

Kansas Housing Resources Corporation

Affordable Rental Housing Application

Property Name:	Date Application Received:
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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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated	
Do all the persons above plan on living in the unit 100% of the time: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared custody for children	
Do you require a live in aide: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the line in aide certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Family Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect any household changes in the next year: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone living with you now that will not be living with you on the property: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have full custody of your children: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any children not currently living with you going to live with you when the new residence is established: <input type="checkbox"/> Yes <input type="checkbox"/> no	
Are you in the process of adopting any children: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you care for any foster children or adults: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a pet: <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Size:	
Have you or anyone on the application applied for a therapy pet or service animal: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is everyone in the household a full time student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone plan on attending school full time in the next twelve (12) months: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Daytime Phone:	Nighttime Phone:

Housing History

Current Address:	
How long have you lived at this address:	Do you rent or own: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> 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: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Neither
Landlords Name:	Landlord Phone Number:
Will this be your only place of residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
As a renter are you aware of your rights and responsibilities under the Kansas Residential Landlord and Tenant Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	
As a renter are you aware of your rights to file grievances: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you familiar with your rights under the Fair Housing Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been evicted: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Have you ever received a notice for non-payment of rent: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

Do you currently have an overdue balance on rent or utility bills: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a pay off agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach)
Do you receive rental assistance: <input type="checkbox"/> Project based <input type="checkbox"/> Voucher <input type="checkbox"/> Other source (Church or other organization, family)	
Have you ever received rental assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on the rental voucher waiting list: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your rental assistance ever been terminated due to fraud, non-payment, or failure to recertify: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a previous homeowner that lost your home to foreclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed for bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Have you or anyone on the application ever been convicted of a felony in the last five years: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying for housing under the Reentry Program for ex-offenders: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or anyone on the application been convicted of using, possessing for sale, or manufacturing for sale an illegal drug: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Are you or anyone on the application currently in a drug treatment or rehabilitation program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require a reasonable modification or accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about our community: <input type="checkbox"/> Newspaper <input type="checkbox"/> Drive by <input type="checkbox"/> Internet <input type="checkbox"/> Resident Referral <input type="checkbox"/> Other	

Income			
Income Source	Annual Total Amount	Income Source	Annual Total Amount
<input type="checkbox"/> Wages		<input type="checkbox"/> Severance Pay	
<input type="checkbox"/> Child Support		<input type="checkbox"/> Self Employment	
<input type="checkbox"/> Alimony		<input type="checkbox"/> Business Income-rental	
<input type="checkbox"/> Social Security/SSI		<input type="checkbox"/> Contributions/Gifts	
<input type="checkbox"/> Pension payments		<input type="checkbox"/> Lottery Winnings	
<input type="checkbox"/> Public Assistance/Welfare		<input type="checkbox"/> Armed Forces Pay	
<input type="checkbox"/> VA Benefits		<input type="checkbox"/> Educational Funds	
<input type="checkbox"/> IRA, 401K payments		<input type="checkbox"/> Medical Care Payments	
<input type="checkbox"/> Annuity payments		<input type="checkbox"/> Inheritance	
<input type="checkbox"/> Unemployment		<input type="checkbox"/>	
<input type="checkbox"/> Disability, Death Benefit		<input type="checkbox"/>	
<input type="checkbox"/> Workman's Comp		<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes above please explain:			
Is your household claiming zero income: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Asset Information					
Asset	Amount of Worth	Interest Earned	Asset	Amount of Worth	Interest Earned
<input type="checkbox"/> Savings/Checking			<input type="checkbox"/> Cash on Hand		
<input type="checkbox"/> CDs, Money Markets			<input type="checkbox"/> Life Insurance		
<input type="checkbox"/> Bonds, Treasury Bills			<input type="checkbox"/> Real Estate		
<input type="checkbox"/> Stocks, Bonds, Securities			<input type="checkbox"/> Rental Property		
<input type="checkbox"/> Trust, Mutual Funds			<input type="checkbox"/> Land Contracts		
<input type="checkbox"/> Pensions			<input type="checkbox"/> Mortgage for Deed		
<input type="checkbox"/> IRAs, Keoghs, 401K			<input type="checkbox"/> Personal Property as an Investment		
<input type="checkbox"/> Safe Deposit Box			<input type="checkbox"/> Other		
Do you have a revocable/irrevocable trust: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have access to money/assets in the trust: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are your assets worth more than \$5,000: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> 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