

THIS IS A NON SMOKING FACILITY

HORTON HOUSING AUTHORITY
ArborKnoll Homes ♦ Orchard Heights
1701 Euclid Horton, KS 66439
785-486-3615 Fax 785-486-3939
arbor@carsoncomm.com



**APPLICATION FOR ADMISSION / CONTINUED OCCUPANCY
AND PERSONAL DECLARATION**

Please fill out completely. Incomplete applications will be filed without processing.

Applicant's Name _____ Total Number of Household Members _____
First, Middle, Last

Current Address _____
Apt. #, if applicable City, State and Zip Code

Mailing Address _____
Apt. # or P.O. Box, if applicable City, State and Zip Code

Telephone Home () _____ Work () _____

Are you related to anyone living on our Public Housing Property? Name _____ Relationship _____

PERSONAL DATA (Complete information for all persons who will be occupying unit.)

1.	Name _____ <small>First, Middle Initial, Last</small>	Social Security # _____	Sex	M	F
	Date of Birth _____ <small>Mo. Day Year</small>	Age _____	Relationship _____	Place of Birth _____ <small>City, State</small>	
	Optional <input type="checkbox"/> Head of Household	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Race/Ethnicity: Check One <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
2.	Name _____ <small>First, Middle Initial, Last</small>	Social Security # _____	Sex	M	F
	Date of Birth _____ <small>Mo. Day Year</small>	Age _____	Relationship _____	Place of Birth _____ <small>City, State</small>	
3.	Name _____ <small>First, Middle Initial, Last</small>	Social Security # _____	Sex	M	F
	Date of Birth _____ <small>Mo. Day Year</small>	Age _____	Relationship _____	Place of Birth _____ <small>City, State</small>	
4.	Name _____ <small>First, Middle Initial, Last</small>	Social Security # _____	Sex	M	F
	Date of Birth _____ <small>Mo. Day Year</small>	Age _____	Relationship _____	Place of Birth _____ <small>City, State</small>	
5.	Name _____ <small>First, Middle Initial, Last</small>	Social Security # _____	Sex	M	F
	Date of Birth _____ <small>Mo. Day Year</small>	Age _____	Relationship _____	Place of Birth _____ <small>City, State</small>	
6.	Name _____ <small>First, Middle Initial, Last</small>	Social Security # _____	Sex	M	F
	Date of Birth _____ <small>Mo. Day Year</small>	Age _____	Relationship _____	Place of Birth _____ <small>City, State</small>	
7.	Name _____ <small>First, Middle Initial, Last</small>	Social Security # _____	Sex	M	F
	Date of Birth _____ <small>Mo. Day Year</small>	Age _____	Relationship _____	Place of Birth _____ <small>City, State</small>	

APPLICANT STATEMENT: I/We certify that the information given on this page to the Public Housing Agency is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and may also be punishable under State Law.

Signature _____ Date _____

THIS APPLICATION WILL BE ON FILE FOR 1 YEAR. AFTR THAT DATE YOU WILL NEED TO REAPPLY.

Non-Custodial Parent(s)
Name and Address _____

Yes ___ No ___ Does anyone live with you now who is not listed? Name _____

Yes ___ No ___ Does anyone plan to live with you in the future who is not listed? Name _____

Yes ___ No ___ Is Head of Household Disabled?

Yes ___ No ___ Are there other household members who are disabled?

Yes ___ No ___ Please identify any need for reasonable accommodation of household member's disability.

SOURCE OF INCOME (Provide documentation from all sources. All income must be reported.)

	Gross per month		Gross per month
Student Financial Aid	\$ _____	TANF	\$ _____
School Grants	\$ _____	General Assistance	\$ _____
Child Support Benefits	\$ _____	Social Security	\$ _____
Court Case # _____	County _____ State _____	Other Income	\$ _____
Alimony	\$ _____	Provider Name & Address	_____
Unemployment Benefits	\$ _____	TOTAL INCOME	\$ _____

EMPLOYMENT (Provide paycheck stubs for at least 1 month.)

