



Flint Hills Housing Assistance Instructions for TBRA Security and Utility Deposits

Please bring the completed Pre-Application, verification of ALL household income, along with original social security cards for all household members so that our office can make copies for your TBRA application. Once the pre-application has been completed, all adult household members must meet with Flint Hills Housing Assistance Staff to complete the application process.

Incomplete applications will be returned which will cause a delay in the process of assistance.

Flint Hills Housing Assistance will pay 80% of Security and Utility Deposits upon approval, the remaining 20% will be the responsibility of the applicant.

Flint Hills Housing Assistance can only assist with the security deposit in a new rental prior to move in. It is not available for existing leases.

*Flint Hills Housing Assistance cannot pledge, process, issue, or deliver any funds to your landlord or utility companies until **after** your unit has passed a HQS inspection.*

To schedule an inspection at your unit, we will need:

Security Deposit

1. **Request for Unit Approval** form filled out and signed by you and your prospective landlord
2. **Copy of proposed lease** that shows your name, correct unit address, and security deposit amount

These must be received by mail at 401 Houston St., Manhattan, KS 66502 or faxed to (785) 776-9479 before an inspection can be scheduled at your unit.

Utility Deposit

1. **Copy of utility bill** or other document showing your account number
2. **Notice of refundable utility deposit amount** from utility company

**** Prior to providing your account number(s) to us, please contact all utility companies (1) to authorize them to release information about your account to Flint Hills Housing Assistance, and (2) to prepare your account for your new unit (i.e., resolve any outstanding utility balances, transfer the unit from landlord or previous owner to your name, setup a new account, etc.).**

Important: Utilities (electric, gas, water etc.) must be turned on at your unit prior to your inspection. If you need confirmation letters of your TBRA approval for utility companies, please notify us as soon as possible.

Security deposit checks are issued directly to your landlord; utility deposit checks are issued directly to your utility company.

You or your landlord can call (785) 776-9294 or 1-800-432-2703 with any questions.

**2014 TBRA Income Guidelines
for 2015 TBRA Grant
Effective May 14, 2014**

County	Number of Persons in Family							
	1	2	3	4	5	6	7	8
Chase (50% of median)	19,450	22,200	25,000	27,750	30,000	32,200	34,450	36,650
Clay (50% of median)	20,200	23,100	26,000	28,850	31,200	33,500	35,800	38,100
Cloud (50% of median)	19,200	21,950	24,700	27,400	29,600	31,800	34,000	36,200
Dickinson (50% of median)	21,250	24,300	27,350	30,350	32,800	35,250	37,650	40,100
Ellsworth (50% of median)	20,250	23,150	26,050	28,900	31,250	33,550	35,850	38,150
Geary (50% of median)	20,900	23,850	26,850	29,800	32,200	34,600	37,000	39,350
Jewell (50% of median)	19,200	21,950	24,700	27,400	29,600	31,800	34,000	36,200
Lincoln (50% of median)	19,850	22,700	25,550	28,350	30,650	32,900	35,200	37,450
Marion (50% of median)	20,600	23,550	26,500	29,400	31,800	34,150	36,500	38,850
Mitchell (50% of median)	19,750	22,600	25,400	28,200	30,500	32,750	35,000	37,250
Morris (50% of median)	20,350	23,250	26,150	29,050	31,400	33,700	36,050	38,350
Ottawa (50% of median)	22,350	25,550	28,750	31,900	34,500	37,050	39,600	42,150
Pottawatomie (50% of median)	20,900	23,850	26,850	29,800	32,200	34,600	37,000	39,350
Republic (50% of median)	19,950	22,800	25,650	28,450	30,750	33,050	35,300	37,600
Riley (50% of median)	20,900	23,850	26,850	29,800	32,200	34,600	37,000	39,350
Saline (50% of median)	20,900	23,850	26,850	29,800	32,200	34,600	37,000	39,350
Wabaunsee (50% of median)	22,850	26,100	29,350	32,600	35,250	37,850	40,450	43,050

2014 TBRA Payment Standards

Payment Standards are based on HUD Fair Market Rents and include rent a
Effective December 1, 2013

COUNTY	0 BR	1 BR	2 BR	3 BR	4 BR
CHASE	391	431	577	819	822
CLAY	504	508	687	856	918
CLOUD	424	447	577	850	853
DICKINSON	375	440	577	797	1022
ELLSWORTH	424	449	577	749	839
GEARY	627	631	830	999	1095
JEWELL	424	487	577	787	824
LINCOLN	424	471	577	746	774
MARION	391	428	577	721	771
MITCHELL	424	487	577	850	876
MORRIS	424	482	595	759	917
OTTAWA	424	477	577	850	1022
POTTAWATOMIE	627	631	830	999	1095
REPUBLIC	424	447	577	746	774
RILEY	627	631	830	999	1095
SALINE	484	493	630	830	962
WABAUNSEE	627	631	830	999	1095



