|  |
| --- |
| ***Kansas Housing Resources Corporation*** ***Affordable Rental Housing Application*** |
|  |  |  |  |  |  |
| Property Name:       | Date Application Received:       |
|  |  |  |  |  |  |
| **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) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **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 |
|  |
| **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 |
|  |
| **Asset Information** |
|  |
| 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:       |
|  |  |
| **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 |
|  |
| **Failure to completely fill out this application will delay/stop processing.** |
|  |
| **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.**  |
|  |
| **All parties age 18 and over must sign this application** |
|  |  |
| Applicant Signature | Date |
|  |  |
| Applicant Signature | Date |
|  |  |
| Applicant Signature | Date |
|  |  |
| Management Signature | Date |