



## PRE-APPLICATION/WAITING LIST

Please Complete and Return to:

Independence Housing Authority

120 North 6th 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.
- 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, Cedar Vale, and Sedan.
- HARDSHIP RATES-Reduced rates on water, water fee, sewer, & trash may be available for Independence residents. Must live in in City limits and have current utilities in your name. Enrollment period is January 1-February 28 of each year.

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<br>(Check all unit sizes applying for)  | One-Bedroom Units   |
|  |  |  | Two-Bedroom Units   |
| Cedar Pointe Triplexes   |  |  | Three-Bedroom Units |
| Earl Street Single Family Homes  |  | SEE-KAN Properties<br>(Check all property sites applying for and write the number of bedrooms requested below) | Chanute             |
| Penn Terrace Apartments  |  |  | Thayer              |
|  |  |  | Sedan               |
|  |  |  | Cedar Vale          |
| Hardship Rates (enrollment period Jan 1-Feb 28)  |  | # of bedrooms requested _____  |                     |
| 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 address provided below. Remember to report any change of address to our office immediately. |  |  |                     |
| Last Name  |  | First Name   | Middle Initial      |
|  |  |  |                     |
| Mailing address  |  | City   | State Zip           |
|  |  |  |                     |
| Address where you are currently living (if different from mailing address above)   |  | Email Address  |                     |
| 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 <u>age 62 or older</u> .   |  |  |                     |
| I or my spouse is receiving <u>disability benefits</u> .   |  |  |                     |
| I or my spouse is <u>employed</u> <i>or</i> receiving <u>unemployment benefits</u> .   |  |  |                     |
| I am <u>homeless</u> (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. <b>Household Composition.</b> 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. <b>Income.</b>   |  |
|---|--|
| <b>5a. What is the household's total monthly income?</b><br>Include income from all family members (18 years and older)<br>\$ _____ | <b>5b. Household Income Source(s).</b> Check all that apply.<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">Wages</div> <div style="width: 50%;">Social Security/SSI</div> <div style="width: 50%;">Child Support</div> <div style="width: 50%;">Alimony</div> <div style="width: 50%;">Disability</div> <div style="width: 50%;">Public Assistance</div> <div style="width: 50%;">Unemployment</div> <div style="width: 50%;">Self Employment</div> <div style="width: 50%;">Pension</div> <div style="width: 50%;">Annuity Income</div> <div style="width: 50%;">Someone pays my bills/gives me money</div> <div style="width: 50%;">Other _____</div> </div> |

**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 currently receive rental payment assistance? *For example: Section 8, TBRA, etc.*      Yes      No  
 If yes, list the source of assistance and monthly 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 _____ |
|--------------------------------------|------------|---|------------|