



**Kansas City, Kansas  
Housing Authority**

1124 North Ninth Street  
Kansas City, KS 66101-2197  
(913) 281-3300 FAX (913) 279-3446  
Website: www.kckha.org

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

Appointment Time: \_\_\_\_\_

Blue or Black Ink Only!

**REQUIRED PAPERWORK FOR PHA/SEC 8/PROJECT-BASE/ ASSISTED LIVING:**  
**ANYONE 18 AND OLDER MUST BE PRESENT AT TIME OF INTERVIEW**

- [ ] Divorce Decree
- [ ] Birth Certificate(s) and Social Security Card(s) **(FOR EVERYONE)**
- [ ] Picture ID (Current State ID or Driver's License Only) **(18 & OLDER)**
- [ ] Landlord Name/Complete Address/Phone Numbers

**Last Five (5) Years Residency**

1. Present Address: \_\_\_\_\_

Move-In & Move-Out: \_\_\_\_\_

What is their/your Landlord's Name & Address: \_\_\_\_\_

2. Address you lived/rented: \_\_\_\_\_

Move-In & Move-Out: \_\_\_\_\_

What is their/your Landlord's Name & Address: \_\_\_\_\_

3. Address you lived/rented: \_\_\_\_\_

Move-In & Move-Out: \_\_\_\_\_

What is their/your Landlord's Name & Address: \_\_\_\_\_

4. Have you ever lived in Public Housing? \_\_\_\_\_ Have you ever been on Section 8? \_\_\_\_\_

Do you have a caseworker? \_\_\_\_\_ If Yes, What is your caseworkers name and phone number?

\_\_\_\_\_

**USE A SEPARATE SHEET OF PAPER IF YOU NEED MORE SPACE**

**Personal Reference** (Friends, Neighbor) **NO FAMILY MEMBERS!!**

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Emergency Contacts.** Must provide 2 Emergency Contacts. (Relative, Friend)

Name: _____	Name: _____
Complete Address: _____	Complete Address: _____
Phone Number: _____	Phone Number: _____

**PRINTOUTS REQUIRED**  
**REMEMBER! Printouts CANNOT be more than 30 days old.**

**VERIFICATION OF INCOME/ASSETS**  
ALL INCOME MUST BE REPORTED

- |  |   |
|--|---|
| <input type="checkbox"/> Social Security/ Supplemental Security Income | <input type="checkbox"/> Unemployment Benefits Letter               |
| <input type="checkbox"/> Child Support (Courthouse Printout)           | <input type="checkbox"/> Child Care (Tax ID# for the Care Provider) |
| <input type="checkbox"/> Pension (Retirement)                          | <input type="checkbox"/> School Verification                        |
| <input type="checkbox"/> Veterans Benefits                             | <input type="checkbox"/> Railroad Retirement                        |
| <input type="checkbox"/> Home Value (Tax Statement/Value of Home)      | <input type="checkbox"/> Annuity (IES)                              |
| <input type="checkbox"/> Self-Employment                               | <input type="checkbox"/> Foreclosure                                |
| <input type="checkbox"/> 3 Current Check Stubs                         | <input type="checkbox"/> Current Bank Statement                     |
|  | <input type="checkbox"/> Maternity Statement                        |

**EXPLANATIONS:**

**Birth Certificate(s) & Social Security Card(s)** – Provide legible birth certificates and social security cards for everyone that is going to live in your household.

**Picture ID** – Current State Identification or Driver’s License accepted only. Identification is required only for anyone 18 years or older that is going to live in your household.

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