1 Employer's Name _____	Address _____	Phone # _____
Your Occupation/Title _____	How Long Employed? _____	Gross per Mo. _____
2 Employer's Name _____	Address _____	Phone # _____
Occupation/Title _____	How Long Employed? _____	Gross per Mo. _____
3 Employer's Name _____	Address _____	Phone # _____
Your Occupation/Title _____	How Long Employed? _____	Gross per Mo. _____

IS ANY MEMBER OF YOUR HOUSEHOLD:

Yes ___ No ___ Working full-time, part-time or seasonally?

Yes ___ No ___ Been employed in the past 12 months?

Yes ___ No ___ Expecting to work for any period during the next year?

Yes ___ No ___ Working for someone who pays cash?

Yes ___ No ___ Expecting a leave of absence from work due to layoff, medical, maternity, military or any other type of official leave?

Yes ___ No ___ Now receiving / expecting to receive Unemployment benefits?

Yes ___ No ___ Now receiving / expecting to receive Child support?

Yes ___ No ___ Entitled to Alimony / Child support that is not currently being received?

Yes ___ No ___ Now receiving / expecting to receive Public Assistance?

Yes ___ No ___ Now receiving / expecting to receive Social Security benefits?

Yes ___ No ___ Now receiving / expecting to receive income from Pension/Annuity?

Yes ___ No ___ Now receiving / expecting to receive regular contributions from organizations or from individuals not living with you?

Yes ___ No ___ Receiving income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stocks or bonds or income from real estate property?

Yes ___ No ___ Age 18 or over a full-time student? If yes, provide written verification of current enrollment status.

Yes ___ No ___ Have an unpaid debt with a Utility Company? If Yes, Amount owed \$ _____

Name of Company Owed _____ Repayment agreement terms _____

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Signature _____ Date _____

ASSETS (Provide documentation from all sources. All assets must be reported.)

List all assets, including stocks, bonds, trusts, pensions, checking / savings accounts, IRAs, CDs etc.

Household Member	Type of Account	Balance \$
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Bank Name, Address, Phone

Household Member	Type of Account	Balance \$
------------------	-----------------	------------

Bank Name, Address, Phone

Household Member	Type of Account	Balance \$
------------------	-----------------	------------

Bank Name, Address, Phone

Yes ___ No ___ Has any household member sold or given away real property or other assets (including cash) in the past two years? Item given away _____ Value \$ _____

EXPENSES

MEDICAL (Complete only if Head of Household is 62 or over, Handicapped, or Disabled.)

Yes ___ No ___ Do you have Medicare? If Yes, what is your monthly premium? _____

Yes ___ No ___ Do you have any other kind of medical insurance? If Yes, provide name and address of carrier, policy number, premium amount and agent's name.

Yes ___ No ___ Do you have outstanding medical bills which you are paying?
If Yes, list name and address of provider and amount due on your account.

Yes ___ No ___ Do you expect to incur medical expenses in the next twelve months? If Yes, list them.

Yes ___ No ___ Do you receive prescriptions from a pharmacy? If Yes, list provider's name, address, and phone number.

Yes ___ No ___ Do you pay a care attendant or pay for any equipment for a handicapped or disabled family member(s) necessary to permit that person or someone else in the household to work?
If yes, list the name, address, and phone number of the care provider.

What is the cost to you for the care attendant and/or the equipment? \$ _____

CHILD CARE

Yes ___ No ___ Do you pay for child care of a child 12 or younger so that you or another member of the family may go to work or school? If Yes, list the name, address, and phone number of the care provider.

What is the cost to you for child care? \$ _____

CRIMINAL HISTORY

Yes ___ No ___ Have you or any member of your household been arrested?
If Yes, give name of member, date, location of court and charge of each arrest.

Yes ___ No ___ Have you or any member of your household been convicted of a felony?
If Yes, give name of member, date, location of court and charge of each arrest.

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Signature _____ Date _____

HOUSING

Yes__No__ Have you ever lived in Public Housing?

