



## KICKAPOO HOUSING AUTHORITY

888 112<sup>th</sup> Drive  
Horton, KS. 66439  
(785) 486-3638  
Fax (785) 486-2637

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### Housing Assistance Program Housing Authority of the Kickapoo Tribe in Kansas

The Housing Authority of the Kickapoo Tribe in Kansas has established a Housing Assistance Program. This program is designated specifically for enrolled Kickapoo Tribal members located or re-locating within the northeast Kansas area, who are currently unable financially to get into safe housing. The KHA may provide funds for a security deposit and/or first month's rent required for admission. This is solely based upon the availability of funds and is a one-time assistance.

The Kickapoo tribal member must meet the following eligibility requirements:

- ✓ Homeless, without shelter
- ✓ Unemployed or unable to sufficiently maintain housing for themselves or their family
- ✓ Cannot afford utilities to maintain housing
- ✓ Someone who has been evicted
- ✓ Someone who is a victim of disaster

All completed applications for Housing Assistance will be reviewed by the KHA Occupancy Clerk to verify eligibility and approved or denied by the KHA Executive Director. The KHA reserves the right to refuse acceptance of anyone into this program. Qualification will also depend upon the availability of funds.

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HOUSING ASSISTANCE PROGRAM APPLICATION

Please submit COMPLETED applications only with all documents requested below. Your application will not be processed unless it is complete. All completed applications will be reviewed by the KHA Occupancy Clerk to verify eligibility and approved or denied by the KHA Executive Director.

REQUIRED DOCUMENTS

TRIBAL I.D. CARDS	Copies for all members of the household
SOCIAL SECURITY CARDS	Copies for all members of the household
INCOME VERIFICATION	An official statement on company letterhead from your employer indicating hours worked per week and hourly wage/salary or 4 recent paycheck stubs.
BENEFITS RECEIVED	Statement of verification from Social Security Administration, Veterans Administration, Retirement, Department of Human Services, Child Support, etc.
LEASE AGREEMENT	From landlord(s)

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Please complete and answer all questions. Do not leave any blanks.

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NAME: \_\_\_\_\_  
Last First Middle

SPOUSE: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
City State Zip

TELEPHONE # \_\_\_\_\_  
Whose number is this? \_\_\_\_\_

ADDITIONAL #: \_\_\_\_\_  
Whose number is this? \_\_\_\_\_

HOUSEHOLD COMPOSITION

Last name	First name	Relation to Head	SS#	DOB

INCOME OF FAMILY MEMBERS 18 AND OLDER

Name	Type of Income	How much?	How often?

Total Household Income: \$ \_\_\_\_\_  
(Gross)

Please explain your reason for requesting Housing Assistance at this time. Be sure to include what you are requesting assistance with and list the amount(s) needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Due to social and/or economic factors influencing or interfering with the ability to provide and/or maintain consistent housing you are required to contact other agencies/sources that may be of assistance to you. These agencies/sources may include but are not limited to:

Social Service Agencies

Kickapoo Social Services  
 Social & Rehabilitation Services  
 NEK/CAP  
 Kickapoo Food Distribution  
 Kickapoo Health Center  
 United Tribes of KS & S.E. NE

Utility Company

Brown-Atchison Electric Coop.  
 Westar Energy  
 Kickapoo Tribe Water Dept.

I understand that I must work with other agencies/sources to receive emergency housing assistance:

Initials	Date	Initials	Date

I/We certify that the information given is true and correct to the best of my/our knowledge. I/We hereby authorize the Kickapoo Housing Authority to verify the information provided in this application. This would include, but is not limited to: public records, records from previous landlords, a home visit to my/our present living arrangements. I/We understand that false statements are punishable under federal/tribal law. I/We further understand that false statements or information are grounds for immediate termination of housing assistance.

Head of Household	Date

Spouse	Date

For Office Use Only:	Accepted	Denied
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Reason(s) for Denial:  
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Initials:	Date:
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