

State of Alaska/Department of Health and Social Services
Section 811 Project-Based Rental Assistance (PRA) Program Application

Participant Application Form

Applicant Information

Client Name: _____

Date of Birth: _____ Social Security Number: _____

Housing and Service Needs

This program was designed to provide both affordable housing and a full range of supportive services through a Sponsoring Agency. All services are optional, but applicants are required to have a Sponsoring Agency who will be available to provide any supportive services they may need to transition to independent community living. Applicants should be actively involved in the development of their plan for services.

1. Do you have a Sponsoring Agency that can support you in your housing?

Yes No

If yes, list the agency: _____

2. Do you or any members of your household require any special household supports or accommodations?

Yes No

If yes, please list:

3. How many people will be living in the household, including you? _____

4. What size apartment are you applying for?

1 bedroom

2 bedrooms

Other (specify): _____

5. What city in Alaska would you prefer to live?

Anchorage

If other, please specify: _____

By signing the Section 811 PRA Program application, I indicate that all information provided in this application is accurate and complete to the best of my knowledge and belief.

Applicant Name: _____

Applicant Signature: _____

Phone: _____ **Email:** _____

Date: _____