



# Housing Authority

of the City of Clay Center  
[www.claycenterhousing.com](http://www.claycenterhousing.com)



Equal Housing Opportunity  
 KS Relay Center TDD 800-766-3777

330 West Court St., Clay Center, KS 67432  
 (785) 632-2100 \* Fax (785) 632-6363

## RENTAL APPLICATION FOR OCCUPANCY

The property you are applying for residency in is financed through HUD Public Housing, Low Income Housing Tax Credits, USDA Rural Development, or a mixture and is operated in accordance with the Kansas Residential Landlord & Tenant Act, HUD's implementing regulations in 24 CFR Parts 5, 960, 964, 966, USDA Rural Development implementing regulations in 7 CFR Part 3560, the Fair Housing Amendments Act of 1988 (42 U.S.C. Parts 3601 – 3619), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Americans with Disabilities Act and the Federal Privacy Act.

Full disclosure of pertinent information to determine eligibility is required. Incomplete applications will not be accepted. Applicants needing assistance in filling out this application will be accommodated. Please Note: If you have a disability and would like the leasing agent to be knowledgeable of it when processing your application or when showing you available apartments, Fair Housing Law states that YOU must inform the agent. Rents are based on adjusted household income.

1. Applicant's Name	Social Security # DOB ___/___/_____	Home Phone #
2. Present Street Address	City, State, Zip Code	# of Years at Present Address:
3. Former Street Address	City, State, Zip Code	# of Years at Former Address:
4. Names of other persons in Household:	# of Full-Time Students in the Household:	# of Bedrooms Requested:
5. Name and Address of Employer (if applicable)	Type of Business	Self-Employed? Yes _____ No _____
6. Business Telephone #	Position/Title	# of Years on the Job

7. Name and address of previous employer (if employed at present position for less than 2 years)	City, State, Zip Code	Business Telephone #
1. Co-Applicant's Name	Social Security # DOB ___/___/_____	Home Phone #
2. Present Street Address	City, State, Zip Code	# of Years at Present Address:
3. Former Street Address	City, State, Zip Code	# of Years at Former Address:
4. Name and Address of Employer	Type of Business	Self-Employed? Yes _____ No _____
5. Business Telephone #	Position/Title	# of Years on the Job
6. Name and Address of employer (if applicable)	City, State, Zip Code	Business Telephone #

***Household Composition:***

List the head of your household and all members who are expected to live in this apartment/house. Give the relationship of each family member to the head of the household.

Hshld Membr	Full Name	Relation-ship to Head of Household	Date of Birth	Social Security Number	Full Time Student <u>Yes</u> or <u>No</u>	Citizenship Status
Head of HH						
2						
3						
4						
5						
6						
7						
8						

***RacialCategories***

<b>Providing one’s race and ethnicity is an optional disclosure for applicants/tenants. Declining to do so will not affect your eligibility for this program. This is being tracked for informational purposes only.</b>	<b># in Household by Race</b>	<b># in Household by Ethnicity (Hispanic or latino) only</b>
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
American Indian or Alaska Native and Black		
*Other multiple race combinations		
Those electing to not disclose		

***Background Information:***

*Please answer the following questions with a yes or no answer. You may provide an explanation for any or all of your answers by attaching it to this application.*

1. Have you ever been convicted of a felony? \_\_\_\_\_
2. Do you currently have an outstanding felony charge that has not yet been settled in a Court of Law? \_\_\_\_\_
3. Do you currently owe outstanding balances to landlords or utilities? \_\_\_\_\_
4. Have you ever been evicted from another apartment/housing complex?  
\_\_\_\_\_
5. Have you ever left another apartment/housing complex still owing rent or money for damages? \_\_\_\_\_
6. Do you understand this apartment complex is governed by specific rules of HUD, USDA Rural Development, the Internal Revenue Service and the State of Kansas? These regulations may affect your ability to qualify for housing here. Are you prepared to complete a tenant income certification for your household and have the information verified by third party? \_\_\_\_\_

**Landlord History (Last 5 years)**

Name	Mailing Address	Phone	Fax #

**Household Income Information**

Complete questions 1-13 below, and then list all pertinent sources of income on the chart. (Do not include income from assets. Assets are handled in the next section)

	Yes	No
Are any of the occupants receiving rental assistance through a Section 8 Certificate/Voucher?	_____	_____
If so, what is the subsidy amount? _____		

