



PRE-APPLICATION/WAITING LIST

Please Complete and Return to:
 Independence Housing Authority
 811 W Laurel St, Independence, KS 67301

OFFICE USE ONLY	
Date: _____	Time: _____
Rec'd By: _____	
Pref: _____	BR Size: _____

This pre-application is used to request placement on waiting lists for IHA programs and rentals. You may apply for multiple waiting lists at one time. **Income requirements apply.** Please read the following to ensure application to the correct waiting list:

- Tenant Based Rental Assistance- Subsidies to pay rent at a unit located within the city limits of Independence.
- Cedar Pointe Triplexes- One-bedroom units for person(s) with disabilities *or* person(s) 62 years and older.
- Cedar Pointe Group Home- Group home for person(s) with disabilities *or* person(s) 62 years and older.
- Chaney Duplexes- Two-bedroom units for person(s) with disabilities *or* person(s) 62 years and older.
- South 8th Housing- Four-bedroom unit.
- Earl Street- Three-bedroom single family homes.
- McKinley- One and two bedroom units on Coffeyville Ave/Cedar; Three bedroom units on 13th and Sycamore
- Penn Terrace- High rise apartments, subsidized with Section 8, for person(s) 62 years or older, OR non-elderly disabled persons who are 18-49 years of age OR near-elderly disabled persons who are 50-61 years of age, in that order.
- SEE-KAN- Rental units located in Chanute, Thayer, Neodesha, Cedar Vale, and Sedan.

To apply, **completely fill out each section** of this application. **Do not leave any question blank.**

1. Program Choice(s). Check each program applying for.

Tenant Based Rental Assistance		McKinley Housing (Check all unit sizes applying for)	One-Bedroom Units
Cedar Pointe Triplexes			Two-Bedroom Units
Cedar Pointe Group Home			Three-Bedroom Units
Chaney Duplexes		SEE-KAN Properties (Check all property sites applying for and write the number of bedrooms requested below)	Chanute
South 8th Housing			Thayer
Earl Street Single Family Homes			Neodesha
Penn Terrace Apartments			Cedar Vale
			Sedan

1a. Does your household need an accessible unit? Yes No
 If yes, please explain _____

2. Head of Household Information. IMPORTANT: All correspondence regarding this application will be sent to the mailing address provided below. Remember to report any change of address to our office immediately.

_____	_____	_____	() _____ - _____
Last Name	First Name	Middle Initial	Home Phone Number
_____	_____	_____	() _____ - _____
Mailing address	City	State	Zip
Address where you are currently living (if different from mailing address above)			City State Zip

3. Preference Information. Check all that apply. You may qualify for a preference on some waitlists if any of the following can be verified for your family.

- I or my spouse is age 62 or older.
- I or my spouse is receiving disability benefits.
- I or my spouse is employed *or* receiving unemployment benefits.
- I am homeless (living on street, in car, shelter or safe house; does not include a family doubled up with another family).
- None of these apply to me
- Other, please specify _____

4. Household Composition. List the head of household and all other members who will be living in the unit.

#	Full Name	Relation to Head of Household	SSN	Date of Birth	Age	Sex (M or F)	Student (Y or N)
1		Self					
2							
3							
4							
5							
6							

4a. Lead Based Paint Related Information. Information is collected to ensure compliance with lead based paint policy.
 Are any members of the household currently pregnant? Yes No

5. Income.

5a. What is the household's total monthly income? Include income from all family members (18 years and older) \$ _____	5b. Household Income Source(s). Check all that apply. Wages Social Security/SSI Child Support Alimony Disability Public Assistance Unemployment Self Employment Pension Annuity Income Someone pays my bills/gives me money Other _____
---	--

6. Current Living Situation. Answer the following in regards to your *current* living and housing situation.

6a. Which of the following best describes your current living situation?
 I own my place of residence. I rent my place of residence.
 I am living with friends or family. Other: _____

6b. # of bedrooms in the unit you are living in: _____ # of people living in the unit now: _____

6c. If you rent your place of residence, complete the following, otherwise continue to section 7
 Current monthly rent? \$ _____/month Current monthly utilities? \$ _____/month
 Do you receive rental payment assistance? Yes No
 If yes, list the source of assistance and amount _____

7. Background Information. Please check yes or no to all questions. You may provide an explanation for any or all of your answers by attaching it to this application.

Have you or anyone in your household been convicted of a felony in the last 10 years? Yes No
 Do you currently have an outstanding felony charge that has not yet been settled in a court of law? Yes No
 Is any member of the household subject to registration on any State's Sex Offender list? Yes No
 Have you ever filed for bankruptcy? Yes No
 Have you ever been evicted from another apartment/housing complex before? Yes No
 Have you ever left another apartment/housing complex still owing rent or money for damages? Yes No

CERTIFICATION OF APPLICANT: I hereby certify that the information provided in this application is true and accurate. I understand that providing false information may result in my application being canceled or denied. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping the Independence Housing Authority informed of my current address and I understand that my application may be canceled if I fail to do so.

Signature of Head of Household

Date

Signature, Spouse or Co-head of Household

Date



IHA PROPERTY COMPARISON GUIDE

Please note, all information listed, including rent, is subject to change at any time and may change before your application is accepted.

