



Utuqqanaqaqvik Housing Application

Please help us expedite the application process by checking all the required boxes below are completed:

- ✓ Applications must be filled out completely (no blank sections)
 - Complete contact information (phone, email and/or mailing address)
 - Social Security Number for all occupants
 - Birth Certificate and/or Marriage Certificate verification for all occupants
 - Complete income & anticipated income for all occupants
 - Complete 3-year residential history with dates and landlord information or living situation for all occupants
 - Signed and Dated by all occupants
- ✓ NSB Police Dept 'Full U.S. Criminal History' report for all occupants. The NSB Police Dept fee is \$20 per individual. The average wait time is 72 hrs.
- ✓ Applications must have all signatures in order to be added to our waiting list.
- ✓ Applications are recorded in the order they are received (date/time stamped).
- ✓ Application assistance can be scheduled by contacting the Senior Program Client Services at (907) 852-0276 or stopping by 5452 Northstar Street in Utqiagvik.

The following documents will be required for ALL occupants once selected for a rental unit.

- Copies of government issued photo identification, such as:
 - State Identification Card
 - Driver's License
 - Federally Recognized Tribal Member Card
- Verification of Social Security Number
- Previous Year Tax Return
- Physical Examination Form
- Tuberculosis (TB) Test results

FREQUENTLY ASKED QUESTIONS

Q: Is there a fee for applying to Utuqqanaaqagvik?

A: There is no fee to apply.

Q: What age must I be to apply?

A: You must be 60 years or older to be considered for housing. Your spouse's age does not affect your application. The minimum age for a caregiver to reside with you is 18 years of age.

Q: How long do I need to wait?

A: Utuqqanaaqagvik will do quarterly evaluations of applications and acceptance.

- ◆ JAN – FEB – MAR: by April 10th
- ◆ APR – MAY – JUNE: by July 10th
- ◆ JUL – AUG – SEPT: by October 10th
- ◆ OCT – NOV – DEC: by January 10th

Q: What happens after you are “Pre-screened?”

A: You are placed on a waitlist. Once your name reaches the top of the waitlist, you will be contacted by program staff to complete the move-in process.

Q: What is the definition of “Persons with Disabilities?”

A: A person with a disability is any individual who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or is regarded as having such impairment.

Q: What is the definition of “Homelessness”?

A: Homelessness includes family residing in one of the following places and does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or State law.

- Resides in places not meant for human habitation (e.g., cars, parks, sidewalks, abandoned buildings, or the street); in an emergency shelter; in transitional/supportive housing for homeless persons who originally came from the street or an emergency shelter; or in a hospital or institutional setting for a short stay (up to 30 consecutive days).
- Is fleeing a domestic violence housing situation where no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.
- Is living in unstable or temporary settings such as motels, hotels, trailer parks, or campgrounds due to lack of adequate alternatives; in emergency or transitional shelters for the same reason; is abandoned in a hospital; or is awaiting foster care placement.

Q: What documentation is needed for the homeless waitlist preference?

A: A letter from the emergency shelter or transitional/supportive housing agency stating the applicant's current residency in their shelter. (On their own letterhead)

Q: Are there any income guidelines?

A: Yes. Income verification will be only be conducted during the move-in process.

STAFF USE ONLY

DATE & TIME STAMP:

RENTAL HOUSING PRE-SCREENING APPLICATION

Applicant Name: _____ Phone#: _____

Current Mailing Address: _____ Email: _____

HOUSEHOLD COMPOSITION – LIST THE PERSON WHO IS ANTICIPATED TO RESIDE IN THE RESIDENCE

	NAME: Last, First & MI	Marital Status:	Relationship to Applicant:	Date of Birth:	Social Security Number:
1.			SELF		
2.					

HOUSEHOLD SOURCE OF INCOME

NAME: Last, First & MI	SOURCE OF INCOME: List all sources of income for ALL occupants	MONTHLY GROSS INCOME
DO ALL OCCUPANTS RECEIVE THE ALASKA PERMANENT FUND DIVIDEND (PFD)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE EXPLAIN:

Has anyone in the household applied for or anticipate any additional income including but not limited to; Full Time/Part Time Employment, Social Security benefits, Public Assistance, Unemployment Insurance, Child Support, etc.?

