



**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: _____

Complete Address: _____

Phone Number: _____

Name: _____

Complete Address: _____

Phone Number: _____

MUST COMPLETE BEFORE TURNING IN

HOUSEHOLD COMPOSITION: List all persons who will be living in your home, head of household first.

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M) WIDOWED (W) – SEPARATED (S) or DIVORCED (D)
1.				

CHILDREN Co-Head Spouse	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	ABSENT PARENT'S NAME	SCHOOL
2.					
3.					
4.					
5.					
6.					
7.					

Family Income

HOUSEHOLD MEMBER	EMPLOYER PAY PER HOUR/ HOURS PER WEEK	AFDC MONTHLY	CHILD SUPPORT BENEFITS	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT OTHER INCOME	ALL

PLEASE WRITE YES OR NO

iii. **ASSETS:** if yes to any, list below.

Do you have a savings Account? _____

Do you have a Checking Account? _____

1. Does anyone outside of your household pay for any of your bills or give you money? _____ If yes, explain below.

2. Have you or any member lived in any assisted/subsidized housing? _____ If yes, list where and when below.

3. Is any member in your household subject to a lifetime registration under a state sex offender registration program? _____

4. Have you ever committed any fraud in a Federally-assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? _____ If yes, explain below.

5. Is head of household or spouse a person with disabilities? _____ If yes please identify special housing needs:

I, do hereby swear and attest that all of the information above me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the KCK Housing Authority within 10 days.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

SIGNATURE OF OTHER ADULT

DATE

SIGNATURE OF OTHER ADULT

DATE

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OF FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITE