

# Humanity In Progress

# Housing Assistance Application

PO Box 1776, Petersburg, AK 99833

Preferred Name:

Date

Legal Name if different:

Mailing address

Physical Address

Date of Birth

Phone Number

Email

Race

Ethnicity

Gender

Additional Household Members  
Name

Date of Birth

Relationship to applicant

Are you or anyone in your household living with a disability?

Yes

No

Are you or anyone in your household a veteran?

Yes

No

Are you or anyone in your Alaska Native or American Indian?

Yes

No

Have you been adversely impacted by covid-19 pandemic?

Yes

No

Have you received Covid-related rent relief?

Yes

No

Household Type

[Adults no children, Adults and children, Single adult]

Current Housing Situation

[Homeless, Temporary living situation, Other permanent housing, Own, Rent]

Total household income for last 30 days

Statement of need/Income explanation

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## Vendor Information [landlord/utility company]

Vendor Name

Vendor Mailing Address

Vendor Phone Number

Amount Requested

Additional Information:

Type of Assistance Requested:

Housing

Utilities

New Housing

I understand that it is against the law to make false statements, and that I am subject to prosecution if I do.

- I authorize the release of information from my rental/utility vendor(s) to the Humanity In Progress (HIP) and further authorize the HIP to communicate with my vendor(s) on my behalf as it relates to the Assistance Program.

- I understand that my household can submit only "one" application for Assistance per program year and that the home I am applying for is the home I live in.

I understand that HIP will confidentially use this information to provide improved services and acquire other grants. I certify that the information given above is true and complete to the best of my knowledge. I am signing knowing I am the designated representative of my whole household and this is the only application submitted for the members of this household. I understand that providing false or misleading information regarding anyone in my household is fraudulent and may be subject to criminal penalties. By signing, I certify that I have read and understand the above agreement.

Signature:

Date:

HIP Use Only: