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| ***Kansas Housing Resources Corporation***  ***Affordable Rental Housing Application*** | | | | | | | | | | | | | | |
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| Property Name: | | | | | | | Date Application Received: | | | | | | | |
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| **Household Information** | | | | | | | | | | | | | | |
| **This application may incur a non-refundable application and processing fee that will not exceed the amount paid to the service provider/credit bureau. You may be charged an application fee for any person age 18 and over.** | | | | | | | | | | | | | | |
| Last Name, First Name, MI | | | SSN, Alien Registration, Work or Student Visa Number | | | | | Sex | | Date of Birth | | | Student (Y or N) | |
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| **If the household currently has a person without valid proof of legal status proof of registration must be provided within 90 days. Failure to provide proof could result in eviction proceedings**. **You must provide a valid picture ID.** | | | | | | | | | | | | | | |
| Current marital status:  Single  Married  Divorced  Widowed  Separated  Legally Separated | | | | | | | | | | | | | | |
| Do all the persons above plan on living in the unit 100% of the time:  Yes  No  Shared custody for children | | | | | | | | | | | | | | |
| Do you require a live in aide:  Yes  No | | | | | Is the line in aide certified:  Yes  No Family Member:  Yes  No | | | | | | | | | |
| Do you expect any household changes in the next year:  Yes  No | | | | | | | | | | | | | | |
| Is anyone living with you now that will not be living with you on the property:  Yes  No | | | | | | | | | | | | | | |
| Do you have full custody of your children:  Yes  No | | | | | | | | | | | | | | |
| Are any children not currently living with you going to live with you when the new residence is established:  Yes  no | | | | | | | | | | | | | | |
| Are you in the process of adopting any children:  Yes  No | | | | | | | | | | | | | | |
| Do you care for any foster children or adults:  Yes  No | | | | | | | | | | | | | | |
| Do you have a pet:  Yes  No Type/Size: | | | | | | | | | | | | | | |
| Have you or anyone on the application applied for a therapy pet or service animal:  Yes  No | | | | | | | | | | | | | | |
| Is everyone in the household a full time student:  Yes  No | | | | | | | | | | | | | | |
| Does anyone plan on attending school full time in the next twelve (12) months:  Yes  No | | | | | | | | | | | | | | |
| Daytime Phone: | | | | | | | Nighttime Phone: | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Housing History** | | | | | | | | | | | | | | |
| Current Address: | | | | | | | | | | | | | | |
| How long have you lived at this address: | | | | | | | Do you rent or own:  Rent  Own  Neither | | | | | | | |
| Landlords Name: | | | | | | | Landlord Phone Number: | | | | | | | |
| **If you have not lived at the current address for 12 months please provide a previous address.** | | | | | | | | | | | | | | |
| Previous Address: | | | | | | | | | | | | | | |
| How long have did you live at this address: | | | | | | | Did you rent or own:  Rent  Own  Neither | | | | | | | |
| Landlords Name: | | | | | | | Landlord Phone Number: | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Will this be your only place of residence:  Yes  No | | | | | | | | | | | | | | |
| As a renter are you aware of your rights and responsibilities under the Kansas Residential Landlord and Tenant Act:  Yes  No | | | | | | | | | | | | | | |
| As a renter are you aware of your rights to file grievances:  Yes  No | | | | | | | | | | | | | | |
| Are you familiar with your rights under the Fair Housing Act:  Yes  No | | | | | | | | | | | | | | |
| Are you currently homeless:  Yes  No | | | | | | | | | | | | | | |
| Have you ever been evicted:  Yes  No Explain: | | | | | | | | | | | | | | |
| Have you ever received a notice for non-payment of rent:  Yes  No Explain: | | | | | | | | | | | | | | |
| Do you currently have an overdue balance on rent or utility bills:  Yes  No | | | | | | | Do you have a pay off agreement:  Yes  No (Please attach) | | | | | | | |
| Do you receive rental assistance:  Project based  Voucher  Other source (Church or other organization, family) | | | | | | | | | | | | | | |
| Have you ever received rental assistance:  Yes  No | | | | | | Are you currently on the rental voucher waiting list:  Yes  No | | | | | | | | |
| Has your rental assistance ever been terminated due to fraud, non-payment, or failure to recertify:  Yes  no | | | | | | | | | | | | | | |
| Are you a previous homeowner that lost your home to foreclosure:  Yes  No | | | | | | | | | | | | | | |
| Have you ever filed for bankruptcy:  Yes  No Date: | | | | | | | | | | | | | | |
| Have you or anyone on the application ever been convicted of a felony in the last five years:  Yes  No | | | | | | | | | | | | | | |
| Are you applying for housing under the Reentry Program for ex-offenders:  Yes  No | | | | | | | | | | | | | | |
| Have you or anyone on the application been convicted of using, possessing for sale, or manufacturing for sale an illegal drug:  Yes  No Date: | | | | | | | | | | | | | | |
| Are you or anyone on the application currently in a drug treatment or rehabilitation program:  Yes  No | | | | | | | | | | | | | | |
| Do you require a reasonable modification or accommodation:  Yes  No | | | | | | | | | | | | | | |
| How did you hear about our community:  Newspaper  Drive by  Internet  Resident Referral  Other | | | | | | | | | | | | | | |
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| **Income** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Income Source | | Annual Total Amount | | | | | Income Source | | | | Annual Total Amount | | | |
| Wages | |  | | | | | Severance Pay | | | |  | | | |
| Child Support | |  | | | | | Self Employment | | | |  | | | |
| Alimony | |  | | | | | Business Income-rental | | | |  | | | |
| Social Security/SSI | |  | | | | | Contributions/Gifts | | | |  | | | |
| Pension payments | |  | | | | | Lottery Winnings | | | |  | | | |
| Public Assistance/Welfare | |  | | | | | Armed Forces Pay | | | |  | | | |
| VA Benefits | |  | | | | | Educational Funds | | | |  | | | |
| IRA, 401K payments | |  | | | | | Medical Care Payments | | | |  | | | |
| Annuity payments | |  | | | | | Inheritance | | | |  | | | |
| Unemployment | |  | | | | |  | | | |  | | | |
| Disability, Death Benefit | |  | | | | |  | | | |  | | | |
| Workman’s Comp | |  | | | | | Other | | | |  | | | |
| Estimated total income received in one year: | | | | | | | | | | | | | | |
| How many applicants have a source of income from what is indicated above: | | | | | | | | | | | | | | |
| Has your income recently changed or will it change significantly in the next year:  Yes  No | | | | | | | | | | | | | | |
| If you answered yes above please explain: | | | | | | | | | | | | | | |
| Is your household claiming zero income:  Yes  No | | | | | | | | | | | | | | |
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| **Asset Information** | | | | | | | | | | | | | | |
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| Asset | | Amount of Worth | | Interest Earned | | | Asset | | | | Amount of Worth | | | Interest Earned |
| Savings/Checking | |  | |  | | | Cash on Hand | | | |  | | |  |
| CDs, Money Markets | |  | |  | | | Life Insurance | | | |  | | |  |
| Bonds, Treasury Bills | |  | |  | | | Real Estate | | | |  | | |  |
| Stocks, Bonds, Securities | |  | |  | | | Rental Property | | | |  | | |  |
| Trust, Mutual Funds | |  | |  | | | Land Contracts | | | |  | | |  |
| Pensions | |  | |  | | | Mortgage for Deed | | | |  | | |  |
| IRAs, Keoghs, 401K | |  | |  | | | Personal Property as an Investment | | | |  | | |  |
| Safe Deposit Box | |  | |  | | | Other | | | |  | | |  |
| Do you have a revocable/irrevocable trust:  Yes  No Do you have access to money/assets in the trust:  Yes  No | | | | | | | | | | | | | | |
| Have you or any person on the application disposed of or given away any asset(s) for less than fair market value in the last two years:  Yes  No | | | | | | | | | | | | | | |
| Are your assets worth more than $5,000:  Yes  No | | | | | | | | | | | | | | |
| Estimated total income received from the assets in one year (include all interest earned): | | | | | | | | | | | | | | |
| Do more than one applicant have any specific type asset as indicated above:  Yes  No | | | | | | | | | | | | | | |
| If you answered yes above please explain: | | | | | | | | | | | | | | |
| **Employer Information** | | | | | | | | | | | | | | |
| Head of Household: | | | | | | | Employer: | | | | | | | |
| Position: | | | | | | | Address: | | | | | | | |
| Hire Date: | | Termination Date: | | | | | Phone: | | | | | | | |
| Salary/Wage: | | | | | | | Fax: | | | | | | | |
| Co-Head of Household: | | | | | | | Employer: | | | | | | | |
| Position: | | | | | | | Address: | | | | | | | |
| Hire Date: | | Termination Date: | | | | | Phone: | | | | | | | |
| Salary/Wage: | | | | | | | Fax: | | | | | | | |
| Additional Household Member: | | | | | | | Employer: | | | | | | | |
| Position: | | | | | | | Address: | | | | | | | |
| Hire Date: | | Termination Date: | | | | | Phone: | | | | | | | |
| Salary/Wage: | | | | | | | Fax: | | | | | | | |
| Additional Household Member: | | | | | | | Employer: | | | | | | | |
| Position: | | | | | | | Address: | | | | | | | |
| Hire Date: | | Termination Date: | | | | | Phone: | | | | | | | |
| Salary/Wage: | | | | | | | Fax: | | | | | | | |
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| **Vehicle Information** | | | | | | | | | | | | | | |
| Type/Make of Vehicle: | | | Year: | | | | | | Color: | | | | | |
| License Number: | | | Insurance Number: | | | | | | | | | | | |
| Type/Make of Vehicle: | | | Year: | | | | | | Color: | | | | | |
| License Number: | | | Insurance Number: | | | | | | | | | | | |
| Type/Make of Vehicle: | | | Year: | | | | | | Color: | | | | | |
| License Number: | | | Insurance Number: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Personal Reference/Emergency Contact** | | | | | | | | | | | | | | |
| Name | | | Telephone Number | | | | | | Emergency Contact | | | | | |
|  | | |  | | | | | | Yes  No | | | | | |
|  | | |  | | | | | | Yes  No | | | | | |
|  | | |  | | | | | | Yes  No | | | | | |
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| **Failure to completely fill out this application will delay/stop processing.** | | | | | | | | | | | | | | |
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| **I/We understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/or signature is our consent to obtain such verification. I/we certify that I/we have revealed all income and asset information. I/we further certify that the statements made in this application/certification are true and complete to the best of my/our knowledge and are aware that missing information and false statements will be reason for denial.** | | | | | | | | | | | | | | |
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| **All parties age 18 and over must sign this application** | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Applicant Signature | | | | | | | Date | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Applicant Signature | | | | | | | Date | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Applicant Signature | | | | | | | Date | | | | | | | |
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| Management Signature | | | | | | | Date | | | | | | | |