Property Name	Eligibility*	Size	Rent Amount	Utilities Included in Rent	Energy Efficient	Appliances Included
Cedar Pointe Triplexes	- Persons with disabilities; <i>or</i> - Persons 62 or older	1-BR	\$383	All utilities included.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cedar Pointe Group Home	- Persons with disabilities; <i>or</i> - Persons 62 or older	Group Home	\$300	All utilities included.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chaney Duplexes	- Persons with disabilities; <i>or</i> - Persons 62 or older	2-BR	\$375	Water, Sewer, Trash (Tenant pays electric and gas)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Penn Terrace	- Persons 62 or older; <i>or</i> -Disabled persons aged 18-49; <i>or</i> - Disabled persons aged 50-61, in that order	1-BR 2-BR	See Note**	All utilities included.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
South 8th		4-BR	\$625	Water, Sewer, Trash (Tenant pays electric and gas)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Earl Street		3-BR	\$467	Water, Sewer, Trash (Tenant pays electric and gas)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
McKinley Housing		1-BR	\$405	Water, Sewer, Trash (Tenant pays electric and gas)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		2-BR	\$445			
		3-BR	\$500			
SEE-Kan Properties	Properties vary depending on location and size. Contact the IHA Office for more information.					

* Eligibility: All units are subject to income eligibility requirements. This section shows additional requirements to income, if any.

** Penn Terrace Rent: Apartments come with HUD Subsidy, meaning the rent amount paid by a tenant depends on their annual income.

“All utilities included” designates the following utilities: Water and Sewer, Trash Removal, Gas and Electricity.

- All units also include Lawn Care and Snow Removal

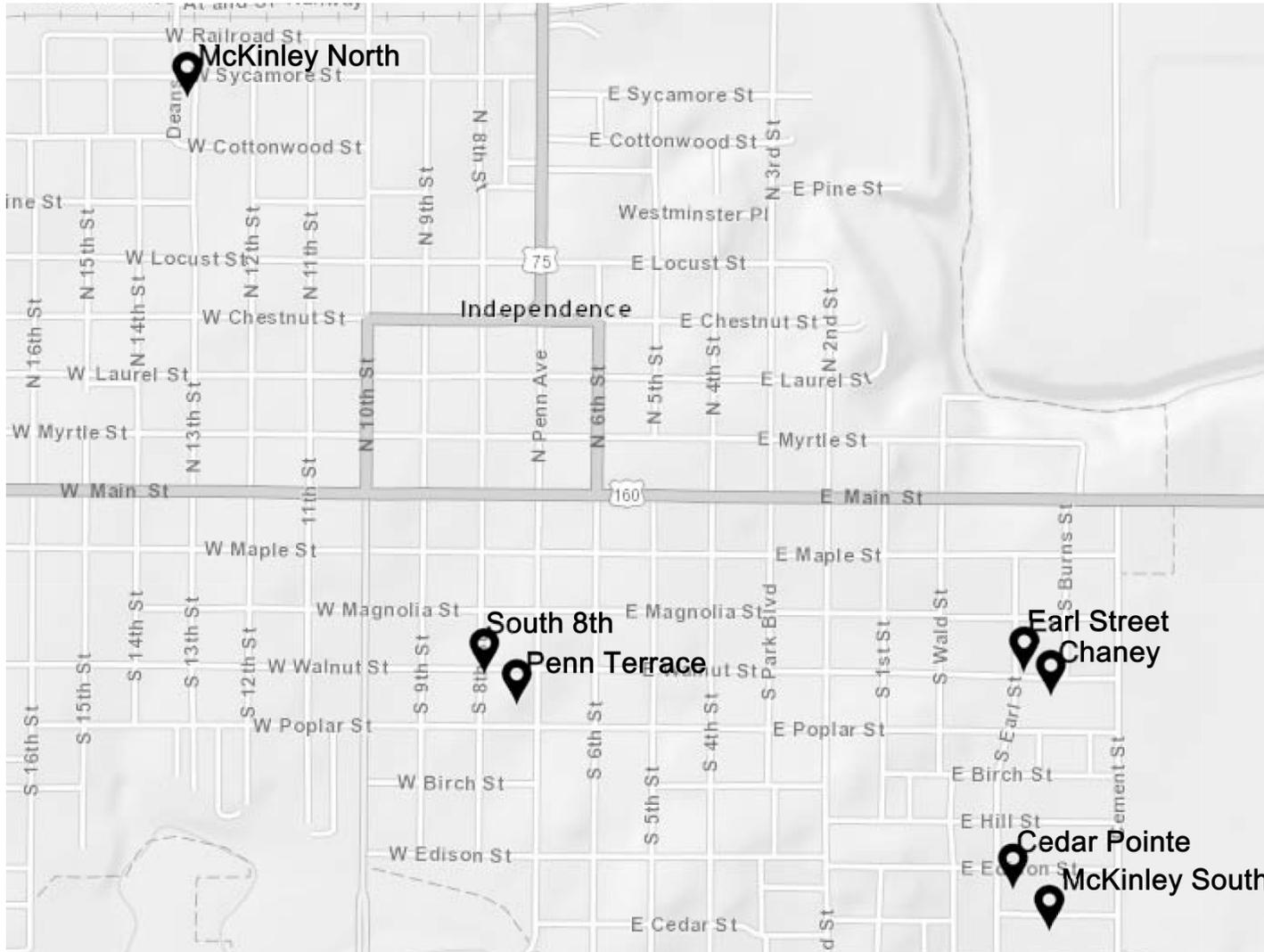
Appliances Included designates the following appliances are located in the unit: Range and Hood, Refrigerator, Dishwasher, Disposal, Washer and Dryer.

Other Information

- IHA has a “smoke-free housing policy.” Smoking is not permitted in any of IHA units or buildings.

- IHA has a no-pet policy in all of its properties.

IHA PROPERTY MAP



Map Notes

- McKinley Properties are in two separate locations. 1 and 2 Bedroom units are located at McKinley South. 3 Bedroom Units are located at McKinley North.
- SEE-KAN properties (properties outside of Independence) are not shown. Please contact the IHA office for specific location.

INDEPENDENCE HOUSING AUTHORITY
811 W. LAUREL, INDEPENDENCE, KS 67301
PHONE: (620) 332-2536

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.