



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 (Check all unit sizes applying for)	One-Bedroom Units
Cedar Pointe Triplexes		Two-Bedroom Units
Earl Street Single Family Homes		Three-Bedroom Units
Penn Terrace Apartments	SEE-KAN Properties (Check all property sites applying for and write the number of bedrooms requested below)	Chanute
Hardship Rates (enrollment period Jan 1-Feb 28)	# of bedrooms requested _____	Thayer
		Sedan
		Cedar Vale

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	(____) _____ - _____ Home Phone Number
Mailing address	City	State	Zip (____) _____ - _____ Cell Phone Number
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 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 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