APPLICATION CHECK LIST

 Have you read and removed Eligibility Requirements?

 Is Application complete with full names, dates of birth, social security numbers, income, etc.?

 Is Application signed?

Have you provided:

 copy of each family member's birth certificate.

 copy of each family member's social security card.

 copy of each adult members driver's license or photo ID card.

 copy of most recent bank statement.

 written verification of out-of-pocket medical expense for the past 12 months, if applicable for those applying on disability or over 65 years of age.

[ ] If you are employed included your pay stubs for the past 30 days for each job.

If your application is complete, we will check with prior landlord(s), police records, and other confidential sources. The PHA will inform you if you are on the waiting list for the dwelling size needed.

If your application is not complete the entire application will be placed in our Incomplete File and will be purged if the information has not been received after we hold the application for 30 days.

# Please turn in Application to:

Public Housing Agency of South Hutchinson

441 N. Washington St.

South Hutchinson, KS 67505

# ELIGIBILITY REQUIREMENTS FOR FAMILY HOUSING

Please read this page before filling out the application then remove it and keep it.

Living in a public housing is not for everyone. BHA provides a safe clean and affordable housing, and we will expect you to do your very best to help keep it that way. BHA does not offer Emergency Housing.

We will not rent to person(s) with (a) a recent or extended criminal record; (b) a history of drug or alcohol abuse; (c) a history of anti-social behavior or attitude; (d) a history of poor rent payment; (e) a history of being destructive to property; (f) or a history of poor housekeeping which creates a health or safety hazard.

Must be able to have Electric in your name. Gas will be added to your rent each month as it is furnished by the City of Burrton. BHA provides water, sewer, and waste material removal costs.

The lease is for one year. Security Deposit is one-month’s rent. One dog or one cat is allowed if the pet is 30lbs or less and has been neutered/spayed and current on vaccinations with a $100.00 non-refundable pet fee.

BHA prohibits smoking in any interior common area and on BHA property. The term "Smoking" means inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form including e-products such as cigarette or cigar.

Do not return your application to us until you have all of the required paperwork listed on the check list as we will not process the application for housing. The information is required by federal regulations and the amount of rent which you would pay is based on your income and deductions. NEVER GIVE FALSE INFORMATION as it is a federal offence to give the BHA false information about your income, assets and background information.

Once a complete application is turned in, please notify us if you move, change telephone number, source of income or other important information. If we cannot reach you by phone or mail, when a unit becomes available, we will drop you from the waiting list.

The time and date of your application determines your place on the waiting list, if you qualify. You will be notified in writing if you are accepted or denied.

Office hours vary for BHA. PHA of South Hutchinson hours are Monday-Friday 8:00am to 12:00noon and 1:00pm to 4:00pm. 620.665.6473.

Application for Housing

Last Name First Name Middle Name

Current Address Street City State Zip Code

Social Security # Date of Birth Place of Birth Telephone #

Members of the Household who will reside in a dwelling unit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Relationship | Date of Birth | Social Security  Number | Place of Birth |
|  |  |  |  |  |
|  |  |  |  |  |

Have you lived in BHA? [ ] Yes [ ] No If yes, When and Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a dog or cat less than 30 lbs which you will bring with you? YES NO If YES, ask for a pet application form.

List any names you have used during the past 2 years that is different from your legal name, including maiden name:

Do you have income? [ ] Yes [ ] No If yes, list and provide a copy of current income:

INCOME:

Name Source of Income Rate of Pay or Monthly Amount Annual Income

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

Do you pay for childcare while working? [ ] Yes [ ] No If yes, provide written verification of expense/payment.

Have you disposed of any property or other assets in the past 2 years? [ ] Yes [ ] No If yes, please list what has been disposed of:

The following information is required for statistical purposes only; The Dept. of Housing and Urban Development (HUD) may determine the degree of which its programs are utilized by minority families.

Racial Group Identification: [ ] White [ ) Black [ ) American or Alaskan Indian [ ] Non-Hispanic

It is the policy of BHA not to discriminate unlawfully against any qualified applicant for housing because of race, religion, color, gender, disability, national origin, ancestry, age, military status, generic information or any other characteristic protected by applicable law. If you believe you have been discriminated against; you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline @ 1.800.424.8590

Have you EVER been convicted of a crime other than a minor traffic violation? [ ] Yes [ ] No

Have you EVER been convicted of the following:

Child Endangerment [ ] Yes [ ] No

Spousal Abuse [ ] Yes [ ] No

Possession of any illegal substance [ ] Yes [ ] No

Possession with intent to sell, distribute of any illegal substance [ ] Yes [ ] No Registered Sex Offender [ ] Yes [ ] No

Are you currently renting? [ ] Yes [ ] No If yes, are you in a lease? [ ] Yes [ ] No

List Name of Current Landlord, Address, Telephone #

List all previous Address you have resided during the past two (2) years: if more room need use additional paper

Rental Address State Landlord Name Landlord Telephone # Date Resided

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

|  |  |
| --- | --- |
| BHA Office only:  Date Received Application | Time Received Application |

I understand this is not a contract and does not bind either the Applicant or the BHA. I hereby certify that the information given is true, correct and complete to the best of my knowledge. I understand that any falsification, misrepresentation of this information can result in rejection of my application for housing. I agree to give permission to release information for the purposes stated above and will remain in effect if I remain a participant of Burrton Housing Authority. I agree that photocopies of this authorization may be used for the purposes stated above. I understand that failures to sign this application and authorization may be grounds for housing assistance to be denied. I voluntarily waive all right of recourse and release each such person from liability for providing information to the Burrton Housing Authority.



Signature of Applicant Date



Signature of Applicant Date