

**THIS IS A NON-SMOKING FACILITY****HORTON HOUSING AUTHORITY**

**ArborKnoll Homes ◊ Orchard Heights**  
 1701 Euclid Ave. Horton, KS 66439  
 785-486-3615 FAX: 785-486-3939  
 hortonhousing@hotmail.com

**APPLICATION FOR ADMISSION / CONTINUED OCCUPANCY AND PERSONAL DECLARATION**

Please fill out completely. Incomplete applications will be filed without processing.

|                  |   |              |              |   |
|------------------|---|--------------|--------------|---|
| Applicant's name | First   | Middle       | Last         | Total Number of Household Members _____ |
| Current Address  | Number, street, name, and apartment #, if applicable                                    |              |              | City _____ State _____ Zip _____        |
| Mailing Address  | (if different from current address) Number, street name, and apartment #, if applicable |              |              | City _____ State _____ Zip _____        |
| Telephone        | (_____) Home  | (_____) Work | (_____) Cell |   |

**PERSONAL DATA: Complete Information for all persons who will occupy the unit****HEAD OF HOUSEHOLD**

|   |       |                   |   |
|---|-------|-------------------|---|
| 1   | Name: | Social Security # | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First, Middle Initial, Last   |       |                   |   |
| Date of Birth:  | Age:  | Relationship:     | Place of Birth: _____<br>City/State _____                     |
| Month/Day/Year  |       |                   |   |
| Providing the following information is <b>voluntary</b> and will not affect your eligibility, admission, or level of benefits received under the program. This information is requested by the U.S. Department of Housing and Urban Development (HUD) for statistical purposes only, to ensure compliance with federal equal opportunity requirements. You are not required to provide this information, but we encourage you to do so to help us ensure our programs are administered fairly and equitably. If you do not complete this section, the information may be recorded by staff based on visual observation. |       |                   |   |
| Race/Ethnicity (Check one) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic   |       |                   |   |
| 2   | Name: | Social Security # | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First, Middle Initial, Last   |       |                   |   |
| Date of Birth:  | Age:  | Relationship:     | Place of Birth: _____<br>City/State _____                     |
| Month/Day/Year  |       |                   |   |
| 3   | Name: | Social Security # | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First, Middle Initial, Last   |       |                   |   |
| Date of Birth:  | Age:  | Relationship:     | Place of Birth: _____<br>City/State _____                     |
| Month/Day/Year  |       |                   |   |
| 4   | Name: | Social Security # | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First, Middle Initial, Last   |       |                   |   |
| Date of Birth:  | Age:  | Relationship:     | Place of Birth: _____<br>City/State _____                     |
| Month/Day/Year  |       |                   |   |
| 5   | Name: | Social Security # | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First, Middle Initial, Last   |       |                   |   |
| Date of Birth:  | Age:  | Relationship:     | Place of Birth: _____<br>City/State _____                     |
| Month/Day/Year  |       |                   |   |
| 6   | Name: | Social Security # | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First, Middle Initial, Last   |       |                   |   |
| Date of Birth:  | Age:  | Relationship:     | Place of Birth: _____<br>City/State _____                     |
| Month/Day/Year  |       |                   |   |

If an additional page is needed for more Household members application information, the Horton Housing Authority will provide an additional page.

**APPLICANT STATEMENT:** I/We certify that the information given on this page to the Public Housing Agency is accurate and complete to the best of my/our knowledge and belief. I/We understand that any false statements or information provided are punishable under Federal Law and may also be punishable under State Law.

**THIS APPLICATION WILL BE ON FILE FOR 1 YEAR. AFTER THAT DATE YOU WILL NEED TO REAPPLY.**

Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Non-Custodial Parent(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does anyone live with you now who is not listed?

 Yes  No If yes, provide their name(s) \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed?

 Yes  No If yes, provide their name(s) \_\_\_\_\_

Is the Head of Household disabled?

 Yes  No

Are there other household members who are disabled?