Is any member of your household employed full-time, part-time, or Seasonally?	_____	_____
If so, give name of household member and expected annual earnings		

_____	_____
Name	Annual Earnings

_____	_____
Name	Annual Earnings

_____	_____
Name	Annual Earnings

Does any member of your household not currently employed expect to work for any period during the next twelve (12) months? (Persons 18 yrs. And older)	_____	_____
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Does any member of your household work for someone who pays them in cash or who earns tips? (Persons 18 yrs. And older)	_____	_____
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Is any member of your household on leave of absence from work due to lay-off, medical, maternity, family, or military leave?	_____	_____
--	-------	-------

Does any member of your household now receive unemployment benefits?	_____	_____
--	-------	-------

Does any member of your household now receive or expect to receive alimony or child support?	_____	_____
--	-------	-------

Is any member of your household entitled to receive alimony or child support that he/she is not now receiving?	_____	_____
--	-------	-------

Does any member of your household receive or expect to receive welfare assistance?	_____	_____
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Does any member of your household receive or expect to receive social security or SSI benefits?	_____	_____
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	Yes	No
Does any member of your household receive or expect to receive income from a pension or annuity?	___	___
Does any member of your household receive or expect to receive regular Cash contributions from individuals not living in the unit or from agencies?	___	___
Are any of the household expenses (groceries, utilities, medical bills, etc.) paid for by an individual not living in the unit or from agencies?	___	___
Does any member of your household receive tuition assistance in the Form of loans or grants?	___	___

Tenant	Source of Income	Amount (\$)

**Household Asset Information**

Please check yes or no to the following questions regarding assets. Checking “yes” indicates you have the asset and checking “no” indicates you do not have the asset. After answering the questions, complete the chart below.

	Yes	No
Does anyone in your household have a checking account?	___	___
Does anyone in your household have a savings account?	___	___
Does anyone in your household have a Certificate of Deposit (CD)?	___	___
Does anyone in your household have stocks or bonds?	___	___
Does anyone in your household have IRA’s or other retirement funds?	___	___
Does anyone in your household have Mutual Funds?	___	___
Does anyone in your household have Trust Accounts?	___	___
Does anyone in your household have Cash Value Life Insurance (Whole, Universal, or Variable – not Term)?	___	___

	Yes	No
Does anyone in your household have personal property held as an Investment (coins, stamps, antiques, antique cars, etc)?	___	___
Does anyone in your household have real estate?	___	___
If so, is it for sale or rent?	___	___
Does anyone in your household have any assets you disposed of for less than fair market value within the last 2 years?	___	___

Please list them here \_\_\_\_\_

	Yes	No
Is anyone in your household receiving payments from a contract Sale agreement?	___	___

If so, please explain \_\_\_\_\_

\_\_\_\_\_

Does anyone owe a debt to any member of your household?	___	___
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If so, please explain \_\_\_\_\_

\_\_\_\_\_

Asset Description or Type of Asset	Percent of Ownership	Value of Asset (\$)	Annual Interest or Dividend Rate or Amount	Actual Income generated by the Asset (\$)	Disposed of for less than fair market value?

**Assets of \$5,000 or Less Certification**

I hereby certify that my household's total combined assets do not exceed \$5,000 and the actual income we expect to earn from the assets for the certification year is \$\_\_\_\_\_.

**Medical / Disabled Assistance Expenses**

Complete this part only if the applicant or co-applicant is age 62 or older or any household member has a disability.

Item	Household Member	Name, Address & Phone Number	Monthly Amount	Annual Amount	Amount Insurance Pays/Paid
Medicare Premiums	_____	_____	_____	_____	_____
Medicare Insurance Premiums	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Projected Medical Costs <b>Not Covered By Ins Nor Reimbursed</b>	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Monthly Payments Toward Medical Bills or Outstanding Costs	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Medical Related Travel Costs (Mileage) How many Trips?	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Are you Seeing a Physician Regularly					

Projected Physician Costs <b>Not</b> Covered By Ins <b>Nor</b> Reimbursed					
At Home Health Care					
Any other medical Expense (List type)					
Handicapped Assistance Expenses (complete ONLY if Handicapped Expenses Allow a Household Member to work					

***Certification/Consent***

*The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purpose of income and asset verification related to my/our application for tenancy as well as a landlord and criminal background check.*

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date