



FORD COUNTY HOUSING AUTHORITY

Application for HUD Rental Assistance Housing Choice Voucher Program



*****PLEASE PRINT AND COMPLETE ALL LINES/ BOXES*****

Head of Household Name: _____ Date: _____

Street Address _____ P.O. Box: _____

City _____ Zip Code _____ County _____

Phone# _____ Cell Phone# _____ Message Phone# _____

Email Address _____

Emergency Contact Information _____

<i>Ford County Housing Authority Use Only</i>	
NSOPW Date: _____	Time: _____
KASPER Date: _____	Time: _____
EIV Date: _____	Time: _____
SAVE Date: _____	Time: _____
Application Entered by: _____	
Date: _____	Time: _____

<u>Ford County Authority Use Only</u>

Household Composition:

Household Members: Please list ALL household members below, list the Head of Household as: #1, followed by Spouse or co-head #2, other Adults (anyone over 18), then minor children. ***Gender and race information is required for record keeping purposes only and is used to determine program eligibility.***

** Codes: Relationship -- Head, Spouse, Other Adult, Child, Grandchild, Foster Child, Live-in Aid Race -- W=White, H=Hispanic, B=Black, AI=American Indian/Alaska Native, AS=Asian/Pacific Islander					
#1	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place City, St./Country	Relationship	Disabled Y/N	Sex	Immigration #
		HEAD OF HOUSEHOLD			
#2	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place, City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #
#3	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #
#4	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place, City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #

#5	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #
#6	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place, City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #
#7	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place, City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #
#8	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place, City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #
#9	Last Name & Sr. Jr. etc	First Name, Middle Initial	Birth Date	age	Social Security #
Race	Birth Place, City, St/Country	Relationship	Disabled Y/N	Sex	Immigration #

EMPLOYMENT INCOME: List all current employers for 18 yr old(s) and older

Employer: _____ Employee Name _____

Employer's Address _____ Employer's Phone # _____

Average hours worked per week _____ Hourly Rate \$ _____ Average Tips per week \$ _____

Paid: Weekly _____ Bi-weekly _____ Semi-Monthly _____ Monthly _____ Salary _____

Date Employment Started _____ Date Ended _____

Employer: _____ Employee Name _____

Employer's Address _____ Employer's Phone # _____

Average hours worked per week _____ Hourly Rate \$ _____ Average Tips per week \$ _____

Paid: Weekly _____ Bi-weekly _____ Semi-Monthly _____ Monthly _____ Salary _____

Date Employment Started _____ Date Ended _____

Employer: _____ Employee Name _____

Employer's Address _____ Employer's Phone # _____

Average hours worked per week _____ Hourly Rate \$ _____ Average Tips per week \$ _____

Paid: Weekly _____ Bi-weekly _____ Semi-Monthly _____ Monthly _____ Salary _____

Date Employment Started _____ Date Ended _____

Self-Employed Earnings per month less expenses: \$ _____ Provide monthly statement.

Unemployment Benefit / Workman's Comp.

Person Receiving	Applied Date	Beginning Date	Ending Date	\$ Amount per week
				\$
				\$

Department of Children and Families (DCF) formerly Social and Rehabilitation Services (SRS) Income:

Person Receiving	DCF formerly SRS Assistance (TNAF, GA, FS, etc.)	\$ Amount per month
	Type of Cash assistance received	\$
	Food Stamps	\$

Gross Amount of Social Security Benefits Received:

Person Receiving	Name of Social Security Benefit, SS, SSDI, SSI	\$ Amount per month
		\$
		\$

Do you regularly receive cash (example monthly/weekly) from a friend/relative/organization? _____

How much do you receive each month? \$ _____ What is their relationship to you? _____

Name _____ Address _____

Phone # _____

Other Income: Pension, 401k, Railroad Retirement, Interest, Dividends, Capital Gains, etc.