 Yes  No

Please identify any needs for reasonable accommodation of household member's disability(s): \_\_\_\_\_

**SOURCE OF INCOME:** Provide documentation from all sources. (all income must be reported)

|                        | Gross Per Month |  | Gross Per Month                                 |          | TOTAL GROSS MONTHLY INCOME |
|------------------------|-----------------|--|---|----------|----------------------------|
| Student Financial Aid  | \$ _____        |  | TANF  | \$ _____ |                            |
| School Grant(s)        | \$ _____        |  | General Assistance                              | \$ _____ |                            |
| Child Support Benefits | \$ _____        |  | Social Security                                 | \$ _____ | \$ _____                   |
| Court Case #           | _____           |  | Other Income                                    | \$ _____ |                            |
| County/State           | _____           |  | Provider Name & Address of Other Income Source: | _____    |                            |
| Alimony                | \$ _____        |  |   |          |                            |
| Unemployment Benefits  | \$ _____        |  |   |          |                            |

|   |                 |          |        |
|---|-----------------|----------|--------|
| 1 | Employers Name: | Address: | Phone: |
|---|-----------------|----------|--------|

|                        |                    |                 |
|------------------------|--------------------|-----------------|
| Your Occupation/Title: | How long employed? | Gross per Month |
|------------------------|--------------------|-----------------|

|   |                 |          |        |
|---|-----------------|----------|--------|
| 2 | Employers Name: | Address: | Phone: |
|---|-----------------|----------|--------|

|                        |                    |                 |
|------------------------|--------------------|-----------------|
| Your Occupation/Title: | How long employed? | Gross per Month |
|------------------------|--------------------|-----------------|

|   |                 |          |        |
|---|-----------------|----------|--------|
| 3 | Employers Name: | Address: | Phone: |
|---|-----------------|----------|--------|

|                        |                    |                 |
|------------------------|--------------------|-----------------|
| Your Occupation/Title: | How long employed? | Gross per Month |
|------------------------|--------------------|-----------------|

**IS ANY MEMBER OF YOUR HOUSEHOLD:**

Yes  No Working full-time, part-time, or seasonally?

Yes  No Been employed in the past 12 months?

Yes  No Expecting to work for any period during the next year?

Yes  No Working for someone who pays cash?

Yes  No Expecting a leave of absence from work due to layoff, medical, maternity, military or any other type of official leave?

Yes  No Now receiving / expecting to receive Unemployment benefits?

Yes  No Now receiving / expecting to receive Child Support benefits?

Yes  No Entitled to Alimony / Child Support that is not currently being received?

Yes  No Now receiving / expecting to receive Public Assistance?

Yes  No Now receiving / expecting to receive Social Security benefits?

Yes  No Now receiving / expecting to receive income from Pension / Annuity?

Yes  No Now receiving / expecting to receive regular contributions from organizations or from individuals not living with you?

Yes  No Receiving income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stocks or bonds or income from real estate property?

Yes  No Age 18 or over and a full-time student? If yes, provide written verification of current enrollment status

Yes  No Have an unpaid debt with a Utility Company? If yes, provide the Utility Company Name: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Payment Agreement \_\_\_\_\_

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Head of Household Signature: \_\_\_\_\_

**ASSETS:** Provide documentation from all sources. (all income must be reported)

|   |                   |                  |             |
|---|-------------------|------------------|-------------|
| 1 | Household Member: | Type of Account: | Balance: \$ |
|---|-------------------|------------------|-------------|

Bank Name, Address and Phone: \_\_\_\_\_

|   |                   |                  |             |
|---|-------------------|------------------|-------------|
| 2 | Household Member: | Type of Account: | Balance: \$ |
|---|-------------------|------------------|-------------|

Bank Name, Address and Phone: \_\_\_\_\_

|   |                   |                  |             |
|---|-------------------|------------------|-------------|
| 3 | Household Member: | Type of Account: | Balance: \$ |
|---|-------------------|------------------|-------------|

Bank Name, Address and Phone: \_\_\_\_\_

Yes  No Has any household member sold or given away real property or other assets (including cash) in the past two years?

Item(s) given away \_\_\_\_\_ Total Value \_\_\_\_\_

**EXPENSES:****MEDICAL** (Complete only if Head of Household is 62 or over, Handicapped, or Disabled)

Yes  No Do you have Medicare? If Yes, what is your monthly premium? \_\_\_\_\_

Yes  No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount and agent's name \_\_\_\_\_

Yes  No Do you have outstanding medical bills which you are paying? If yes, list name and address of provider and amount due on your account.

\_\_\_\_\_

Yes  No Do you expect to incur medical expenses in the next twelve (12) months? If yes, list them below.

\_\_\_\_\_

Yes  No Do you receive prescriptions from a pharmacy? If yes, list providers name, address, and phone number.

\_\_\_\_\_

Yes  No Do you pay a care attendant or pay for any equipment for a handicapped or disabled family member(s) necessary to permit that person or someone else in the household to work? If yes, list the name, address and phone number of the care provider.

