



**Kickapoo Housing Authority
Emergency Rental Assistance Program**

888 112th Drive, Horton, KS 66439

Completed applications can be mailed to address above or

email: Rmckinney@khakansas.org

or Jtucker@khakansas.org

Your household income must be lower than 80% median income

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$43,960	\$50,240	\$56,520	\$62,800	\$67,824	\$72,848	\$77,872	\$82,896

Head of household _____

Address

Phone _____

Tribe -Please provide copy of CDIB _____

Have you experienced homeless due to Covid-19?

Yes

NO

How has your household been affected by Covid-19?

Check all that apply and give an explanation.

A household member has received unemployment benefits due to Covid-19

Explain: _____

Household experienced a reduction in income, incurred significant costs, and experienced other financial hardship due, directly or indirectly, to Covid-19

Explain: _____

Household can demonstrate a risk of experiencing homelessness or housing stability.

Explain: _____

Please list your landlord/management company you have a current or prospective lease with.

Name of landlord/management company

Address _____

City, State _____

Zip Code _____

phone number _____

Kickapoo Housing Authority Emergency Rental Assistance Program

Attestation

By signing below, I attest that all information I have provided is true and correct and I have not received, and do not anticipate on receiving from another source, public or private, other tribe, state, or local government, the same assistance to be provided from the Kickapoo Housing Authority Emergency Rental Assistance Program.

Print Name of Head of Household

Print Name of other adult member

Signature of Head of household

Signature of other Adult member

Date

Please list all members in household and provide a copy of each members social security card.
 (household members can only be claimed on one application)

Name:	Relation	M/F	Social Security Number
1	applicant		
2			
3			
4			
5			
6			
7			
8			

Please list all income from all adult household members and provide documentation

Household member:	Employer/Source of Income	Monthly Amount

Please check boxes you are applying for and provide a copy of receipts.

- Rent/Deposit - Please enter the monthly rent amount _____
- Rent Arrearage - Please enter the total amount since March 13, 2020 _____
- Electricity - Please enter the current month's charge _____
- Heating - Please enter the current month's charge or last payment paid _____
- Water - Please enter the current months charge. _____
- Trash Removal - Please enter the current month charge _____
- Internet Service - Please enter the current month charge. _____
- Prospective Rent - Please enter the current month charge
 (Homeless due to Covid-19 and have a lease pending) _____
- Prospective Rent Deposit - Please enter the amount
 (Homeless due to Covid-19 and have a lease pending deposit payment) _____

BY SIGNING BELOW, I CERTIFY ALL INFORMATION IS TRUE AND CORRECT.

 Signature of applicant

 Date

Kickapoo Housing Authority Emergency Rental Assistance Program

Privacy Act Notice

The Kickapoo Housing Authority is authorized to collect information for the Emergency Rental Assistance Program. You must provide all the information requested to be eligible for the program.

Your income and other information are being collected to determine eligibility and may be released to the U.S. Treasury Dept when requested for the Emergency Rental Assistance Program.

The information will not be otherwise disclosed or released except as permitted or required by law. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Print Name of Head of Household

Signature of Head of Household

Print Name of Other Adult member

Signature of other Adult member

Date

Kickapoo Housing Authority Emergency Rental Assistance Program

Request for Release of Information

Applicant: _____

Other Adult household member: _____

Address: _____

Street

City

State

Zip

By signing below, I am giving permission for the Kickapoo Housing Authority to receive information as requested to determine eligibility.

Print Name of Head of Household

Print name of other Adult member

Signature of Head of Household

Signature of other Adult member

Social Security number

Social Security number

Date