YES NO

If yes, please explain: _____

RENTAL HISTORY – Please list the last three (3) years of residential history:

Current Address:
Current Landlord:
Current Landlord Phone Number:
Dates of Residency:
Current Monthly Rental Amount:
Reason for Moving:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER:

Previous Address:
Previous Landlord:
Previous Landlord Phone Number:
Dates of Residency:
Reason for Moving:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER:

Previous Address:
Previous Landlord:
Previous Landlord Phone Number:
Dates of Residency:
Reason for Moving:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER:

Have you previously rented from the North Slope Borough? YES NO

If yes, what dates: _____ to _____

_____ to _____

_____ to _____

AUTHORIZATION FOR RELEASE OF INFORMATION - 'APPLICANT'

Your signature on this form authorizes North Slope Borough Department of Health & Social Services Senior Program to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing application housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local Governments, Native Corporations, the State of Alaska Permanent Fund (PFD) Division, Child Support Enforcement Agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last five (5) years.

I understand that his authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for housing.

COMPUTER MATCHING PROGRAMS

I understand and agree that the North Slope Borough Department of Health & Social Services Senior Program may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

CONDITIONS

I agree that a photocopy of the authorization may be used for the purposes state above. The original of this authorization is on file with the North Slope Borough Department of Health & Social Services Senior Program and will stay in effect for one (1) year and one (1) month from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

Applicant Name

Applicant Signature

Date

STATEMENT OF TRUTH:

I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (personal/landlord, etc.), criminal history, and financial information to a representative of North Slope Borough Department of Health & Social Services Senior Program for a period of one (1) year and one (1) month from the date signed.

AUTHORIZATION FOR RELEASE OF INFORMATION – ‘CO-APPLICANT’

Your signature on this form authorizes North Slope Borough Department of Health & Social Services Senior Program to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing application housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local Governments, Native Corporations, the State of Alaska Permanent Fund (PFD) Division, Child Support Enforcement Agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last five (5) years.

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PHYSICAL EXAM

All prospective Tenants will be required to complete a physical examination to determine independent living ability by a Physician or Nurse Practitioner prior to consideration for residency at the Senior Center. Arranging and paying for the exam is the responsibility of the prospective Tenant. The exam is intended to determine the level of daily activity independence of the prospective resident. The exam is intended to assure that all prospective Tenants can safely live independently. A prospective Tenant who does not pass the physical examination will not be accepted for residence at the Senior Center.

NAME OF APPLICANT: _____

ADDRESS: _____

DATE OF BIRTH: _____ MARRIED SINGLE

Gender M F

Weight: _____

Pulse: _____

Height: _____

Respiratory: _____ Blood Pressure: _____

Allergies (list all):

Please list all medications currently prescribed for this applicant:

Medication	Prescription (dose & frequency)	Medication	Prescription (dose & frequency)

Tuberculosis Screening/History: Date of PPD _____ mm _____

History of tuberculosis? Yes _____ No _____

If Tuberculin Positive, date of last sputum exam: _____

Date of last chest x-ray: _____

Activities of Daily Living:

Is applicant able to dress self? _____

Is applicant ambulatory and able to care for personal needs? _____

Is applicant able to walk 300 feet unassisted? _____

Is applicant fully continent? _____

Is the applicant alert and responsive? _____

Oriented to date, time and place? _____

Does applicant have a hearing impairment? [] Yes [] No

Is applicant edentulous? Yes No

Does applicant require assistive devices? (walker, cane, wheel chair, etc.)

Does applicant have vision impairment? Yes No

Substance Abuse:

Does the applicant have a history of alcohol and/or drug abuse? [] Yes [] No

If yes, do you recommend treatment before residency at Senior Center? _____

Provider Comments:

PERTINENT MEDICAL HISTORY:

I certify that I have examined (name of patient) _____ and
have found this applicant to be:

- physically and mentally capable
- NOT physically and mentally capable

of independently performing activities of daily living as a result of the examination.