Family Member _____ Source/Agency _____

Address _____ Amount \$ _____

How often do you receive this amount? _____ When did you start receiving? _____

Is this income scheduled to end? _____ If so, when? _____

Child Support Information (received into the household, income)

Do you **RECEIVE** child support? _____ Amount \$ _____ Paid (circle one) Weekly Bi-weekly Monthly

Name of child/children that child support is received for: _____

Name of parent PAYING child Support. _____

Has child support passed through the courts _____ Court ordered County _____

Provide Kansas Payment Center docket number (example 99D 000011) _____

Expense Paid by Family

Do you **PAY** child support? _____ Amount \$ _____ Paid (circle one) Weekly Bi-weekly Monthly

Child/children you **PAY** child support for _____

Name of parent(s) you pay child support to: _____

Parent(s) address _____ Phone number: _____

Has child support passed through the courts _____ Court ordered County _____

Provide Kansas Payment Center docket number (example 99D 000011) _____

Child Care Expense: For Work _____ or School _____

Child/Children's Name(s): _____

Child Care Provider: _____ Phone # _____

Address _____

Family pays \$ _____ Weekly or \$ _____ monthly SRS pays \$ _____ Monthly

SRS Family Fee \$ _____ Monthly

School: Dependents (AGE 18 AND OLDER)

AGE 18 AND OLDER	School Attending	# hours/semester (full time?)

Disposal of Assets (valuables sold or gave away) (REQUIRED SIGNATURE BELOW)**

CERTIFICATION to meet eligibility and rent determination it is required by Federal Regulations that the head of household and spouse certify in writing as to whether they have disposed of any assets for less than fair market value during the two-year preceding the effective date of certification/recertification of tenant eligibility. **(REQUIRED SIGNATURE BELOW)**

I/we certify that I/we (check appropriate box) HAVE HAVE NOT disposed (sold or gave away) of (any) assets for less than fair market value in the past two (2) years. **SIGN BELOW (Complete the following if you HAVE disposed (sold or gave away any assets)**

Type of Asset: _____

Date of Disposal of Asset: _____ **Amount received for asset: \$** _____

Market value of the disposed asset (at time of disposition): \$ _____

X _____

Signature of Head of Household **Date**

X _____

Signature Spouse or Other Adult Member/Guardian **Date**

X _____

Signature Other Adult Member/Guardian **Date**

Previously assisted housing.

Has any member of your household received housing assistance in the past? Yes ___ No ___ If "yes" which one:

Project Based Housing certificate/voucher _____ **Tenant Based** Housing Certificate/Voucher _____

Other Housing Authority _____ FMHA _____ HUD owned, insured or subsidized Apt. Complexes _____

Name of Housing Authority that you received assistance from _____

Their address _____ Phone # _____

What Name was your assistance under _____ Date Housed _____

Do you Owe any money to ANY HOUSING AUTHORITY OR LANDLORD--- YES or NO

Name of Housing Authority and/or Landlord: _____

Current rent information

What is your current monthly rent \$ _____ Do you receive rental subsidy TBRA? _____

How much do you pay each month for Utilities (**DO NOT INCLUDE TELEPHONE OR CABLE**) \$ _____

(Circle the utilities you pay: heat, cooling, water, sewer, trash, electricity, gas)

Do you receive utility subsidy LIEP? _____ Winter \$ _____ Summer \$ _____

Your Street Address _____ City _____ # Of Bedrooms _____

Name of Landlord _____

Address of Landlord _____

Is anyone in your house related to your landlord? _____ If so explain _____

Illegal activity

Have you ever been terminated from housing assistance for engaging in drug-related criminal activity or violent criminal activity, within the last five(5) years? YES or No Explain: _____

Has anyone in your home had any criminal action(s) brought against them during the last 5 Years? _____

If so who was the action brought against? _____

When and where was the action brought? _____

Have you or anyone in your home **ever been arrested for activities related to abuse of drugs or alcohol?** YES or NO

Have you or anyone in your home **ever been arrested For violent criminal activity against people or property** YES or NO

***(Required Answer) Provide A List of ALL The STATES In Which EVERYONE in the household Have Lived**

***States:** _____

SEX OFFENDER REGISTRY: Does your name or family member appear on any lifetime sex offender registry? YES -NO

List any household member that must report their residence to the State/National Sex Offender Registry and the end of registration date:

Name: _____ **End of Registration Date:** _____

I/We certify that the information given to the Ford County Housing Authority about my 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. I/We also understand that false statements are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household _____ **Date** _____

Guardian _____ **Date** _____

Adult Member/Guardian _____ **Date** _____

Adult Member/Guardian _____ **Date** _____

Adult Member/Guardian _____ **Date** _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 1-800-424-8790

*After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

If additional space is needed when completing these forms, please use the back of this page(pg5).



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