Yes__No__ Have you ever had Section 8 rent assistance?

If Yes to either question, provide information below.

Agency Name _____ Agency Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Date of occupancy _____ Date of occupancy _____

Yes__No__ Do you have a debt to any federally subsidized housing program?

Yes__No__ If yes, have you made arrangements to repay this debt?

Yes__No__ Have you ever vacated a housing unit without giving notice?

Yes__No__ Have you committed fraud against a federal or state housing program?

RENTAL INFORMATION (Provide rental information for past two years)

Name of present or most recent landlord _____ Rent Amount \$ _____

Landlord Address (Street, City, State, Zip) _____

Landlord Phone Number Day _____ Home _____

Address you rented _____ Lease Dates Start _____ End _____

Additional Rental Information (start with most current to oldest)

1. Landlord Name _____ Rent Amount \$ _____

Landlord Address (Street, City, State, Zip) _____

Landlord Phone Number Day _____ Home _____

Address you rented _____ Lease Dates Start _____ End _____

2. Landlord Name _____ Rent Amount \$ _____

Landlord Address (Street, City, State, Zip) _____

Landlord Phone Number Day _____ Home _____

Address you rented _____ Lease Dates Start _____ End _____

3. Landlord Name _____ Rent Amount \$ _____

Landlord Address (Street, City, State, Zip) _____

Landlord Phone Number Day _____ Home _____

Address you rented _____ Lease Dates Start _____ End _____

PERSONAL REFERENCES (Provide name, address and phone number)

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

EMERGENCY CONTACT (Provide name, address and phone number)

Name _____ Address _____ Phone _____

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Signature _____ Date _____

VEHICLE(S) List all vehicles, including motorcycles, that will be parked on our property

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

APPLICANT CERTIFICATION (All adult members must sign)

Applicant is hereby notified that a social background investigation will be conducted to check for the following: Drug convictions, Gun possession convictions, Felony convictions, Fraud involvement (false information to landlord/creditor), Alcoholism, Vandalism, Prostitution, Misdemeanor convictions, Continual arrest record and Negative behavior in community.

CERTIFIED STATEMENT: The information requested on this form is being collected in connection with regulations of the Public Housing Department of the City of Horton authorized by the United States Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility; the apartment size, and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the Public Housing Department financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies; when relevant to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act. Of 1937, as amended, 42 U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35, 85 Statute, 348, 408.

APPLICANT(S)/TENANT(S) STATEMENT: I/We certify that the information given to the Public Housing Agency on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and may also be punishable under State Law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We further understand that if I/we believe that I/we have been discriminated against, I/we may call the Fair Housing Department at the local HUD office at 1-800-743-5323 or The Kansas Human Rights Commission at 1-888-793-6874.

Signature of Lessee _____ Date _____

Signature of Spouse/Other Adult _____ Date _____

FOR OFFICE USE ONLY

Signature of PHA Official accepting application _____

Date and Time of application _____

Number of bedrooms needed _____

Location Preference _____

HORTON HOUSING AUTHORITY

1701 EUCLID : HORTON, KS 66439

785-486-3615 FAX 785-486-3939

Office Hours: Monday-Friday 8:00-3:30

AUTHORIZATION FOR RELEASE OF INFORMATION

All residents of the rental unit who are age 18 or over must read and sign this form.

PURPOSE:

The Horton Housing Authority may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION:

I/We authorize the release of information, including documentation and other materials necessary to verify eligibility for or participation under any housing assistance program administered by the Horton Housing Authority.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Family Composition
Handicapped Assistance Expense	Social Security Numbers
Credit History	Employment, Income, Pension and Assets
Identity and Marital Status	Residences and Rental Property
Criminal Activity	Federal, State, Tribal or Local Benefits
Medical Expenses	Community Support Assistance

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Financial Institutions	Providers of:
Courts	Alimony
Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past and Present	Credit
Schools and Colleges	Handicapped Assistance
Landlords	Medical Care
Local Community Social Service Agencies	Pensions/Annuities
Utility Companies	Mental Health Services
Welfare Agencies	

CONDITIONS:

I/We agree that photocopies of this authorization may be used for the purposes stated above. If I/We do not sign this authorization, I/we also understand that housing assistance may be denied, delayed or terminated.

I/We voluntarily waive all rights of recourse and release such person from liability for providing information to the Horton Housing Authority.

Print Name: _____

Print Name: _____

Soc. Sec. #: _____

Soc. Sec. #: _____

Date of Birth: _____

Date of Birth: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household		Date	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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REQUIREMENTS FOR ELIGIBILITY

WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?

The basic qualifications for Public Housing include but are not limited to persons who: Meet Low-Income Guidelines; Have good standing with past landlords; and Do not have outstanding debt to another Housing Authority. We must also verify credit and criminal history. It is your responsibility to confirm your eligibility with the Housing Authority.

HOW LONG WILL IT BE BEFORE I RECEIVE HOUSING?

Of course, it is not possible to give you a definite date when housing will be available for you. It depends on how many people are ahead of you on the waiting list, how many units become available and when. Once your name comes up on the waiting list, you will be notified to make an appointment with our office to update documentation and verifications.

HOW MUCH WILL MY RENT BE?

Your rent will be determined according to your income. You will pay 30% of your income toward rent, less certain deductions and allowances.

WILL I BE REQUIRED TO PAY A SECURITY DEPOSIT?

Yes. The Security Deposit is a set amount according to the project. These amounts are posted on the Housing Authority bulletin board and are available by contacting our office.

WHERE ARE THE PUBLIC HOUSING UNITS LOCATED?

Horton Housing Authority has two (2) sites in the City of Horton.

ArborKnoll Homes is an elderly housing project with 46 units, including efficiency, one-bedroom and two-bedroom units. They are located at 1701 Euclid.

Orchard Heights complex is located at 1600 School Drive and has 17 units, including 6 elderly one bedroom, eight 2 bedroom and three 3 bedroom family units.

WHAT SHOULD I DO IF ANYTHING CHANGES WHILE ON THE WAITING LIST?

Be sure to notify us if anything changes, especially your address or phone number – if we cannot contact you, we cannot offer you housing, and your application will be placed in the "Inactive File". Be sure to notify us of changes in your family composition or income.

YOU MAY CALL OUR OFFICE AT ANY TIME TO CHECK ON THE STATUS OF YOUR APPLICATION OR AVAILABILITY OF UNITS. YOUR APPLICATION WILL REMAIN IN OUR FILES FOR 6 MONTHS. AT THAT TIME, IT IS YOUR RESPONSIBILITY TO RE-APPLY. OUR OFFICE HOURS ARE: 8:00-3:30 MONDAY-FRIDAY.

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Office Hours: Monday-Friday 8:00-3:30

SUBMIT ALL INFORMATION WITH APPLICATION

BIRTH CERTIFICATES for everyone in the household.

You must bring a Birth Certificate, either original or a copy, for each person who will be residing in the household. If there is not a Birth Certificate available, one must be sent for and a copy of the application for replacement Birth Certificate **must** be provided to this office.

PHOTO IDENTIFICATION CARD

We accept valid Driver's License or current Kansas Identification Card for those over 21 years of age.

SOCIAL SECURITY CARDS for everyone in the household.

A Social Security card is **required for every member** of the household. We cannot accept a copy of any Social Security Card; we must see the **original card**. If you have lost your card, you may call 1-800-772-1213 and request application forms to replace the lost card(s). Again, we must receive a copy of the application for replacement.

VERIFICATION OF INCOME.

HUD requires third-party verification for all sources of income.

To comply with this requirement, you must provide the name and address of the income source, and any other specific information listed below.

If you are Employed: Must provide name and address of your employer, and provide paycheck stubs for at least one month.

Pension: Must provide name and address of the pension provider.

Bank Accounts: (i.e. checking, savings, CDs, etc.) Must provide name and address of any and all banks you are using, and provide copies of last 2 month's statements.

