Rental Application



Blueberry Pointe Senior Housing (Units are located in Houston, Alaska) 1301 Century Circle, Wasilla, Alaska 99654 PHONE: 907-206-8803 FAX: 907-373-5175

Prospective Tenants,

Thank you for your inquiry into our Senior Housing for seniors 62 years of age and older.

- We have a total of 8 units.
- All of our units are compliant with the Americans with Disabilities Act.
- There is no smoking permitted in any unit, building or within 25 feet of any opening.
- All apartments have a washer/dryer in the unit.
- All utilities included with the exception of electric, cable, internet, phone.

Please return this completed application to the address above. Incomplete applications will not be processed.

If you have any questions or need assistance in completing this application, please contact the housing department at 907-206-8803 or Email: housing@alaskaseniors.com.

Applicant Full Name:				Date of Birth:			
First			Last				
Other Names Used (Maiden or	AKA):						
				_Date of Birth:			
F	irst	MI	Last				
Other Names Used (Maiden or	AKA):						
MailingAddress:							
	Phone:Cell Phone:						
Email Address:							
Unit Type: I am interested in a □one □two bedroom apartment.							
Are you currently receiving or on a waitlist to receive a Housing Choice Voucher? ☐ Yes ☐ No Do you have a Disability? ☐ Yes ☐ No Are you a Veteran? ☐ Yes ☐ No Are you currently Homeless? ☐ Yes ☐ No Is anyone in your household a full-time student? ☐ Yes ☐ No							



Rental Application For: WASI—Blueberry Pointe Senior Housing

I currently: □ rent □ own a home Dates of tenancy:				
Dates of tenancy: If renting: Name of owner or property management com	npany:			
Address:Phone number:				
Please list previous addresses for the past 10 years: Owner or Property Management Name:				
Address:				
Address:Dates o				
Owner or Property Management Name:Address:				
Address: Dates o	f tenancy:			
Owner or Property Management Name:				
Address:Dates	of tenancy:			
Have you ever rented from WASI? ☐ Yes ☐ No	If yes, when?			
Considering <u>ALL</u> income of <u>ALL</u> household memb	pers, what is your Annual Gross Income?			
To qualify for low income assistance, the annual hor certain levels set by AHFC or HUD.				
Are you employed? □ Yes □ No				
Are you employed? □ Yes □ No Employer:	Gross Monthly Earnings:			
• • •				
Employer:				
Employer:Address:	Phone Number:			
Employer:Address:Co-Applicant: \(\square \text{ Yes} \square \text{ No} \)	Phone Number: Gross Monthly Earnings:			
Employer: Address: Co-Applicant: Yes No Employer:	Phone Number: Gross Monthly Earnings: Phone Number:			
Employer: Address: Co-Applicant: Yes No Employer: Address:	Phone Number: Gross Monthly Earnings: Phone Number: No Gross Monthly Earnings:			
Employer: Address: Co-Applicant: □ Yes □ No Employer: Address: Self-Employment? □ Yes □ No Co-Applicant: □ Yes Have you been convicted of a crime in the last 10 years?	Phone Number: Gross Monthly Earnings: Phone Number: No Gross Monthly Earnings:			
Employer: Address: Co-Applicant: □ Yes □ No Employer: Address: Self-Employment? □ Yes □ No Co-Applicant: □ Yes Have you been convicted of a crime in the last 10 years?	Phone Number: Gross Monthly Earnings: Phone Number: No Gross Monthly Earnings: Yes □ No Co-Applicant: □ Yes □ No			
Employer: Address: Co-Applicant: □ Yes □ No Employer: Address: Self-Employment? □ Yes □ No Co-Applicant: □ Yes Have you been convicted of a crime in the last 10 years? If yes, please explain:	Phone Number: Gross Monthly Earnings: Phone Number: No Gross Monthly Earnings: Yes □ No Co-Applicant: □ Yes □ No Yes □ No			
Employer: Address: Co-Applicant: Yes No Employer: Address: Self-Employment? Yes No Co-Applicant: Yes Have you been convicted of a crime in the last 10 years? If yes, please explain: Do you own a pet? Yes No Co-Applicant:	Phone Number: Gross Monthly Earnings: Phone Number: No Gross Monthly Earnings: Yes □ No Co-Applicant: □ Yes □ No Yes □ No The same of the same			

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Monthly Income	Applicant		Co-Applicant			
Source	Y	N	Amount	Y	N	Amount
Social Security						
Supplemental Security Income (SSI)						
Alaska Permanent Fund Dividend						
Senior Care/Benefits						
Public Assistance						
Retirement or Pension						
Native Dividends						
Other Payments: Alimony, child support, veterans' benefits, annuities, severance packages, settlements, lottery winnings, inheritances, native claims, or rental properties						

Current Assets		Applicant			Co-Applicant		
Source	Y	N	Value	Y	N	Value	
Checking Account							
Savings Account							
Money Market Account							
Certificates of Deposit or Treasury Bills							
Stocks, Bonds, or Securities							
Pensions, IRAs Keogh, or other Retirement Accounts							
Do you own real estate or rental property?							
Do you have a Whole Life Insurance Policy?							
Have you disposed of or given away assets for LESS than fair market value within the past two (2) years? Example: Sold or given to family, friends, or others assets (home, car, cash) for less than their actual value.							
Cash on Hand							

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Wasilla Area Seniors, Inc. collects demographic information to comply with federal requirements. Your response to these questions is optional and does not affect your placement on the waitlist.

Race (Circle All That Apply)	panic / Non-Hispanic / Choose Not To Disclose): Alaskan Native/American Indian / Native Hawaiian, I nucasian / Other—Please Specify: / Cho	
* Additional information will	application and gives no lease or rental rights. I be required to complete your application when a unit is st in compliance with HUD/AHFC regulations.	s available to you.
authorize Wasilla Area Se	mation I have given is correct and complete to the beseniors, Inc. to make any inquiries necessary to evalua and credit standing. This may include, but not limite	nte my eligibility and
1)		
2)	Verification of Information including all income sou	irces
3)	Credit History	
Applicant Signature:		Date:
Co-Applicant Signature: _		Date:

FOR OFFICE USE ONLY:

	Initials	Date
Application Received		
Accepted Denied		
Initial Wait List Letter Sent		
Denial Letter Sent		
Removed From Wait List		

Notes:

