

## PRE-APPLICATION FOR HOUSING INSTRUCTIONS & INFORMATION

### **Q'et'en Qenq'a - Providence House**

4840 Eagle Street  
Anchorage AK 99503

### **PRE-APPLICATIONS MUST BE SUBMITTED VIA EMAIL TO:**

[ProvidenceHouseAKinfo@providence.org](mailto:ProvidenceHouseAKinfo@providence.org)

Q'et'en Qenq'a - Providence House is a permanent supportive housing program with on-site support services provided by SouthCentral Foundation.

All apartments are open floorplan studios with a private bathroom and kitchen. All apartments will have basic furnishings like a bed, chair, and small table.

We expect to begin the tenant certification process toward the end of July, with approved tenants moving into the building in August and September.

Completing a pre-application now helps us determine initial eligibility and get applicants on a waiting list. We will contact eligible applicants when we are ready to begin the certification process.

#### Initial Eligibility Criteria:

- A member of your household must be 55 years of age or older at the time of application
- A member of your household must have experienced chronic homelessness, be currently homeless or be at risk of homelessness
- Your household may not be larger than 2 people
- Your total household income must be below \$42,400 for a 1-person household or \$48,450 for a 2-person household
- If you are offered an apartment at Q'et'en Qenq'a - Providence House, it must be your only place of residence

Please see the Tenant Selection Plan on our website for more information about our screening criteria and other policies.

Please make sure you have a photo ID, proof of social security number, documentation for each source of income you have and documentation for each asset that you have. You will receive more detailed instructions and information when we contact you for a certification appointment.



PHA Management Use Only  
 Date/Time Rec'd \_\_\_\_\_  
 Staff Initials \_\_\_\_\_

**Q'et'en Qenq'a - Providence House**

4840 Eagle Street, Anchorage AK 95503

[www.providence.org/supportive-housing.org](http://www.providence.org/supportive-housing.org)

Email completed pre-application to: [ProvidenceHouseAKinfo@providence.org](mailto:ProvidenceHouseAKinfo@providence.org)

**PRE-APPLICATION FOR HOUSING**

If your phone number or address changes, please let us know.  
 If we cannot reach you, we cannot proceed with your application.

**ALL APARTMENTS ARE STUDIOS WITH PRIVATE BATHROOM AND KITCHEN**

**HEAD OF HOUSEHOLD**

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Your Age Today: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Do you have a verifiable disability?  Yes  No

Are you a member of a federally recognized Indian/Alaska Native Tribe?  Yes  No

**ADDITIONAL HOUSEHOLD MEMBER**

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Your Age Today: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Do you have a verifiable disability?  Yes  No

Are you a member of a federally recognized Indian/Alaska Native Tribe?  Yes  No

**LANGUAGE** A housing interview will be required of all applicants and will be conducted in English. Interpretation services are provided free of charge for any applicant who requests such services.

Do you require interpretation services during the application process?  Yes  No

If yes, what is your primary language? \_\_\_\_\_

Head of Household Last Name: \_\_\_\_\_

**INCOME** Please provide information about your monthly and annual income below. We will verify your income when your application reaches the top of the waiting list. Please save recent award letters, pay stubs, etc.

Source of Income (e.g. Social Security, employment, PFD, etc)	Monthly Amount	Annual Amount
<b>TOTALS</b>		

**ASSETS** Do you have bank accounts, land/property, or other assets with a combined total value of \$10,000 or more?  Yes  No

Please save recent statements for bank accounts, retirement funds, trusts, property taxes and other assets

**SOCIAL SERVICES CONTACT** Do you have a case manager, social worker, or advocate that you meet with regularly who we can contact if we cannot reach you? By providing this information, you are giving us permission to contact this person regarding your housing application, required paperwork, or the availability of an apartment. We will always try to contact you before contacting this person.

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you registered with HMIS/Coordinated Entry?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently homeless or have you experienced chronic homelessness?
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that this is a pre-application to determine initial eligibility. Additional information and paperwork will be required when my application reaches the top of the waitlist.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that this is a non-smoking facility
<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that all information given in this pre-application is true, complete, and accurate.

*You may type your name if you do not have an e-signature.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-DISCRIMINATION.** This facility is owned and operated by Providence, a nonprofit Catholic health care organization dedicated to serving all in need. We provide equal housing opportunities for all prospective tenants regardless of race, color, national origin, religion, sex, disability, parental/family status, marital status, age, ancestry, sexual orientation, creed, political ideology, gender, gender identity, or membership in any other class of persons. Persons with a disability may inform the housing director of this fact and may request reasonable accommodations in nonessential policies or practices to enable them to meet the property's screening criteria and to lease an apartment.

**Housing Applicants:** If you are working with a social services organization, case manager, or other service provider, please ask them to complete this referral form. If you are not working with someone, you can submit your application without the referral form.

## REFERRAL FOR HOUSING

Q'et'en Qenq'a - Providence House  
4840 Eagle Street  
Anchorage AK 99503

Please **email** this referral **with** the applicant's completed Pre-Application For Housing to:  
[ProvidenceHouseAKinfo@providence.org](mailto:ProvidenceHouseAKinfo@providence.org)

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Housing Applicant Last Name

First Name

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Referring agency/organization

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Contact Name

Title

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Email Address

Phone Number

I hereby verify the following:

- Yes  No I know this applicant and am currently providing services to them in some capacity
- Yes  No This person has experienced either:  
Chronic homelessness – at least one year of homelessness or multiple episodes of homelessness while experiencing a disabling condition including physical disability, serious mental illness, and/or substance use disorder making it difficult to find and maintain housing, **OR**  
Homelessness – at least one episode of homelessness within the past year but does not meet the full definition of chronic homelessness as outlined above
- Yes  No The applicant is enrolled in HMIS and is on the Coordinated Entry list
- Yes  No If Q'et'en Qenq'a - Providence House staff are unable to reach the applicant, please contact me

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Referring Person's Signature

Date