This form is valid through _____

Provider's Name

Date

Provider's Signature

Phone Number

VITAL STATISTIC QUESTIONNAIRE

ID CARD APPLICATION

Date of Interview: _____

Phone Number: _____

Name: (Last, First, MI)	DOB:	Age:
Mailing Address:	Street Address:	SSN:
Birthplace:	Birth Certificate: Y N	Card # Visitor
Ethnicity:	Medicaid/ Medicare: Y N	Village:

As proof of age, please submit ONE of the following documents with this questionnaire.

<input type="checkbox"/> Birth Certificate (delayed) <input type="checkbox"/> Social Security Verification <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License	<input type="checkbox"/> Citizenship Documentation <input type="checkbox"/> Naturalization Records <input type="checkbox"/> Immigration Records <input type="checkbox"/> State ID Card <input type="checkbox"/> ASRC Card
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LIST YOUR MONTHLY INCOME:

Employer _____ [] Part-Time [] Full Time \$ _____

TOTAL EARNED MONTHLY INCOME \$ _____

Alaska Senior Benefits Program	\$ _____	Pensions	\$ _____
Social Security	\$ _____	Retirement	\$ _____
Social Security Income	\$ _____	Veteran's Benefits	\$ _____
Food Stamps	\$ _____	Unemployment	\$ _____
Adult Public Assistance	\$ _____	Welfare	\$ _____
General Assistance	\$ _____	Dividends	\$ _____
Aid to Families w/ Children	\$ _____	Other:	\$ _____
Aid to Disabled (blind, old age, etc.)	\$ _____		\$ _____

TOTAL UNEARNED MONTHLY INCOME \$ _____

Describe physical disabilities (if any):

Do you take medications regularly: [] Yes [] No

Please List:

VITAL STATISTIC QUESTIONNAIRE
ID CARD APPLICATION

Natural Mother's Name

Birthdate

Date of Death

Natural Father's Name

Birthdate

Date of Death

Siblings

Birth date of siblings

Names of children

Birth date of children

Marital Status: Single Married

Other: _____

Date of Marriage: _____

Spouse Name

SSN

Birthdate

Name of Church

Name of Pastor/Minister

Baptism Date

Degree of Education: _____

Do you live alone? Yes No

How many rooms in the house? _____

Is your home in good condition? Yes No

List any repairs that are need: _____

Do you live with family? Yes No

How many is in the household? _____

Applicant Name

Applicant Signature

Date

Consumer Screening for Nutrition, Transportation & Support Services

THIS INFORMATION IS CONFIDENTIAL

1. Name: _____ Mailing Address: _____
2. Birthdate: _____
3. Last 4 Digits of SSN: _____
4. Gender: Male Female
5. Rural: Yes No City/Village (listed on PFD)
6. Live Alone: Yes No Live with: _____
7. Minority Status (Required & Defined by the Older Americans Act – OAA)
 African American Asian American/Pacific Islander
 Hispanic Origin Non-Minority
 American Indian/Alaska Native Other: _____
8. Mobility and Function Assessment for:
Meals: Congregate Home Delivered (requires physician note)
Nutrition Counseling: Yes No
Assisted Transportation: Yes No
Homemaker Services: Yes No Hours Per Week: _____

If the Client is **UNABLE** to perform, **ONE OR MORE** of the following Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) without personal assistance, supervision or cues, check ✓ the activity and compile the score.

9. Activities of Daily Living (ADL)
 Eating
 Dressing
 Bathing
 Going to the Bathroom
 Transferring in/out of bed/chair
 Walking
 Other: _____
Total of ✓: _____
10. Instrumental Activities of Daily Living (IADL)
 Preparing Meals
 Shopping for Personal Items
 Medication Management
 Managing Money
 Using the Telephone
 Doing Heavy Household Work
 Doing Light Household Work
 Utilizing Available Transportation
Total of ✓: _____

11. Do you live below Federal Poverty Guidelines?

Household	Annual Income	Monthly Income
1	\$ 11,950	\$ 996
2	\$ 16,030	\$1,336

Yes No

Household	Annual Income	Monthly Income
3	\$ 20,110	\$1,676
4	\$ 24,190	\$2,016

12. Health and Nutrition Information (check if applicable):

- Disabled
- Bedridden
- Diabetes
- Uses Cane
- Uses Walker
- Uses Wheelchair

- Nutritional Health Score: _____
High Nutritional Risk (6+) Yes No
- Special Dietary Needs: _____

