

Goodland Housing Authority

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

APPLICATION FOR ADMISSION TO PUBLIC HOUSING

PLEASE PRINT

Applicant Name _____ Date _____

Current Address _____ City, State, Zip _____

Mailing Address, if different _____ City, State, Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email 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 ___

Requested Move-In Date _____

GOODLAND HOUSING AUTHORITY IS A SMOKE-FREE FACILITY

I. FAMILY COMPOSITION

First Name	MI	Last Name	Relation/Head	Date of Birth	Place of Birth	Sex	SS#
			Self				

Anticipated changes in family composition: _____

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



II. INCOME

A. Income from Earnings, Wages, Tips & Commissions: Provide a copy of latest tax return filed. (Please provide check stubs, etc. for last 3 months of earnings.)

Name	Employer Name & Address	Dates Employed	Hrs/Week: Pay Rate

Prior Employment (if employed less than a year)

Name	Employer Name & Address	Dates Employed	Hrs/Week: Pay Rate

B. Other Income: Pensions, SRS, SSI, Unemployment, Social Security, Child Support, Worker's Compensation, Food Stamps, etc...

Name	Type of Income	Provider Name/Address/Phone	Amount Received Per Month

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) _____

Child (Children)'s Name(s):

State & County where child support was awarded:

Court Case # _____ Amount Awarded \$ _____

Name of absent parent (2) _____

Child (Children)'s Name(s):

State & County where child support was awarded:

Court Case # _____ Amount Awarded \$ _____

D. Income from Assets/Investments (Checking, Savings, CD's, real estate, etc.)

Name	Type of Asset	Bank Name/Address	Interest Rate/Earnings

III. ALLOWABLE EXPENSES

A. Child Care- Attach contract or last 3 months of receipts

Child's Name	Provider's Name, Address, Phone	Amount Paid

B. Medical (Elderly or Disabled ONLY)- Attach previous 12 months of receipts

(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

C. Handicap Assistance

Name	Provider's Name, Address, Phone	Amount Paid

IV. 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 _____

V. REFERENCE INFORMATION

A. Residential History

If you have NEVER had a landlord, (3) personal references are required. If you have had only 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.

Current Address:	Rent Amount: \$	Landlord's Name:
	Utilities:	Address:
City/St/Zip:		City/St/Zip:
	Date rented from ____ to ____	Ph#: Relative: Yes / No
Previous Address:	Rent Amount: \$	Landlord's Name:
	Utilities:	Address:
City/St/Zip:		City/St/Zip:
	Date rented from ____ to ____	Ph#: Relative: Yes / No
Previous Address:	Rent Amount: \$	Landlord's Name:
	Utilities:	Address:
City/St/Zip:		City/St/Zip:
	Date rented from ____ to ____	Ph#: Relative: Yes / No

B. Personal References- CAN NOT be family or close friends

Name:	Address:	Length of time known:
	Phone:	
	Email:	
Name:	Address:	Length of time known:
	Phone:	
	Email:	
Name:	Address:	Length of time known:
	Phone:	
	Email:	

VI. 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, _____, 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 the state? Yes _____ No _____
-

VII. PETS- please review included Pet Policy

- A. Do you have a pet or intend to get one? Yes _____ No _____
If yes, what kind and size? _____
-

VIII. VEHICLE INFORMATION

1. Year _____ Make _____ Color _____ Tag# _____
2. Year _____ Make _____ Color _____ Tag# _____
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IX. 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 or Local Advertising

_____ Internet Search

_____ Friend or Family Member

_____ Other (Please list)

_____ Current or Former Resident with us

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 the Rental History Report (RHR).
- Verify your credit history with the listed references and the nation-wide credit reporting service
- Verify your residential history and/or personal references.

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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 (Head of Household)

Date

Signature of Spouse/Other Adult

Date

All Applicants over 18 MUST sign application.

Applicants misrepresenting ANY facts will be denied admission for 5 years.

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.

When you submit your application, we will need copies of:

- **Social Security cards** for everyone in the household.
- **Birth certificates** for everyone in the household.
- **Drivers License** or picture ID for all family members over 18.
- **Most Recent Income Tax Return** with W-2's and 1099's.
- **Tenants attending college:** College schedule, your signed Financial Aid Award letter, and Parental Support Form from our office.
- **Social Security Recipients:** Your Benefit letter from Social Security.
Proof of any out-of-pocket medical expenses from provider for 1 year.
- **SRS Recipients:** A copy of your Family Plan or benefit verification letter.
- **Pay Stubs:** A recent and complete history of pay check stubs (at least three months, if available).
- **Child Support:** Order with Kansas Payment Center number.
- **Child Care:** Contract or receipts for previous 3 months if working or student.

We can make copies at our office for your convenience.

More information available at: www.goodlandhousingauthority.com

TO BE COMPLETED BY GOODLAND HOUSING AUTHORITY PERSONNEL

PHA Official's Certification:

I certify that:

1. The information given to the Housing Authority of the City of Goodland, KS by the current household composition has been verified as required by the Federal Law;
2. The family is eligible for admission; and
3. The family has certified that it has given our agency accurate and complete information.

Signature of PHA official

Title

Date

OR

Withdrawn

Ineligible for Admission

Applicant's Request (Phone; In-person; letter)

Exceeds Income

Single Able-Bodied Adult (Phone; In-person; letter)

Owes Goodland HA money (\$)

Other _____

Remarks:

Remarks:

Signature of PHA official

Title

Date