

APPLICATION FOR ADMISSION AND  
CONTINUED OCCUPANCY AND  
PERSONAL DECLARATION

1701 Euclid Ave. | Horton, KS 66439 | 785-486-3615 | Fax: 785-486-3939 | hortonhousing@hotmail.com



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

Applicant's Name \_\_\_\_\_ Total Number of  
First, Middle, Last Household Members \_\_\_\_\_

Current Address \_\_\_\_\_  
Include Apt. #, if applicable City, State and Zip Code

Mailing Address \_\_\_\_\_  
Include Apt. # or P.O. Box, if applicable City, State and Zip Code

Telephone (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell

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

**HEAD OF HOUSEHOLD**

**1** Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ ☐ Male ☐ Female  
First, Middle Initial, Last  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/State

Providing the following information is voluntary and will not affect your eligibility admissions 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)** ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native  
☐ Asian/Pacific Islander ☐ Hispanic ☐ Non-Hispanic

**2** Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ ☐ Male ☐ Female  
First, Middle Initial, Last  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/State

**3** Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ ☐ Male ☐ Female  
First, Middle Initial, Last  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/State

<b>4</b>	Name: _____ First, Middle Initial, Last	Social Security # _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: _____ Month/Day/Year	Age: _____	Relationship: _____
			Place of Birth: _____ City/State

<b>5</b>	Name: _____ First, Middle Initial, Last	Social Security # _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: _____ Month/Day/Year	Age: _____	Relationship: _____
			Place of Birth: _____ City/State

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

**Non-Custodial Parent(s)**

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

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

Does anyone live with you currently 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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

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

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

Source of Income	Gross Per Month	Source of Income	Gross Per Month
Student Financial Aid	\$	TANF	\$
School Grant(s)	\$	General Assistance	\$
Child Support Benefits	\$	Social Security	\$
Court Case #		Other Income	\$
County/State		<i>Explain Other Income:</i>	
Alimony	\$	<i>If other income is from another person, please provide their Name, Phone and Address below:</i>	
Unemployment Benefits	\$		

**List any additional benefits here if necessary:**

<b>1</b>	Employers Name:	Address:		Phone
	Your Occupation/Title	How long employed?	Gross per Month?	
<b>2</b>	Employers Name:	Address:		Phone
	Your Occupation/Title	How long employed?	Gross per Month?	
<b>3</b>	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 / Date

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

<b>1</b>	Household Member:	Type of Account:	Balance: \$
Bank Name, Address and Phone: _____			

<b>2</b>	Household Member:	Type of Account:	Balance: \$
Bank Name, Address and Phone: _____			

<b>3</b>	Household Member:	Type of Account:	Balance: \$
Bank Name, Address and Phone: _____			

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

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

## EXPENSES

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

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

Do you have any other kind of medical insurance? ☐ Yes ☐ No

If yes, provide name and address of carrier, policy number, premium amount and agent's name:

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? ☐ Yes ☐ No  
If yes, list them below.

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

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? ☐ Yes ☐ No  
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

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? ☐ Yes ☐ No

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

Have you or any member of your household been arrested? ☐ Yes ☐ No

If yes, provide the name of the household member, date, location of court and charge of arrest(s)

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

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\_\_\_\_\_  
Head of Household Signature / Date

Have you ever lived in Public Housing? ☐ Yes ☐ No  
 Have you ever had Section 8 or rental assistance? ☐ Yes ☐ No  
 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: \_\_\_\_\_

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? ☐ Yes ☐ No  
 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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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.

\_\_\_\_\_  
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 _____
Plate # _____	State _____		
Year _____	Make _____	Model _____	Color _____
Plate # _____	State _____		
Year _____	Make _____	Model _____	Color _____
Plate # _____	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 (Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Tenant)

\_\_\_\_\_  
Date

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**FOR HORTON HOUSING AUTHORITY OFFICE USE ONLY:**

\_\_\_\_\_  
Printed Name of PHA Official Accepting Application

\_\_\_\_\_  
Signature of PHA Official

\_\_\_\_\_  
Date / Time

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

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



## AUTHORIZATION FOR RELEASE OF INFORMATION

(To Be Signed in Conjunction with HUD Form 9886-A)

All adult household members (18 years of age or older) must read and sign this authorization.



### IMPORTANT NOTICE

This Authorization for Release of Information is a local form required by the Horton Housing Authority (HHA) and must be signed in conjunction with HUD Form 9886-A (Authorization for Release of Information/Privacy Act Notice).

