

Goodland Housing Authority

515 E. 5th # 107 Goodland, KS 67735
Phone: (785) 890-5591 Fax: (785) 890-5227

Application Received:

Date: _____

Time: _____

APPLICATION FOR ADMISSION TO PUBLIC HOUSING

PLEASE PRINT

APPLICANT'S NAME _____ DATE _____ TIME _____

CURRENT ADDRESS _____ CITY, STATE, ZIP _____

MAILING ADDRESS, IF DIFFERENT _____ CITY, STATE, ZIP _____

HOME PHONE # _____ WORK PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS: _____

TYPE OF HOUSING REQUESTED: ELDERLY ___ DISABLED ___ FAMILY ___ NEAR ELDERLY ___ STUDENT ___

NUMBER OF FAMILY MEMBERS: _____ **NUMBER OF BEDROOMS REQUESTED:** _____

RACE : WHITE ___ INDIAN ___ MIXED ___ BLACK ___ ASIAN ___

ETHNICITY: HISPANIC ___ NOT HISPANIC ___ **DO YOU SMOKE?** ___ YES ___ NO

Estimated Date for Move-in : _____

GOODLAND HOUSING AUTHORITY IS A SMOKE-FREE FACILITY

I. FAMILY COMPOSITION

NAME	US CITIZEN Y or N	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	SEX	RELATIONSHIP TO HEAD OF HOUSEHOLD
APPLICANT (Head of Household)						
SPOUSE/Other Adult						
CHILD #1						
CHILD #2						
CHILD #3						
CHILD #4						

Anticipated changes in family composition: _____

YOU MUST BE ABLE TO PROVIDE A SOCIAL SECURITY CARD, PROOF OF US CITIZENSHIP (BIRTH CERTIFICATE OR SIGNED DECLARATION OF US CITIZENSHIP) OR ELIGIBLE IMMIGRATION STATUS AND PHOTO I.D. (DRIVER'S LICENSE) FOR EACH MEMBER OF THE HOUSEHOLD.



Authority

II. INCOME

**A. INCOME FROM EARNINGS, WAGES, TIPS, AND COMMISSIONS:
PROVIDE A COPY OF LATEST TAX RETURN FILED.**

(MAY ALSO PROVIDE CHECK STUBS, ETC. FOR LAST 3 MONTHS OF EARNINGS)

EMPLOYER NAME/ADDRESS/PHONE	DATES EMPLOYED	HOURS/WEEK _____ RATE OF PAY	OCCUPATION
For Applicant (Head of Household):		_____	
For Spouse/Other Adult:		_____	
Prior Employment to the Above For Applicant / Head of Household -		_____	
Prior Employment to the Above For Spouse / Other Adult -		_____	

B. OTHER INCOME:

(Pensions, SRS, SSI, Unemployment, Social security, Child Support, Worker's Compensation, Food Stamps, etc....)

TYPE OF INCOME	PROVIDER NAME/ADDRESS/PHONE	AMOUNT RECEIVED PER MONTH
For Applicant (Head of Household):		
For Spouse/Other Adult:		
For Children:		

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C. CHILD SUPPORT

(Complete for each separate case if there are more than one, whether you receive child support or not.)

Name of absent parent (1) _____

Name of absent parent (2) _____

Child (Children)'s Name(s):

Child (Children)'s Name(s):

State & County where child support was awarded:

State & County where child support was awarded:

Court Case # _____ Amount \$ _____

Court Case # _____ Amount \$ _____

D. INCOME FROM ASSETS (Checking, Savings, Investments, CD's, MMDA, Real Estate)

PROVIDE BANK STATEMENTS OR LETTER FROM FINANCIAL INSTITUTION AND LATEST TAX RETURN.

TYPE OF ASSET	NAME/ADDRESS/PHONE	CURRENT VALUE	CURRENT INTEREST RATE
For Applicant (Head of Household):			
For Spouse/Other Adult:			

E. ASSETS DISPOSED OF IN THE LAST 2 YEARS (Real Estate, CD's, MMDA, etc...)

PROVIDE CLOSING OR SELLERS STATEMENTS AND LATEST TAX RETURN.

TYPE OF ASSET	DATE OF DISPOSAL	VALUE	NET AMOUNT REALIZED

III. ALLOWABLE EXPENSES

A. CHILD CARE

PROVIDER'S NAME/ADDRESS/PHONE	HOURS PER WEEK	CHARGE PER HOUR
CHILDREN'S NAMES		

B. MEDICAL (Elderly or Disabled ONLY)

(Pharmacy, insurance premiums, over the counter drugs, any out-of-pocket expense NOT paid by insurance)

TYPE OF EXPENSE	PROVIDER'S NAME/ADDRESS/PHONE	AMOUNT PAID (Annually)

IV. CREDIT REFERENCES

Please list below at least three credit references. They may include utility companies, banks, credit cards, etc....