Other Assets: (i.e. stocks, bonds, other investments, etc.) Must provide name and address of the institution holding these assets, and provide statement from previous 2 months.

All Social Security Monies: Must have letter from Social Security stating current payment status and stating if Medicare amount is deducted.

General Assistance: Must have letter from SRS stating amounts received for past 12 months. Note: *In calculating your rent, we do not consider the amount of food stamps received.*

Child Support, Alimony: Must have documentation showing amount entitled to each month; and amount that has been received in the past 12 months.

PAST RENTAL HISTORY.

It is important that Horton Housing Authority receive at least two (2) prior landlord references. You may use your current landlord and one previous landlord. If you have only one landlord, you may use that landlord and a personal reference from someone who is not a close relative or friend, but who knows you and how you conduct your business. If you have never had a landlord, we will require two (2) personal references.

Please note that submission of the above information is mandatory for admission to Public Housing. We will assist you in any way we can; however, the burden of submitting the required information rests with you. If you have any questions, please contact this office.

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IF ANY OF THE CRITERIA BELOW PERTAINS TO YOU, YOU ARE NOT ELIGIBLE FOR PUBLIC HOUSING.

1. History of Recent Serious Activity

Includes cases in which a member of the family who is expected to reside in the household was or is engaged in prostitution, possession or sale of illegal substances (as defined in Section 102 of the Controlled Substance Act 21 U.S.C.802), or other serious criminal activity, provided that the involvement in such activity shall not be grounds for ineligibility if it occurred more than five (5) years prior to application.

2. Pattern of Violent Behavior

Includes evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupation of neighbors.

3. Confirmed Drug Addiction

Includes any drug-related criminal activity on or off the premises; evidence of confirmed drug addiction such as a record of more than one arrest for possession or use of heroin or other narcotics, or reports from a probation officer, a social agency, or the family itself to the effect that the individual is addicted. In cases where the confirmed addict is undergoing follow-up treatment by a professional agency after discharge from an institution, the applicant shall not be considered ineligible.

4. Alcohol Abuse

Includes behavior that the Horton Housing Authority determines interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.

5. Rape or Sexual Deviation

Includes individuals who have been involved as offenders in rape, indecent exposure, sodomy, carnal abuse and impairing the morals of a minor. Exception is permitted in the case of an individual under 16 years of age when he/she was involved in such offense and evidence from a reliable source shows that the individual may be considered rehabilitated.

6. Initiated Threats

Behaving in a manner indicating an intent to assault employees or other tenants of the Housing Authority.

7. Abandonment of a Dwelling Unit

Failure to provide notice of any kind to a previous landlord and leaving property unattended. Former tenants or participants of any project or programs owned or operated by the Housing Authority are ineligible for admission to any such program or project of the Housing Authority until such time as the recorded debt is paid in full.

8. Intentionally Falsifying an Application for Leasing

Includes giving false information regarding family income, size, and/or utilization of an alias on the application for housing.

9. Record of Serious Disturbances of Neighbors; Destruction of Property or Other Disruptive or Dangerous Behavior

Consists of patterns of behavior which endanger the life, safety, morals, or welfare of other persons by physical violence, gross negligence or irresponsibility; which damage the equipment or premises in which the applicant resides; or which seriously disturb neighbors or disrupt sound family and community life, indicating the applicant's inability to adapt to living in a multi-family setting. Includes neglect of children which endangers their health, safety or welfare; termination by the courts of tenancy in previous housing on the grounds of nuisance, objectionable or frequent loud conduct which have resulted in serious disturbance to neighbors.

10. Grossly Unsanitary or Hazardous Housekeeping

Includes the creation of a fire hazard through such acts as hoarding of rags and papers; severe damage to premises and equipment, if it is established that the family is responsible for the condition; seriously affecting neighbor by causing infestation, foul odors, or depositing garbage outside door; or serious neglect of the premises. This category does not include families whose housekeeping is found to be superficially unclean or to lack orderliness, where such conditions do not create a problem for neighbors.

11. Disregard for Rules of Occupancy and Rights of Others