc. to release and provide, by any transmission means, including by telephone, all information or materials needed to complete and verify my application for housing, as needed during my tenancy or in the event of an emergency.

Documentation and Verifications to be Requested (but not limited to):

Identity of application
Police and criminal records
Credit history
Past and present Landlords and rental history
Income sources
Assets of any kind (including assets disposed of in the past two years)
Medical and disability expenses (as appropriate)

Who we will be contacting (including but not limited to):

Past & present landlords	Social Security Administration
Prior and present employers	Retirement Systems
Courts and law enforcement agencies	Asset managers
Banks and financial institutions	Payees, Trustees, Conservators and Guardians
Social service agencies	Internal Revenue Service
Departments under the State of Alaska	Family members
(Including Alaska Permanent Fund)	Medical and dental providers

The information obtained will be used in determining whether you qualify as a prospective tenant, for your continued tenancy in JAMHI owned or managed facilities and in the event of emergencies. This information will not be disclosed outside the agency except as required by law. This authorization remains in effect until six months after lease termination.

A copy of this signed authorization shall be valid as an original.

Applicant's Name: _____ Date of Birth: _____
(Printed Name)

Signature: _____ SS #: _____

Date: _____

VERIFICATION OF DISABILITY

To: _____

From: Housing Department / HUD Projects

SUBJECT: **Verification of Disability for:** _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED: For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. ☐ YES ☐ NO	Has a physical, mental, or emotional impairment that: a. Is expected to be of long-continued and indefinite duration; b. Substantially impedes his or her ability to live independently; and c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
3. ☐ YES ☐ NO	Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that: a. Is attributable to a mental or physical impairment or combination of mental and physical impairments; b. Is manifested before the person attains age 22; c. Is likely to continue indefinitely; d. Results in substantial functional limitation in three or more of the following areas of major life activity: (1) Self-care, (2) Receptive and expressive language, (3) Learning, (4) Mobility, (5) Self-direction, (6) Capacity for independent living, and (7) Economic self-sufficiency; and e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. ☐ YES ☐ NO	Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or chronic impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions?
4. ☐ YES ☐ NO	Is the above a person who's disability is based solely on any drug or alcohol dependence?

Name and title of person supplying the information / Firm Organization

Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

 _____
Applicant Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).



EMPLOYMENT VERIFICATION

Date: _____

Name of Employer: _____ Contact # _____

Address _____ Fax #: _____

Applicant: _____ **SSN:** _____

Address: _____

This person listed above has applied for housing with JAMHI. In order to verify their reported income, we ask that you complete the following:

Date of Hire (or re-hire): _____ Occupation: _____

Dates of actual work for past 12 months: _____

Gross Base Pay Per Hour \$ _____ # Hours worked in past year: _____

Gross Pay Per Week: \$ _____ # of Weeks worked in past year: _____

Gross Pay Per Month \$ _____ # of Months worked in past year: _____

Date present rate effective: _____ (For return-to-work employees)

Does this individual receive overtime pay? If yes, please complete:

Overtime Pay Rate: Per Hour \$ _____ # of Overtime hours worked in past year: _____

Does this individual receive any other compensation not included above: (Specify for commissions, bonuses, tips, etc.)

Total anticipated gross pay for the next 12 months: \$ _____

Total anticipated overtime earnings in the next 12 months: \$ _____

Has employment been terminated? _____

If yes, is individual eligible for unemployment benefits? _____

Name of Individual Supplying Information

FIRM/ORGANIZATION

SIGNATURE

TELEPHONE

DATE

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RELEASE: I hereby authorize and direct any federal, state or local agency and any organization, bank, business or individual to release to Juneau Alliance for Mental Health, Inc., (JAMHI), any information or materials needed to complete and verify my application for, or participation in, JAMHI housing. I understand that this authorization cannot be used to obtain any information about me that is not applicable to my eligibility for or participation in JAMHI housing. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 12 months from the date signed.

SIGNATURE

DATE

PRINTED NAME

Notice and Consent for the Release of Information to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)		U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner	
HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.): JAMI-Douglas Housing, Inc. Salmon Creek Housing, Inc. 3406 Glacier Highway Juneau, Alaska 99801	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):	
Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.			
Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance. Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS). Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new Hire (W-4), and unemployment claim information from current or former Employers to verify information obtained through computer matching. Uses of Information to be Obtained: HUD is required to protect the Income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy		law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else. HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age. Persons who apply for or receive assistance under the following programs are required to sign this consent form: Rental Assistance Program (RAP) Rent Supplement Section 8 Housing Assistance Payments Programs (administered by the Office of Housing) Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate Section 236 HOPE 2 Homeownership of Multifamily Units Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.	
Consent: I consent to allow HUD, the CIA, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.			
Signatures: Head of Household		Date	Additional Signatures, if needed: Other Family Members 18 and Over
Spouse		Date	Other Family Members 18 and Over
Other Family Members 18 and Over		Date	Other Family Members 18 and Over
Original is retained on file at the project site		ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines	form HUD-9887 (02/2007)

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self-employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner
OMB Approval Number 2502-0204

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs
(administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2
& 4571.3 and HOPE II Notice of Program
Guidelines

form HUD-9887-A (02/2007)

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc: Applicant/Tenant
Owner file

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887-A (02/2007)



JAMHI Health & Wellness, Inc.
 Salmon Creek Clinic Midtown Clinic
 3406 Glacier Hwy 1944 Allen Court
 Juneau Alaska 99801 Juneau, AK 99801
 907-463-3303 907-463-6882

AUTHORIZATION for RELEASE of PROTECTED HEALTH INFORMATION

I, _____, Date of Birth: _____
Name of Client
 hereby authorize JAMHI Health & Wellness, Inc. (JAMHI) to exchange information/document(s) with/
 between the following agency or person: JAMHI Housing & Facilities Department(s)
 ADDRESS: 3406 Glacier Highway, Juneau, AK 99801
 PHONE #: (907) 463-3303 FAX #: (907) 463-6858

INFORMATION TO BE RELEASED/RECEIVED: (Please check)

☒ Behavioral Health / Substance Use Assessments	☒ Medical Records	☒ Other: <u>Verbal and/or</u>
☒ Psychiatric Assessments / Evaluations	☒ Laboratory/Radiology	<u>written communications regarding</u>
☒ Behavioral Health Treatment Plans	☒ APA/Med 11/AD #2 Forms	<u>my eligibility for housing, sources</u>
☒ Medication List / Medication Management Notes	☒ Billing Records	<u>of funding for housing and housing</u>
☒ Functional Assessments	☒ Discharge Summary	<u>related agencies.</u>
☒ Redisclosure of third-party records on file at JAMHI	☒ Housing	
for the purpose of payment, treatment and operations	☒ Verification of Participation and/or Attendance	

PURPOSE OF INFORMATION: (Please check)

☒ Legal Use	☒ Benefits / Eligibility
☒ Intake Information	☒ Housing / Tenancy / Eligibility
☐ Employment / Vocational Assistance	☐ Personal / Self
☒ Coordination of Treatment	☐ Other _____

By signing this form I understand that:

- I am authorizing the use and disclosure of my healthcare and/or other information described above; my authorization is voluntary.
- I may revoke this authorization at any time by notifying the individual(s) or organization releasing this information in writing or verbally, but if I do, it won't have any affect on actions taken on this authorization before my revocation was received.
- The individual(s) or organization releasing this information will not condition my treatment, payment, enrollment in a health plan (if applicable), or eligibility for benefits on whether I provide this authorization.
- The Protected Health Information (PHI) released may include information relating to mental health care, communicable diseases, HIV/AIDS, and/or treatment for substance use disorders. I do not want this information to be disclosed.
- I understand that if the person(s) or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.
- Requests for copies of medical records over ten (10) pages may be subject to copying fees.

DATE / EVENT:
 This authorization expires on the following event: 180 Days After Termination of My Lease or one (1) year from the date of signature if no other date or event is indicated.

Signature of Client _____	Date _____	Signature of Authorized Representative (if required) _____	Date _____
		AND Description of Representative's Authority _____	
Signature of Witness (not required) _____	Date _____		

Recipient Information: If the information released pertains to alcohol or drug abuse, the confidentiality of the information is protected by federal law (42 CFR, Part 2) prohibiting you from making any further disclosure of this information, without the specific written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

3/27/2018





JAMHI Health & Wellness, Inc.
Salmon Creek Clinic Midtown Clinic
3406 Glacier Hwy 1944 Allen Court
Juneau Alaska 99801 Juneau, AK 99801
907-463-3303 907-463-6882

AUTHORIZATION for RELEASE of PROTECTED HEALTH INFORMATION

I, _____, Date of Birth: _____
Name of Client
hereby authorize JAMHI Health & Wellness, Inc. (JAMHI) to exchange information/document(s) with/
between the following agency or person: JAMHI Tenant Selection Committee
ADDRESS: 3406 Glacier Highway, Juneau, AK 99801
PHONE # (907) 463-3303 FAX #: (907) 463-6858

INFORMATION TO BE RELEASED/RECEIVED: (Please check)

☒ Behavioral Health / Substance Use Assessments	☒ Medical Records	☒ Other: <u>Verbal and/or</u>
☒ Psychiatric Assessments / Evaluations	☒ Laboratory/Radiology	<u>written communications regarding</u>
☒ Behavioral Health Treatment Plans	☒ APA/Med 11/AD #2 Forms	<u>my eligibility for housing, sources</u>
☒ Medication List / Medication Management Notes	☒ Billing Records	<u>of funding for housing and housing</u>
☒ Functional Assessments	☒ Discharge Summary	<u>related agencies.</u>
☒ Redislosure of third-party records on file at JAMHI	☒ Housing	
for the purpose of payment, treatment and operations	☒ Verification of Participation and/or Attendance	

PURPOSE OF INFORMATION: (Please check)

☒ Legal Use	☒ Benefits / Eligibility
☒ Intake Information	☒ Housing / Tenancy / Eligibility
☐ Employment / Vocational Assistance	☐ Personal / Self
☒ Coordination of Treatment	☐ Other _____

By signing this form I understand that:

- * I am authorizing the use and disclosure of my healthcare and/or other information described above; my authorization is voluntary.
- * I may revoke this authorization at any time by notifying the individuals(s) or organization releasing this information in writing or verbally, but if I do, it won't have any affect on actions taken on this authorization before my revocation was received.
- * The individual(s) or organization releasing this information will not condition my treatment, payment, enrollment in a health plan (if applicable), or eligibility for benefits on whether I provide this authorization.
- * The Protected Health Information (PHI) released may include information relating to mental health care, communicable diseases, HIV/AIDS, and/or treatment for substance use disorders. I do not want this information to be disclosed.
- * I understand that if the person(s) or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.
- * Requests for copies of medical records over ten (10) pages may be subject to copying fees.

DATE / EVENT:

This authorization expires on the following event: 180 Days After Termination of My Lease or one (1) year from the date of signature if no other date or event is indicated.

_____ Signature of Client	_____ Date	_____ Signature of Authorized Representative (if required) AND Description of Representative's Authority	_____ Date
_____ Signature of Witness (not required)	_____ Date		

Recipient Information: If the information released pertains to alcohol or drug abuse, the confidentiality of the information is protected by federal law (42 CFR, Part 2) prohibiting you from making any further disclosure of this information, without the specific written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

3/27/2018

