



**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

**WE WILL NOT
ACCEPT INCOMPLETE
APPLICATIONS**

Blue or Black Ink Only!

REQUIRED INFORMATION NEEDED FOR PHA

Last Five (5) Years Residency

1. Full Name: _____

Present Address: _____

Home Number: _____ Cell Number: _____ Contact Number: _____

Occupancy dates : Moved In : _____ Moved out : _____

What is / was your Landlord's Name & Address: _____

2. Address you lived/rented: _____

Occupancy dates : Moved In : _____ Moved out : _____

What was the Landlord's Name & Address: _____

3. Address you lived/rented: _____

Occupancy dates : Moved In : _____ Moved out : _____

What was the Landlord's Name & Address: _____

4. Have you ever lived in Public Housing? _____ Have you ever Received Section 8 assistance? _____

Do you have a caseworker? _____

If Yes, What is your caseworkers' name and phone number? _____

[] 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: _____

MUST COMPLETE BEFORE TURNING IN

CHECK LIST

WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS

- 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.
- Birth Certificate(s)** – Provide legible certificates for everyone that is going to live in your household.
- Social Security Card(s)** – Provide legible cards for everyone that is going to live in your household.
- Medical Cards (for children only)**
- Unemployment Benefits Letter (Must be within the last 30 days)**
- Social Security/ Supplemental Security Income (Must be within the last 30 days)**
- Child Support (Courthouse Printout- Must be within the last 30 days)**
- Pension (Retirement) (Must be within the last 30 days)**
- Veterans Benefits (Must be within the last 30 days)**
- Home Value (Tax Statement/Value of Home)**
- Self-Employment**
- Employment (2 current check stubs)**
- Child Care (Tax ID# for the Care Provider)**
- School Verification (Must be within the last 30 days)**
- Railroad Retirement (Must be within the last 30 days)**
- Annuity (Must be within the last 30 days)**
- Foreclosure**
- Current Bank Statement (Must be within the last 30 days)**
- Maternity Statement (Must be signed by your doctor)**

**ALL INFORMATION MUST BE COMPLETED
AND
COPIES MUST BE ATTACHED BEFORE STAFF WILL ACCEPT**