**HUD Form 9886-A** authorizes HUD and HHA to obtain information from federal data sources. This local authorization allows HHA to obtain information from non-HUD third-party sources necessary to verify eligibility, determine continued occupancy, and calculate housing assistance.

### PURPOSE:

The Horton Housing Authority is required by federal regulations to verify information provided by applicants and participants to determine eligibility for admission, continued occupancy, and the appropriate level of assistance under housing programs administered by HHA. This authorization permits HHA to obtain information necessary to administer and enforce program requirements in accordance with HUD regulations and the HHA Admissions and Continued Occupancy Policy (ACOP).

### 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.

- |  |  |
|--|--|
| ✓ Determining initial eligibility for housing assistance | ✓ Calculating total tenant rent and housing assistance |
| ✓ Verifying continued eligibility and occupancy          | ✓ Enforcing program rules and requirements.            |

### INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Criminal Activity	Employment, Income, Pension and Assets
Handicapped Assistance Expenses	Medical Expenses	Residence and Rental Property
Credit History	Family Composition	Federal, State, Tribal, or Local Benefits
Identity and Marital Status	Social Security Numbers	Community Support Assistance

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

Financial Institutions	Schools and Colleges	<b>Providers of:</b>	
Courts	Landlords	Alimony	Mental Health Services
Law Enforcement Agencies	Local Community Service Agencies	Credit	Handicapped Assistance
Credit Bureaus	Utility Companies	Medical Care	Pensions/Annuities
Employers, Past & Present	Welfare Agencies		

**CONDITIONS:** This authorization is valid for the duration of participation in HHA housing programs unless revoked in writing. Photocopies or electronic copies of this authorization may be used for verification purposes. Failure to sign this authorization, along with HUD-9886-A, may result in denial or termination of housing assistance due to the inability to verify eligibility. Information obtained will be used solely for program administration and will be protected in accordance with federal privacy and confidentiality requirements.

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

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

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

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

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

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

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

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

## SCREENING AND DENIAL OF ADMISSIONS



**HORTON**  
HOUSING AUTHORITY  
HORTON • KANSAS

*(HOTMA & 24 CFR–Aligned / Local Language Retained)*

The Horton Housing Authority (HHA) may deny admission based on current or recent conduct of a household member that demonstrates a risk to the health, safety, or peaceful enjoyment of the premises by other residents, or that threatens the property or program integrity, in accordance with HUD regulations and HOTMA requirements.

HHA will not deny admission based solely on arrest records and will consider mitigating circumstances, evidence of rehabilitation, and the time elapsed since the conduct occurred, as required under federal law.

*(24 CFR §960.203(d); HOTMA §103)*

### 1. HISTORY OF RECENT SERIOUS CRIMINAL ACTIVITY

Includes cases in which a household member who is expected to reside in the unit has engaged in serious criminal activity, including drug-related criminal activity as defined in 24 CFR §5.100, where such activity poses a threat to the health, safety, or peaceful enjoyment of the premises.

- Criminal activity that occurred in the distant past shall not, by itself, be grounds for denial.
- Determinations will be based on current or recent conduct, not solely on the passage of time or arrest history. *(24 CFR §960.203(c)(3); §960.203(d))*

### 2. PATTERN OF VIOLENT BEHAVIOR

Includes evidence of repeated acts of violence or a pattern of conduct that constitutes a danger to the peaceful occupation of neighbors, HHA staff, or the community.

- Violent criminal activity is defined in 24 CFR §5.100.
- Arrests alone do not constitute evidence of violent behavior. *(24 CFR §960.203(c)(3))*

### 3. DRUG-RELATED CRIMINAL ACTIVITY

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.

- Admission may not be denied based solely on past substance use.
- An applicant shall not be considered ineligible if they provide evidence of successful completion of or active participation in a supervised drug rehabilitation program.

*(24 CFR §960.203(d); §960.204(a)(1))*

### 4. BEHAVIOR INTERFERING WITH THE PEACEFUL ENJOYMENT OF THE PREMISES

Includes behavior that HHA determines interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents or staff, including threats, intimidation, or abusive conduct. *(24 CFR §960.203(c)(3))*

### 5. SEX OFFENDER REGISTRATION

Admission shall be denied if any household member is subject to a lifetime registration requirement under a state sex offender registration program. This determination will be made in accordance with federal law and

applicable HUD regulations.

The Housing Authority will not deny admission based solely on arrest records or charges that did not result in a conviction.

