



Mental Health Association
of South Central Kansas

MENTAL HEALTH ASSOCIATION RESIDENTIAL CARE, INC.
555 N. WOODLAWN, SUITE 3105
WICHITA, KS 67208

PHONE: (316) 685-1821 FAX: (316) 685-0768



Tobacco Free Housing. Breathe Better, Live Better!

HOUSING APPLICATION FORM

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number: _____

Male Female Date of Birth: _____ Age: _____

Present address: _____ City/State/Zip: _____

Telephone: _____ How long at Address: _____ Own Rent

PERSONS TO OCCUPY UNIT:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

HOUSING REQUESTED: (Please check preference):

Pinecrest Place (1-Bedroom) **Senior Housing** Mohr Place II (1-Bedroom) Wichita Place Senior Residences (1-Bedroom)

RESIDENCE HISTORY:

Name of Present Landlord: _____ Phone Number: _____

Address: _____ Monthly Rent: \$ _____

Dates of Occupancy: _____ To _____
Month/Year Month/Year

Name of Previous Landlord: _____ Phone Number: _____

Address: _____ Monthly Rent: \$ _____

Dates of Occupancy: _____ To _____
Month/Year Month/Year

Have you ever been evicted? Yes No
If yes, where? _____ How long ago? _____ For what? _____

EMPLOYMENT

Are you currently employed? Yes No

Name of Current Employer: _____

Address: _____

Occupation: _____ How Long Employed: _____

Income: \$ _____ per hour per week per month

INCOME AND EXPENSES

Anticipated Annual Income: \$ _____

(Include all sources: SSI, SSDI, GA, Unemployment, Child Support, Interest, VA Benefits, etc.)

Bank (Checking Account): _____

Address: _____ Account #: _____

Bank (Savings Account): _____

Address: _____ Account #: _____

Do you have any annual expenses for: Disability or continuing illness: Yes Amount: \$ _____ No

Medical/Dental Expenses: Yes Amount: \$ _____ No

Child Care (unusual expenses): Yes Amount: \$ _____ No

DESCRIPTION OF AUTOMOBILE OR MOTORCYCLE

Make: _____ Color: _____ License #: _____

PLEASE ANSWER THE FOLLOWING:

- 1. Has housing assistance or tenancy ever been terminated or denied for fraud, non-payment of rent or failure to cooperate with recertification procedures? Yes No
If yes, explain: _____
- 2. Have you or any members of the household who will be residing with you disposed of any assets for less than fair market value during the past 2 years? Yes No
- 3. Pinecrest Place and Mohr Place II Apartments are a specialized housing program where eligible applicants are those 62 years or older. Do you meet that category? Yes No NA
- 4. Some of the apartments and housing programs are designated with severe and persistent mental illness. Do you meet that category? Yes No NA
- 5. Do you meet the requirements for U.S. citizenship or eligible non-citizens? Yes No NA
- 6. Are you enrolled as a student in an institution of higher education? Yes No NA
- 7. Additional program eligibility for some of the apartments and housing programs includes having a case manager. Do you have a current case manager? Yes No NA
- 8. If yes, please provide: Name _____ Agency _____ Telephone: _____

A reasonable accommodation is a change in rules, policies, or practices that give people with disabilities an equal opportunity to use and enjoy housing, which does not cause substantial undue financial burden to the owners. Requests for accommodation should be made to the property manager in writing when possible. Our policy is to verify the necessity of all requests for accommodation. If you require such an accommodation, we will be happy to assist you. Do you require a reasonable accommodation? Yes No

If yes, please describe _____

Is there an urgent need for housing? If yes, please describe _____

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Special note to the applicant

If you have a disability and need a reasonable accommodation in order to participate in the application process, you have the right to request such accommodation. Please contact the Property Manager at (316) 685-1821 ext. 501.

CONSENT AND AUTHORIZATION:

I agree that, to the best of my knowledge, the information listed on this application is true and correct. I understand that this form is only an application and gives no lease or rental rights. By signing this application, I understand that I am giving consent to the Mental Health Association Residential Care to conduct any necessary background checks including criminal and credit history.

Applicant Signature

Date

Applicant Signature

Date

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

MHA Residential Care will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

Yes No

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?
2. Do you currently use illegal drugs or abuse alcohol?
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
4. Have you been convicted of any drug-related crime within the past five years?
5. Have you been convicted of any felony?
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?
7. Have you been convicted of any crime involving violence?
8. Are you currently charged with any of the above criminal activities?

9. Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

10. Have you ever used or been known by any other name?
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize MHA Residential Care to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to MHA Residential Care, to a public housing authority, or to an agency contracted by MHA Residential Care to conduct criminal background checks.

Applicant's Signature _____ Date _____
Applicant's Name (please print) _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.