BY SIGNING THIS APPLICATION, YOU ARE AUTHORIZING THE HOUSING AUTHORITY TO VERIFY CREDIT HISTORY WITH THE BELOW LISTED REFERENCES AND THE NATION WIDE CREDIT REPORTING SERVICE.

NAME OF COMPANY	ADDRESS	PHONE #

Authority

VI. REFERENCE INFORMATION

A. RESIDENTIAL HISTORY

If you have NEVER had a landlord, (3) personal references are required. If you have only had one landlord, you must use that landlord and (2) personal references. If you have had two landlords, you must use both landlords and (1) personal reference. (List Personal References in Personal Reference section (B) below)

ADDRESS	LANDLORD'S NAME/ADDRESS/PHONE	HOW LONG?	AMOUNT OF RENT	COST OF UTILITIES
CURRENT:		Moved In _____ Moved Out _____		
PREVIOUS:		Moved In _____ Moved Out _____		
PREVIOUS:		Moved In _____ Moved Out _____		

B. PERSONAL REFERENCES

(Personal references CAN NOT be family or close friends.)

NAME	PERSONAL REFERENCE ADDRESS & PHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON
PERSONAL REFERENCE 1		
PERSONAL REFERENCE 2		
PERSONAL REFERENCE 3		

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V. PRIOR HOUSING AUTHORITY/SECTION 8 RESIDENCY

A. Have you applied for housing at the Goodland Housing Authority before? _____

If yes, when? _____

B. Have you ever been housed under Section 8 or any other public housing? _____

If yes, list name used, where, and when you were housed.

C. Do you owe any debt to any Public Housing Agency? _____

If yes, list the name, address and phone number of the agency _____

VII. CRIMINAL HISTORY

A. Have you or any family member ever been charged and/or convicted of a FELONY and /or MISDEMEANOR?

Yes _____ No _____

If yes, State the Year, _____, the County, _____, and the State, _____ of the Charge/Conviction, and what the Charge/Conviction was for _____

B. Do you or any family member have any current warrants and/or charges pending against you? Yes _____ No _____

If yes, what are they for? _____

C. Is the head of household or any members of the tenants household been charged and/or convicted as a sex offender and/or registered with any program in any state? No _____ Yes _____

BY SIGNING THIS APPLICATION, YOU AUTHORIZE THE HOUSING AUTHORITY TO VERIFY YOUR CRIMINAL HISTORY WITH THE NATIONAL CRIME INFORMATION CENTER (NCIC) THROUGH THE GOODLAND POLICE DEPARTMENT, THE FBI AND TENANT PI.

VIII. PETS

A. Do you have a pet or intend to get one? Yes _____ No _____

If yes, what kind and size? _____

IX. VEHICLE INFORMATION

1. YEAR _____ MAKE _____ COLOR _____ TAG # _____

2. YEAR _____ MAKE _____ COLOR _____ TAG # _____

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X. IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____

ADDRESS: _____

PHONE #: _____ RELATIONSHIP: _____

How did you hear about us?
Please let us know by checking all that apply!

Telephone Book _____ County Advocate _____
Friend or Family Member? _____ Current or Former Resident with us? _____
Other? Please List _____

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APPLICATION FOR ADMISSION TO PUBLIC HOUSING

BY SIGNING THIS APPLICATION, YOU AUTHORIZE THE HOUSING AUTHORITY TO:

- VERIFY YOUR SOURCES OF **INCOME**;
- VERIFY YOUR **CRIMINAL HISTORY** WITH THE NCIC (National Crime Information Center), THE FEDERAL BUREAU OF INVESTIGATION (FBI) AND TENANT PI.
- VERIFY YOUR **CREDIT HISTORY** WITH THE BELOW LISTED REFERENCES AND THE NATION WIDE CREDIT REPORTING SERVICE; AND
- VERIFY YOUR **RESIDENTIAL HISTORY** AND/OR **PERSONAL REFERENCE(S)**.

GOODLAND HOUSING AUTHORITY IS A SMOKE-FREE FACILITY

SIGNATURE OF APPLICANT (HEAD OF HOUSEHOLD)

DATE

SIGNATURE OF SPOUSE/OTHER ADULT

DATE

APPLICANTS MISREPRESENTING ANY FACTS WILL BE DENIED ADMISSION FOR 5 YEARS.

APPLICANT(S) CERTIFICATION

I/We understand that this is not a contract and does not bind either party. Under the penalty of perjury, I/We certify that the information * given to the Housing Authority of the City of Goodland, Kansas, on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information (including intentional omissions) are punishable under Federal and/or State Law. I/We also understand that false statements or information or omissions are grounds for termination of this application, housing assistance or tenancy. I/We have no objections to inquiries for the purpose of verifying the facts herein stated.

Signature of Applicant

Date

Signature of Applicant

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free line at 1-800-424-8590.

* After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development or its agent on Form HUD 50058 (Tenant Data Summary) or electronically. For additional information on its use, see the Federal Privacy Act Statement.