Offenses that do not result in a lifetime registration requirement may be evaluated under other applicable screening criteria, including patterns of behavior that pose a threat to the health, safety, or peaceful enjoyment of the premises. (24 CFR §960.204(a)(4); 42 U.S.C. §1437n(f))

**6. THREATS OR INTIMIDATION**

Includes behavior indicating an intent to assault, threaten, or intimidate residents, neighbors, or employees of the Housing Authority, where such behavior demonstrates a risk to safety or program operations. (24 CFR §960.203(c)(3))

**7. ABANDONMENT OF DWELLING UNIT OR PROGRAM OBLIGATIONS**

Includes failure to provide notice to a previous landlord, leaving a unit unattended, or abandonment of a dwelling unit.

Former tenants or participants of HHA programs may be denied admission if they owe money to HHA unless the debt has been repaid in full or a repayment agreement has been approved and is current. (24 CFR §960.203(c)(1))

**8. INTENTIONAL MISREPRESENTATION OR FRAUD**

Includes intentionally falsifying information related to income, family composition, assets, Social Security numbers, or eligibility for housing assistance. (24 CFR §960.203(c)(1); §960.259)

**9. SERIOUS DISTURBANCE OF NEIGHBORS OR DESTRUCTION OF PROPERTY**

Includes patterns of behavior by a household member that demonstrate a risk to the health, safety, or peaceful enjoyment of the premises by other residents or staff, or that threaten the property of the Housing Authority. (24 CFR §960.203(c)(3); §960.203(d))

*Such behavior may include, but is not limited to:*

- Physical violence or threats of violence
- Gross negligence or irresponsible conduct resulting in damage to dwelling units or common areas
- Repeated conduct that seriously disturbs neighbors or disrupts the peaceful occupation of the premises
- Prior termination of tenancy based on nuisance, objectionable conduct, or repeated lease violations that resulted in serious disturbance to neighbors
- Determinations will be based on documented conduct, not arrests alone.
- The Housing Authority will consider the severity, frequency, and recentness of the behavior.
- Mitigating circumstances, evidence of rehabilitation, and reasonable accommodation requests will be considered where applicable.

**10. GROSSLY UNSANITARY OR HAZARDOUS HOUSEKEEPING**

Includes documented patterns of housekeeping conditions that create a health or safety hazard or result in damage to the dwelling unit or common areas, where it is established that the household is responsible for the condition. (24 CFR §960.203(c)(3); §960.203(d))

Such conditions may include, but are not limited to:

- Creation of a fire hazard through excessive accumulation of materials

- Severe damage to premises or equipment attributable to the household
- Conditions that seriously affect neighbors, including infestation, persistent foul odors, or disposal of garbage in unauthorized areas
- Serious neglect of the premises that results in health or safety violations This category does not include:
- Conditions that are superficially unclean or reflect a lack of orderliness but do not pose a health or safety risk, or
- Conditions related to a disability where a reasonable accommodation was requested or could have been granted.
- Determinations will be based on documented conditions, not subjective judgments.
- The Housing Authority will consider mitigating circumstances and reasonable accommodation requests prior to denial.

## 11. CONSIDERATION OF MITIGATING CIRCUMSTANCES

In all cases, HHA will consider mitigating circumstances, including:

*(24 CFR §960.203(d); HOTMA §103)*

- The severity and recentness of the conduct
- Evidence of rehabilitation or successful treatment
- The impact on household members not involved
- Whether a reasonable accommodation is appropriate

## REQUIREMENTS FOR ELIGIBILITY



### WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?

The basic qualifications for Public Housing include but are not limited to persons who:

- Meet HUD low-income eligibility requirements
- Be eligible based on family composition and program requirements
- Have no outstanding debt to a Public Housing Authority, unless the debt has been repaid or a repayment agreement has been approved and is current
- Meet the Horton Housing Authority's screening criteria as outlined in its Admissions and Continued Occupancy Policy (ACOP)

The Horton Housing Authority will verify information related to income, family composition, and other eligibility factors in accordance with HUD regulations. Screening related to rental history, criminal activity, and other factors will be conducted as permitted by federal law.

It is the applicant's responsibility to provide accurate information and to respond to requests for verification when contacted by the Housing Authority.

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

It is not possible to give a definite date when housing will be available. Placement depends on:

- The number of applicants ahead of you on the waiting list
- The type of unit needed
- The availability of units as they become vacant

When your name is reached on the waiting list, you will be contacted to schedule an appointment to update information and complete required verifications.

### HOW MUCH WILL MY RENT BE?

Tenant rent is determined in accordance with HUD regulations and is generally based on 30% of the household's adjusted monthly income, after allowable deductions and allowances are applied.

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

Yes. A security deposit is required prior to move-in. The amount is set according to the specific housing project and unit type.

Current security deposit amounts are posted at the Housing Authority office and are available by contacting 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.