What is the cost to you for the care attendant and/or equipment? \_\_\_\_\_

**CHILD CARE**

Yes  No Do you pay for child care of a child 12 or younger so that you or another member of the family may go to work or school? If yes, list the name, address and phone number of the care provider. \_\_\_\_\_

What is the cost to you for the child care? \_\_\_\_\_

**CRIMINAL HISTORY**

Yes  No Have you or any member of your household been arrested? If yes, provide the name of the household member, date, location of court and charge of arrest(s)

\_\_\_\_\_

Yes  No Have you or any member of your household been convicted of a felony? If yes, provide the name of the household member, date, type of conviction

\_\_\_\_\_

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Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HOUSING

Yes  No Have you ever lived in Public Housing?

Yes  No Have you ever had Section 8 or rental assistance?

If yes to either question, provide information below:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

Yes  No Do you have a debt to any federally subsidized housing program?

Yes  No If yes, have you made arrangements to repay this debt?

Yes  No Have you ever vacated a housing unit without giving notice?

Yes  No Have you committed fraud against a federal or state housing program?

Yes  No Do you have a pet(s) that will be living with you? If so, please list how many and the type of pets \_\_\_\_\_

## RENTAL INFORMATION

1 Name of present or most recent landlord: \_\_\_\_\_ Rent Amount \_\_\_\_\_

Landlord Address (Street, City, State, Zip) \_\_\_\_\_ Lease Start Date \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Address you rented: \_\_\_\_\_ Lease End Date \_\_\_\_\_

Reason for Leaving:

2 Name of present or most recent landlord: \_\_\_\_\_ Rent Amount \_\_\_\_\_

Landlord Address (Street, City, State, Zip) \_\_\_\_\_ Lease Start Date \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Address you rented: \_\_\_\_\_ Lease End Date \_\_\_\_\_

Reason for Leaving:

3 Name of present or most recent landlord: \_\_\_\_\_ Rent Amount \_\_\_\_\_

Landlord Address (Street, City, State, Zip) \_\_\_\_\_ Lease Start Date \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Address you rented: \_\_\_\_\_ Lease End Date \_\_\_\_\_

Reason for Leaving:

## PERSONAL REFERENCES: Provide name, address and phone number

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT: Provide name, address and phone number

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VEHICLE(S):** List all vehicles in the household, including motorcycles, that will be parked on our property

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

**APPLICANT CERTIFICATION:** All adult household members must sign

Applicant is hereby notified that a social background investigation will be conducted to check for the following: Drug convictions, Gun possession convictions, Felony convictions, Fraud involvement (false information to landlord/creditor), Alcoholism, Vandalism, Prostitution, Misdemeanor convictions, Continual arrest record and Negative behavior in community.

**CERTIFIED STATEMENT:** The information requested on this form is being collected in connection with regulations of the Public Housing Department of the City of Horton authorized by the United States Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility; the apartment size, and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the Public Housing Department financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42 U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35, 85 Statute, 348, 408.

**APPLICANT(S) / TENANT(S) STATEMENT:** I/We certify that the information given on this page to the Public Housing Agency is accurate and complete to the best of my/our knowledge and belief. I/We understand that any false statements or information provided are punishable under Federal Law and may also be punishable under State Law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We further understand that if I/we believe that I/we have been discriminated against, I/we may call the Fair Housing Department at the local HUD office at 1-800-743-5323 or the Kansas Human Rights Commission at 1-888-793-6874.

Signature (Head of Household) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Spouse/Other Adult) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Other Adult) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Other Adult) \_\_\_\_\_ Date \_\_\_\_\_

**FOR HORTON HOUSING AUTHORITY OFFICE USE ONLY**

Printed Name of PHA Official accepting application \_\_\_\_\_

Signature of PHA Official accepting application \_\_\_\_\_ Date / Time \_\_\_\_\_

Number of bedrooms needed \_\_\_\_\_

Location preference \_\_\_\_\_

# HORTON HOUSING AUTHORITY

## ArborKnoll Homes ◊ Orchard Heights

1701 Euclid Ave.

Horton, KS 66439

785-486-3615

FAX: 785-486-3939

hortonhousing@hotmail.com



### AUTHORIZATION FOR RELEASE OF INFORMATION

All residents of the rental unit who are age 18 years or older must read and sign this form.

#### PURPOSE:

The Horton Housing Authority may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

#### AUTHORIZATION:

I/We authorize the release of information, including documentation and other materials necessary to verify eligibility for our participation under any housing assistance program(s) administered by the Horton Housing Authority.

#### INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses  
Handicapped Assistance Expenses  
Credit History  
Identity and Martial Status  
Criminal Activity  
Medical Expenses

Family Composition  
Social Security Numbers  
Employment, Income, Pension and Assets  
Residences and Rental Property  
Federal, State, Tribal or Local Benefits  
Community Support Assistance

#### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Financial Institutions  
Courts  
Law Enforcement Agencies  
Credit Bureaus  
Employers, Past and Present  
Schools and Colleges  
Landlords  
Local Community Service Agencies  
Utility Companies  
Welfare Agencies

Providers of:  
Alimony  
Child Care  
Credit  
Handicapped Assistance  
Medical Care  
Pensions / Annuities  
Mental Health Services

#### CONDITIONS:

I/We agree that photocopies of this authorization may be used for the purposes stated above. If I /We do not sign this authorization, I/we also understand that housing assistance may be denied, delayed or terminated.

I/We voluntarily waive all rights of recourse and release such person from liability for providing information to the Horton Housing Authority.

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# HORTON HOUSING AUTHORITY

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**IF ANY OF THE CRITERIA BELOW PERTAINS TO YOU,  
YOU ARE NOT ELIGIBLE FOR PUBLIC HOUSING**

## 1. HISTORY OF RECENT SERIOUS ACTIVITY

Includes cases in which a member of the family who is expected to reside in the household was or is engaged in prostitution, possession or sale of illegal substances (as defined in section 102 of the Controlled Substance Act 21 U.S.C. 802), or other serious criminal activity, provided that the involvement in such activity shall not be grounds for ineligibility if it occurred more than five (5) years prior to application.

## 2. PATTERN OF VIOLENT BEHAVIOR

Includes evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupation of neighbors.

## 3. CONFIRMED DRUG ADDICTION

Includes any drug-related criminal activity on or off the premises, evidence of confirmed drug addiction such as a record of more than one arrest for possession or use of heroin or other narcotics, or reports from a probation officer, a social agency, or the family itself to the effect that the individual is addicted. In cases where the confirmed addict is undergoing follow-up treatment by a professional agency after discharge from an institution, the applicant shall not be considered ineligible.

## 4. CONFIRMED DRUG ADDICTION

Includes behavior that the Horton Housing Authority determines interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.

## 5. RAPE OR SEXUAL DEVIATION

Includes individuals who have been involved as offenders in rape, indecent exposure, sodomy, carnal abuse and impairing the morals of a minor. Exception is permitted in the case of an individual under 16 years of age when he/she was involved in such offense and evidence from a reliable source that shows that the individual may be considered rehabilitated.

## 6. INITIATED THREATS

Behaving in a manner indicating an intent to assault employees or other tenants of the Housing Authority.

## 7. ABANDONMENT OF DWELLING UNIT

Failure to provide notice of any kind to a previous landlord and leaving property unattended. Former tenants or participants of any project or programs owned or operated by the Housing Authority are ineligible for admission to any such program or project of the Housing Authority until such time as the recorded debt is paid in full.

## 8. INTENTIONALLY FALSIFYING AN APPLICATION FOR LEASING

Includes giving false information regarding family income, size, and/or utilization of an alias on the application for housing.

## 9. RECORD OF SERIOUS DISTURBANCES OF NEIGHBORS, DESTRUCTION OF PROPERTY OR OTHER DISRUPTIVE OR DANGEROUS BEHAVIOR

Consists of patterns of behavior which endanger the life, safety, morals, or welfare of other persons by physical violence, gross negligence or irresponsibility; which damage the equipment or premises in which the applicant resides; or which seriously disturb neighbors or disrupt sound family and community life, indicating the applicant's inability to adapt to living in a multi-family setting. Includes neglect of children which endangers their health, safety or welfare; termination by the courts of tenancy in previous housing on the grounds of nuisance, objectionable or frequent loud conduct which have resulted in serious disturbance to neighbors.

## 10. GROSSLY UNSANITARY OR HAZARDOUS HOUSEKEEPING

Includes the creation of a fire hazard through such acts of hoarding of rags and papers; severe damage to premises and equipment, if it is established that the family is responsible for the condition; seriously affecting neighbors by causing infestation, foul odors, or depositing garbage outside door; or serious neglect of the premises. This category does not include families whose housekeeping is found to be superficially unclean or lack orderliness, where such conditions do not create a problem for neighbors.

## 11. INTENTIONALLY FALSIFYING AN APPLICATION FOR LEASING

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### **REQUIREMENTS FOR ELIGIBILITY**

#### **WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?**

The basic qualifications for Public Housing include but are not limited to persons who: Meet Low-Income guidelines; have good standing with past landlords; and do not have outstanding debt to another Housing Authority. We must also verify credit and criminal history. It is your responsibility to confirm your eligibility with the Housing Authority.