TBRA Applications
Application for Waiting List
(PRE-APPLICATION VERSION)

APPLICANT NAME:
Current Address:
City, State, Zip Code:
HOME Phone: Alternate Phone:

Household Composition

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Table with 6 columns: Member's Full Name, Relationship, Date of Birth, Age, Sex, Social Security No.

Lead Based Paint Related Information (This information collected to assure compliance with lead base paint policy).

Are any members of the household currently pregnant? YES NO

Race of Head of Household (Check One)

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White Black Asian/Pacific Islander
Native American/Alaskan Native Hispanic

Preference Information. You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

- Are you currently homeless or living in substandard housing?
Have you been (or are you about to be) displaced from your housing?

Felony Conviction

Have you or any member of your household been convicted of a felony within the last 5 years? YES NO

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, TANF or other benefits).

\$

Application Certification: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Program Administrator to verify all information provided on this application.

Head of Household Signature Date

Spouse Signature Date



**TBRA APPLICATIONS
APPLICATION FOR RENTAL ASSISTANCE
(Formal Application)**

APPLICANT NAME: _____
 Current Address: _____
 City, State, Zip Code: _____
 HOME Phone: _____ Alternate Phone: _____

Household Composition

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Member's Full Name	Relationship	Date of Birth	Age	Sex	Social Security No.

Lead Based Paint Related Information (This information collected to assure compliance with lead base paint policy).

Are any members of the household currently pregnant? YES NO

Race of Head of Household (Check One)

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White Black Asian/Pacific Islander
 Native American/Alaskan Native Hispanic

Preference Information. You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

- Are you currently homeless or living in substandard housing?
 Have you been (or are you about to be) displaced from your housing?

Felony Conviction

Have you or any member of your household been convicted of a felony within the last 5 years?
 YES NO

(OVER)

Personal Declaration

Household Information:

Name	Relationship to head	Social Security Number	Date of Birth	Marital Status
	Head			

Income Information:

Who receives?	Source	Monthly income

Assets Information: (If you answer “yes” to a question, you must specify in the space provided)

1. Do you or anyone in the household own or have any interest in real estate, boat, or mobile home? Yes No
2. Do you or anyone in the household own stocks, bonds, CD, etc? Yes No.
3. Do you have a savings account? Yes No. If yes, list name of bank and account number.

Other Information: (if you answer “yes” to a question, you must specify in space provided)

1. Does anyone outside of the household pay any of your bills or give you any money? Yes No
2. Have you used any names or social security numbers other than the ones you are currently using? Yes No
3. Have you ever lived in public housing or participated in another housing program? Yes No

Certification – I/We certify the information given to the housing agency is accurate and correct to the best of my knowledge and belief. I/We understand that any false statements or information are punishable under state and federal laws. I/We further understand that any false statements or information are grounds for termination of housing assistance or tenancy.

Signature of Head of Household and date

Signature of Spouse and date

Other adult member and date

Other adult member and date

**Declaration of U.S. Citizenship
Or Non-Citizen With Eligible Immigration Status**

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

WARNING! Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, TANF or OTHER benefits) \$ _____.

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (e.g. bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

EXPENSE INFORMATION

Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
 Yes No

Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
 Yes No

Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?
 Yes No

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Program Administrator to verify all information provided on this application.

Head of Household Signature Date	Spouse Signature Date
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**HOME Program
Eligibility Release Form**

Organization requesting release of information
(PJ name, address, telephone, and date)

Information Covered: Inquires may be made about items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the Information derived from this form to determine the applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial Interest; and to verify 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, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this Information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expenses (If applicable)		
Medical Expense (If Applicable)		
Other (list) _____ _____		
Dependent Deduction Full Time Student Handicap/Disabled Family Member Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain Information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the Information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy Information from this file and to request correction of information that I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household-Signature, Printed Name, and Date:
Family Member HEAD

Other Adult Member of the Household-Signature, Printed Name, and Date:
Family Member #2

x
Other Adult Member of the Household-Signature, Printed Name, and Date:
Family Member #3

x
Other Adult Member of the Household-Signature, Printed Name and Date:
Family Member #4

x

x