The Horton Housing Authority operates two (2) public housing sites in the City of Horton, Kansas: Arbor Knoll Homes

- 1701 Euclid Ave., Horton, KS 66439
- 46 units

- Elderly housing
- Efficiency, one-bedroom, and two-bedroom units

#### Orchard Heights

- 1600 School Drive Road, Horton, KS 66439
- 17 units
- Includes:
  - 6 elderly one-bedroom units (2 handicap accessible)
  - 8 two-bedroom units
  - 3 three-bedroom family units

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

Applicants are required to notify the Horton Housing Authority in writing of any changes while on the waiting list, including but not limited to:

- Address or phone number
- Family composition
- Income

If the Housing Authority is unable to contact you, your application may be placed in an inactive status. Please ensure that you have our number saved in your phone for ease of recognition:

Horton Housing Authority 785-486-3615

You may contact the Horton Housing Authority at any time to inquire about the status of your application or unit availability.

Applications remain active for six (6) months. At the end of this period, it is the applicant's responsibility to reapply if they wish to remain on the waiting list.

Office Hours: Monday – Friday 8:00 a.m. – 3:30 p.m.

## REQUIRED DOCUMENTS AND VERIFICATION FOR ADMISSIONS



### BIRTH CERTIFICATES

Applicants must provide documentation to verify the age and identity of all household members. A birth certificate (original or copy) is commonly used for this purpose.

If a birth certificate is not available, the Housing Authority will accept other acceptable forms of verification, or proof that an application for a replacement document has been submitted, in accordance with HUD verification requirements.

### PHOTO IDENTIFICATION CARD

Adult household members must provide a valid, government-issued photo identification, such as:

- Driver's License, or
- State-issued Identification Card

Reasonable accommodations will be made for applicants who are unable to obtain standard identification due to disability or other qualifying circumstances.

### SOCIAL SECURITY CARDS

In accordance with 24 CFR §5.216, applicants must disclose Social Security numbers for all household members, except those who qualify for a HUD-recognized exemption.

Verification of Social Security numbers will be required. If an original Social Security card is not available, applicants may provide:

- Alternative acceptable documentation, or
- Proof that an application for a replacement card has been submitted

A Social Security card is required for every member of the household. We cannot accept a copy of any

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.

Food assistance benefits are not included in the calculation of rent. PAST RENTAL

## **HISTORY**

Applicants may be required to provide information regarding prior rental history, including current and former landlords.

- Generally, at least two (2) prior landlord references may be requested.
- If fewer landlord references are available, personal references may be accepted in accordance with Housing Authority policy.
- Applicants with no prior rental history may be asked to provide alternative references.

## **IMPORTANT NOTICE**

Submission of required documentation is necessary to complete the eligibility determination process. The Horton Housing Authority will provide reasonable assistance and accommodations when needed; however, applicants are responsible for cooperating with verification requests and providing accurate information.

Failure to provide required information or respond to requests for verification may result in denial of admission.

If you have questions or need assistance, please contact the Horton Housing Authority at **785-486-3615**.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Horton Housing Authority  
1701 Euclid Ave  
Horton, KS 66439  
  
785-486-3615

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

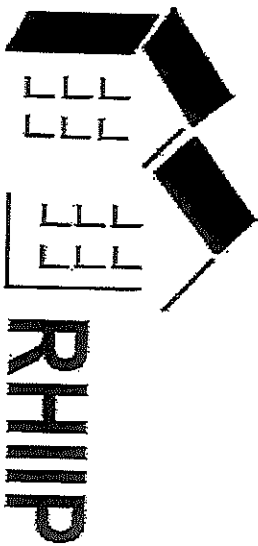
Signature

Date

Printed Name



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing (PIH)



## ***What You Should Know About EIV***

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only one home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.***

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identify Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/piv/eiv](https://www.hud.gov/program_offices/public_indian_housing/programs/piv/eiv)

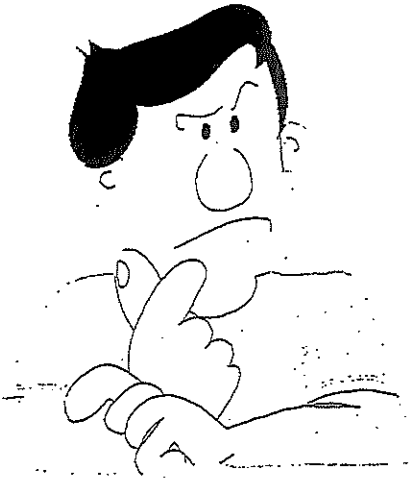
The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410