#### **HOW LONG WILL IT BE BEFORE I RECEIVE HOUSING?**

It is not possible to give you a definite date when housing will be available for you. It depends on how many people are ahead of you on the waiting list, how many units become available and when. Once your name comes up on the waiting list, you will be notified to make an appointment with our office to update documentation and verifications.

#### **HOW MUCH WILL MY RENT BE?**

Your rent will be determined according to your income. You will pay 30% of your income toward rent, less certain deductions and allowances.

#### **WILL I BE REQUIRED TO PAY A SECURITY DEPOSIT?**

Yes. The Security Deposit is a set amount according to the project. These amounts are posted on the Housing Authority's bulletin board and are available by contact the office at 785-486-3615

#### **WHERE ARE THE PUBLIC HOUSING UNITS LOCATED?**

The Horton Housing Authority has two (2) sites in the City of Horton, Kansas.

**ArborKnoll Homes** is an elderly housing project with 46 units, including efficiency, one-bedroom and two-bedroom units. They are located at 1701 Euclid Ave. Horton, Kansas 66439

**Orchard Heights** complex is located at 1600 School Drive Road, Horton, Kansas 66439 and has 17 units, including 6 elderly one-bedroom (2 units are handicapped accessible), 8 two-bedroom units, 3 three-bedroom family plans.

#### **WHAT SHOULD I DO IF ANYTHING CHANGES WHILE ON THE WAITING LIST?**

Be sure to notify us if anything changes, especially your address or phone number – if we cannot contact you, we cannot offer you housing and your application will be placed in the “inactive file”. Be sure to notify us of changes in your family composition or income.

**YOU MAY CALL OUR OFFICE AT ANY TIME TO CHECK ON THE STATUS OF YOUR APPLICATION OR AVAILABILITY OF UNITS. YOUR APPLICATION WILL REMAIN IN OUR FILES FOR 6 MONTHS. AT THAT TIME, IT IS YOUR RESPONSIBILITY TO RE-APPLY. OUR OFFICE HOURS ARE MONDAY – FRIDAY, 8:00AM – 3:30PM.**

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**SUBMIT ALL INFORMATION WITH APPLICATION**

### **BIRTH CERTIFICATES** for everyone in the household.

You must bring a Birth Certificate, either original or a copy, for **each person** who will be residing in the household. If there is not a Birth Certificate available, one must be sent for and a copy of the application for replacement Birth Certificate must be provided to this office.

### **PHOTO IDENTIFICATION CARD**

We accept a **valid** Driver's License or current Kansas Identification Card for those over 21 years of age.

### **SOCIAL SECURITY CARDS**

A Social Security card is **required for every member of the household**. We cannot accept a copy of any Social Security Card; we must see the **original card**. If you have lost your card, you may call 1-800-772-1213 and request application forms to replace the lost card(s). Again, we must receive a copy of the application for replacement.

### **VERIFICATION OF INCOME**

HUD requires third-party verification for all sources of income. To comply with this requirement, you must provide the name and address of the income source, and any other specific information listed below.

- **If you are Employed:** You must provide the name and address of your employer, and provide paycheck stubs for at least one (1) month.
- **Pension:** You must provide the name and address of the pension provider.
- **Bank Accounts** (this includes checking, savings, CD's, etc.) You must provide the name and address of the banking institution holding these assets, and provide statements from the previous two (2) months.
- **All Social Security Monies:** You must have a letter from the Social Security Administration stating current payment status and stating if Medicare amount is deducted.
- **General Assistance:** You must have a letter from SRS stating amounts received for past 12 months. *Note: in calculating your rent, we do not consider the amount of food stamps received.*
- **Child Support/Alimony:** You must have documentation showing amount entitled to each month; and the amount that has been received in the past twelve (12) months.

### **PAST RENTAL HISTORY**

It is important that the Horton Housing Authority receive at least two (2) prior landlord references. You may use your current landlord and one previous landlord. If you have only one landlord, you may use that landlord and a personal reference from someone who is not a close relative or friend, but who knows you and how you conduct your business. If you have never had a landlord, we will require two (2) personal references.

**Please Note; submissions of the above information is mandatory for admission to Public Housing. We will assist you in any way we can; however, the burden of submitting the required information rests with you. If you have any questions, please contact the office of the Horton Housing Authority at 785-486-3615**