



NORTON HOUSING AUTHORITY (NHA)
213 HORACE GREELEY AVENUE
NORTON, KS 67654
785-877-2714

Please attach the following documents to your application for processing for all applicants, NHA cannot process without these requested documents:

- *Birth Certificate
- *Social Security Card
- *3 months of pay stubs
- *Current month bank statements for ALL accounts
- *Social Security statements (if disabled or over 62 years of age)
- *Retirement income statements
- *ALL other income (farm, rental, business)
- *ASSETS: Statements for all accounts, CD, Stocks, Bonds with value amount

One bedroom rent ranges from \$50 , prices subject to change per HUD
Two bedroom rent ranges from \$50 , prices subject to change per HUD

Security Deposit is \$250.00 or 4 payments of \$62.50

Pet Deposit is \$350.00 (\$100 pet and \$250 non refund deposit)

cat-all must be 1 year old or older

*request pet policy in advance

\$\$-Surcharge for your personal air conditioner and small freezer-ask for price

All grounds of NHA are smoke-free, smoking allowed across the street!

Norton Housing Authority

NORTON MANOR

213 HORACE GREELEY AVENUE • (785) 877-2714
NORTON, KANSAS 67854

LAW ENFORCEMENT BACKGROUND CHECK

In accordance with HUD Rules and Regulations, all applicants must be screened before a determination can be made concerning their eligibility for housing.

A history of the following prohibited activities may exclude the applicant from receiving housing: Criminal activity, feuding, social problems, patterns of violent behavior, vandalism or destruction of property, drug addiction, rape or sexual devianation, and threats against others.

I hereby grant my permission for the Police Department of the City of Norton and the Norton County Sheriff's Department to search their records and the records of any other law enforcement agency for records of myself and the members of my household as listed on my Occupancy Form and to provide any information contained therein about the above prohibited activities to the Housing Authority of Norton, Kansas. This information is to be used solely to determine eligibility of housing and shall not be disclosed or released outside of the Housing Authority, except as permitted or required by law.

Applicant's Name

Applicant's Name

Date of Birth

Date of Birth

Social Security #

Social Security #

Signature

Signature

TO BE COMPLETED BY CITY OF NORTON POLICE DEPARTMENT AND RETURNED TO AUTHORITY:

_____ There is no additional information in the NCIC for the above-named person.

_____ There is a Criminal History Record of the named person and the Authority should refer the named person to the Norton Police Department for fingerprinting and further checks with the FBI.

POLICE DEPARTMENT AUTHORIZED SIGNATURE

APPLICATION FOR PUBLIC HOUSING

Important Information

Please read the following carefully before completing the application form

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

- The application must be completed in the handwriting of the head of household. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as "What is your telephone number", and you do not have a telephone, write "none".
- All yes/no questions *must* be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

In order to qualify for Public Housing an applicant must:

- Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- Provide documentation of Social Security numbers for all household members, except noncontending persons.
- Pay any money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements
- Sign authorization forms so that the PHA can verify the various eligibility requirements
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

APPLICATION FOR PUBLIC HOUSING

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 18 or older (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	HEAD					
2.						
3.						
4.						
5.						

Phone # _____

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race. (More than one category can be entered if applicable.)

- White
 Black/African American
 American Indian/Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander

Ethnicity: (Check the appropriate ethnicity.)
 Hispanic or Latino
 Not Hispanic or Latino

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than this State?.. Yes No
If yes, which family member(s)? _____ State lived? _____
_____ State lived? _____
- Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who? _____
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
- Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
- Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
- Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
- Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____
- Is there anyone who will be living in the home who is 18 or over and a full-time student?
 Yes No If yes, who? _____
- Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____
What do they require? _____

Current Address: _____

Homeless: Yes No

CIRCLE Bedbugs: Yes No
OR Roaches: Yes No

APPLICATION FOR PUBLIC HOUSING

CONTACT INFORMATION: List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact Name Phone# Address City/State/Zip
2. Contact Name Phone# Address City/State/Zip

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.

Current landlord Phone: Address City/state/zip How long?
Previous landlord Phone: Address City/state/zip How long?
2nd Previous landlord Phone: Address City/state/zip How long?
3rd Previous landlord Phone: Address City/state/zip How long?

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

- 1. Has any household member ever been arrested for any crime?
2. Has any household member ever been convicted of any crime?
3. Is any household member a subject to lifetime sex offender registration?
4. Is any household member currently using illegal drugs?
5. Has any household member ever been evicted from any type of housing?
6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons?
7. Has any household member received rental assistance in public housing or HCV?

APPLICATION FOR PUBLIC HOUSING

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? Yes No
If yes, who? _____

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

- Wages, salaries, tips, fees or commissions from an employer? (full or part time) Yes No
- Compensation for personal services? Yes No
- Income from the operation of a business or profession? Yes No
- Interest, dividends or other income from real or personal property? Yes No
- Payments from Social Security? Yes No
- Payments from annuities? Yes No
- Payments from insurance policies? Yes No
- Payments from retirement funds? Yes No
- Payments from pensions? Yes No
- Payments from disability benefits? Yes No
- Payments from death benefits? Yes No
- Lump sum payments for the delayed start of periodic payments? Yes No
- Unemployment compensation? Yes No
- Disability compensation? Yes No
- Worker's compensation? Yes No
- Severance pay? Yes No
- Welfare assistance payments? Yes No
- TANF payments? Yes No
- Alimony payments? Yes No
- Child support payments? Yes No
- Regular contributions or gifts from anyone? Yes No
- Money from self employment? Yes No
- Regular or special military pay? Yes No
- Regular contributions from anyone? Yes No
- Financial assistance to attend school Yes No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency - (Circle one)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

APPLICATION FOR PUBLIC HOUSING

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?
 Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account?..... Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?
 Stocks? Yes No Bonds? Yes No
 Real property (land)? Yes No Trust funds? Yes No
 Pensions? Yes No Individual retirement accounts? Yes No
 Inheritances? Yes No Life insurance policies? Yes No
 Any other type of capital investment? Yes No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No
 If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? .. Yes No
 If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). Yes No
 If yes, what is the anticipated monthly cost? \$ _____

APPLICATION FOR PUBLIC HOUSING

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			

Medical Expenses (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

Medical insurance premiums? Yes No

Long term care insurance? Yes No

Out of pocket prescription expenses? Yes No

Past due medical bills? Yes No

Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

APPLICATION FOR PUBLIC HOUSING

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within Seven (7) days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Spouse or Cohead

Date

Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of PHA Representative

Date

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Pet Yes No

Cat Only

\$250 = Non Refundable Fee

\$100 = Pet Deposit

\$350 = for Pet

Paid #

Date