



106 W. 4th St. #12
Reserve, KS 66434

Phone: (785) 742-2210 Fax: (785) 742-2213

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Required Documents

\$24.00 Application Fee Per Adult

- Driver's License
- Social Security Cards
- Tribal Enrollment Cards
- Income Verification
- Per Capita Verification

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Employed? (Y/N)	Social Security Number

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Housing References:
 List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1. _____	_____	Own <input type="checkbox"/>	From: _____
_____	_____	Rent <input type="checkbox"/>	To: _____
Phone: () _____			

2.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: () _____			
3.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: () _____			

Household Information (continued)

1. Is the Head of Household or Spouse 62 years or older? Yes No

2. Is anyone in the Household Disabled or Handicapped? Yes No

3. Do you have Childcare expenses? Yes No
 If YES, how much per month? _____

4. If you are 62 years or older, disabled or handicapped, how much do you anticipate spending on medical expenses per month? _____

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No
 If YES, provide the nature of the crime(s): _____
 Date: _____ State: _____ City: _____
 County: _____
 Are any of the above convictions a felony? Yes No **If YES, Please explain** _____

 Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No **If YES, Please explain** _____

 Are there any criminal charges pending now? Yes No **If YES, please explain** _____

6. Do you live in or have you applied to any other Housing Authority? Yes No
 If YES, which Authority? _____ From _____ To _____
 Were you evicted? _____ If YES, why? _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
 If YES, explain _____

Personal References:

List 2 Next of Kin. (If additional space is required, use the back of this page.)

	<u>Name/Address</u>	<u>Relationship</u>
1.	_____	_____

2.	_____	_____

Personal References (cont.)

List 2 Personal References not related:

	<u>Name/Address/Phone</u>	<u>Relationship</u>
1.	_____	_____

	() - _____	
2.	_____	_____

	() - _____	

List 2 Credit References:

	<u>Name/Address/Phone</u>	<u>Relationship</u>
1.	_____	_____

	() - _____	
2.	_____	_____

	() - _____	

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits, worker's compensation, retirement, pension, per capita or other benefits? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Child Support or Spousal Support (alimony)? Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount per Month</u>
_____	_____	_____
_____	_____	_____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Any other income sources not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No
 If YES, explain: _____

<p><u>Zero Income Verification:</u> Are YOU or is ANY OTHER <u>ADULT</u> member of your household claiming zero income? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, who? _____</p>

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL ADULT HOUSEHOLD MEMBERS 18 AND OVER.

Verification of assets must be included. Assets include property, land, certificates of deposits, bonds, savings and checking accounts etc...

Statements of any assets you possess must be submitted to our office.

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____
2. License #: _____ State Issued: _____ Make/Model/Year: _____
3. License #: _____ State Issued: _____ Make/Model/Year: _____
4. License #: _____ State Issued: _____ Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have the Sac and Fox Housing Authority verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and HUD.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and the Sac and Fox Housing Authority the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Sac and Fox Nation Housing Authority any information or materials needed to correct and verify my application for participation and/or to maintain my continued assistance. Rental Rehabilitation, Low Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained within its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I understand that depending on program policies and requirements, previous or current information regarding household may be needed. Verification and inquires that may be requested include, but are not limited to: Identity, Marital Status, Employment, Income/Assets, Former Residences/Rentals, Medical and Childcare Allowances, and Credit and Criminal Activity.

The groups or individuals that may be asked to release the above information include but are not limited to: Previous Landlords, Courts and Post Offices, Schools and Colleges, Law Enforcement Agencies, Support and Alimony Providers, Past and Present Employers, Welfare Agencies, State Unemployment Agencies, Social Security Administration, Credit Providers and/or Bureaus, Veterans Administration, Retirement Systems, Banks and Financial Institutions, Medical and Child Care Providers, and Utility Companies.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application Received By: _____ As Agent for Owner