- N/A

13. Additional Information: _____

14. Referrals: _____ Follow Up Date: _____

15. Site: _____ Profile Prepared By: _____

16. Client Concerns or Comments: _____

Division of Senior & Disability Services, NTS Grant Program
Nutritional Health Assessment Form
for Congregate and Home Meal Clients

Read the statement below. Circle the number in the YES column that applies.	YES
1. I, or someone close to me has an illness or condition that has caused me to change the kind of food I eat. (and/or amount)	2
2. I eat less than two (2) meals per day.	3
3. I eat less than three (3) servings of fruit or vegetables a day, $\frac{1}{2}$ = one serving	2
4. I eat or drink less than three (3) servings of dairy (milk, cheese, yogurt, etc.) or calcium equivalent, every day.	2
5. I drink less than five (5) cups of fluids daily (without caffeine or alcohol)	2
6. I have three (3) or more drinks of beer, wine, or liquor almost every day	2
7. I have teeth or mouth problems that make it hard for me to eat.	2
8. I don't always have enough money to buy the food I need.	4
9. I eat alone most of the time.	1
10. I take three (3) or more prescribed and/or over-the-counter drugs daily.	1
11. I have lost or gained 10 pounds in the last 6 months, without wanting to.	2
12. I am not always physically able to shop, cook and/or feed myself.	2
TOTAL NUTRITION SCORE	

Scoring: 0-2 **GOOD!** Check again in 12 months
 3-5 **MODERATE** nutritional risk. Check again in 9 months
 6+ **HIGH** nutritional risk. Take a copy of this form the next time you visit your Doctor, dietitian or other qualified healthcare or social service professional. Talk with them or ask for help to improve your health.

If you answered YES to any of these statements, see **Practical Tips to Improve Your Nutritional Health** to improve eating habits and lifestyle.

Remember warning signs suggests risk, but do not represent a diagnosis of any condition. One of the next steps to improve your nutritional health and stay in good general health is to see a doctor regularly.

FOR STAFF USE ONLY	Follow Up Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grantee Representative:	Date:

Division of Senior & Disabilities Services, NTS Grant Program
Nutritional Health Assessment Form for Congregate and Home Meal Clients

Practical Tips to Improve Your Nutritional Health

If you answered YES to any statements on the Nutritional Health Assessment Form, check the corresponding number below for simple steps you can take to improve your nutritional health.

1. Make sure you are getting nutrients from every food group that will help protect your immune system and your strength.
2. When at the Senior Center, ask to see if you can purchase an extra meal to take home, or order a meal in advance. You should aim for three (3) good meals a day.
3. Make sure to select the fruits or vegetables offered at your meal site. You need three to five (3-5) servings every day. Select canned, frozen or fresh fruits or vegetables on hand or at home to include with every meal or snack.
4. You need three to four (3-4) servings of milk a day to protect your heart, blood pressure, bones and teeth. Add milk to your cereal, soups and hot drinks. Have some milk with each meal.
5. Drinking enough fluids helps your medications work better and keeps your circulations and bowels in good working order. Keep a bottle of water near by all day.
6. Ask your Senior Center staff if there is a local group or number you can contact to get help. Too much alcohol keeps your body from getting the nutrition in needs. You can also call the Division of Behavioral Health at 269-3790 for more information.
7. Choose soft foods to eat and if you can chop or puree foods until you get the help you need from your doctor or dentist.
8. Talk to the Senior Center staff to find assistance programs that are available in your community.
9. Ask another senior at your Senior Center if they can meet for a meal during the week or weekend when the center is not open. Eating with others improves your appetite.
10. Many medications and herbs can interfere with your appetite and your ability to get all the nutrients you need from the food you eat. Let both your pharmacist and physicians know about the herbs, medications, over the counter drugs and vitamins you are taking.
11. Losing or gaining too much weight in a short period of time is dangerous to your health. Talk to your doctor immediately to find out what can be done to change this pattern.
12. Ask the about local assistance programs in your area that may be able to help you. Also, ask if your Senior Center sells frozen meals for the weekends or when the center is not open.