



**Kansas City, Kansas
Housing Authority**

1124 N. 9th Street
Kansas City, Ks 66101-2197
(913) 279-3441 FAX (913)279-3446
TTY 1-800-766-3777
Email: ressel@kckha.org
Web: www.kckha.org

PUBLIC HOUSING WAITING LIST APPLICATION

**THIS APPLICATION IS FOR PUBLIC HOUSING WAITLIST ONLY;
NOT ELIGIBILITY FOR ADMISSION INTO HOUSING**

**THE APPLICATION MUST BE FULLY COMPLETED AND DOCUMENTS PROVIDED WITH THE
APPLICATION TO BE ACCEPTED.**

**The KCKHA will consider a reasonable accommodation request from an individual who cannot access
the KCKHA Resident Selection office for disability related reasons or who cannot fill out the
application on their own accord for disability related reasons. Accommodation requests may be
submitted in writing or verbally to the Resident Selection office.**

• Application

- All members 18 years of age must provide State issued Identification Card or Driver License**
 - Social Security Cards for every family member**
- Declaration of primary custody of minors in household (if both parents are not applying)**

PLEASE PRINT CLEARLY:

Applicant Name: _____ **Phone:** _____

Mailing Address: _____
(address) (city) (state) (zip)

E-mail Address: _____

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FAMILY COMPOSITION:

	Names(s)	Relationship	Date of Birth	City & State of Birth	Sex	Race	Social Security Number
1.		HEAD					
2.							
3.							
4.							
5.							
6.							

Please mark all income for your family and indicate monthly amounts:

Working _____

Elderly/Disabled _____

Homeless _____

__ Employed: \$ _____

Place of Employment: _____

__ SSI/SS: \$ _____

Name of Person Receiving: _____

__ TANF/DCF Cash Assistance: \$ _____

__ Food Stamps: \$ _____

__ Unemployment: \$ _____

__ Child Support: \$ _____

__ Pension: \$ _____

__ No Income of any kind

__ OTHER (please explain) _____

- **Rental History (please circle one): Have you been evicted in the past three years or currently?** YES or NO: _____
- **Criminal History: Have you been ARRESTED or CONVICTED for any misdemeanor or felony in the past five years? YES or NO:** _____

Applicant Authorization and Certification

I/We authorize the Kansas City, Kansas Housing Authority to screen my/our application including landlord and criminal screenings and any other verification necessary to determine eligibility for the public housing waiting list. **I/We understand that this is not screening for eligibility for housing.** I/We also understand that this is not a contract and does not bind either party.

I/We certify that the statements on the application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we understand that any false statement on this application **MAY** cause my application to be disqualified for admission to the public housing waitlist.

Applicant Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____



No family or individual is denied the equal opportunity to apply for or receive program assistance on the basis of race, color, sex, religion, creed, national or ethnic origin, age, marital status, handicap or disability.