



The Pleasanton Housing Authority appreciates your interest in our housing.

Please read this information before beginning the program process.

The Pleasanton Housing Authority's mission is to provide decent and safe affordable housing for residents and to assist in providing opportunities for achieving work and self-sufficiency.

This is public housing only, not Section 8.

Low-income housing rent is calculated at 30 % of your gross income, less any eligible deductions.

Example:

You are a 1-person household. Your income is \$1,000.00 per month for 12 months = \$12,000.00 gross income.

30% of \$12,000.00 is \$3,600.00 divided by 12 months = \$300.00 rent per month less utility allowance.

Some households will be eligible for deductions, including, but not limited to, elderly/disabled, medical, and family childcare (babysitting/daycare) deductions.

Yearly, the U.S. Department of Housing and Urban Development determines income limits regionally for the USA. To be eligible for housing, your income cannot exceed the low-income limit set by HUD. Current income limits are posted on our website and in our office.

REQUIREMENTS

1. Please review the application carefully and answer all questions fully and accurately. If you cannot fit all the information in the space provided, add additional sheets of paper. **False information or statements are grounds for denial of application or termination of assistance.**
2. Social Security Cards and birth certificates must be provided for all family members
3. Photo IDs and Proof of income must be provided for the head of household and spouse/co-applicant.
4. Rent and utilities must be current. Utilities will not be hooked up if you owe a balance.
 - a. Utilities in Pleasanton are Evergy (Electric), Atmos Energy (Gas), and City Water. All utilities must be put in the name of the Head of Household.
5. Applicants must have a monthly income to cover rent, utilities, security deposit, and pet deposit.
6. The sheriff screening form, signed by the applicant, must be returned to the office. The PHA will fax this form to the sheriff's office, where it will be processed. If there is any recorded activity, you will be required to come to the office for a fingerprint card. You will take the card to the Linn County Sheriff's Department to be printed and return it to the office. This



card will then be sent to the FBI for record information. This process can take 4 to 6 weeks. Any other process than the above will be deemed an invalid form.

7. If Sheriff screening is clean, your program information will be placed on file.
8. Landlord verification and reports will be checked.
9. If all screenings are clear, you will be placed on a waiting list.
10. When a unit is nearing availability, other information may be requested of the applicant.
11. When a unit is available, you will be notified to come to the office to complete the required paperwork.

YOUR APPLICATION WILL BE DECLINED OR RETURNED DUE TO THE FOLLOWING:

1. Incomplete application: Your application will be considered complete only when all required information is provided.
2. Social Security Cards: Failure to provide copies of Social Security cards for each person listed on the application can result in the return of your application or a delay in processing. If you have questions, contact the office about other acceptable proof.
3. Over Income: You will be considered over-income if your household income is greater than the program requirements and, therefore, ineligible for further consideration. You can reapply if your income falls below the eligibility limit.
4. Money owed: If you owe money to PHA, another housing authority, or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation that it is paid in full.
5. Under 19 years of age: Applicants must be 19 years of age or older. Anyone under the age of 19 must be married, with at least one partner being 19 years old or older or emancipated.
6. **Be advised that the following will result in a lifetime ineligibility for Housing:**
 - a. Meth manufacturing, sale, distribution, use, or possession.
 - b. Registered sex offenders
 - c. Convicted of other violent charges or crimes, including murder and manslaughter.

Notice: Pleasanton Housing Authority has a No-Smoking Policy. Smoking is only allowed 25 feet away from all buildings on PHA property.

Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive & continue to receive assistance from Pleasanton Housing Authority will be subject to denial of their application or termination of their lease.



Release for Background Criminal Check

I hereby authorize the Pleasanton Housing Authority and the Linn County Sheriff's Department to investigate my background, and I hereby authorize the individuals, corporations, agencies, or personnel representatives contracted by the above-mentioned agencies who are presented a copy of this release/waiver to divulge any information in reference to me.

I understand and approve that the agent shall be given photocopies of all matters pertaining to me. My signature below also indicates my agreement to release and waive the information sought by the Pleasanton Housing Authority and the Linn County Sheriff's Department, any personal history, police records, and other sources deemed necessary to complete the investigation being done by the Pleasanton Housing Authority and the Linn County Sheriff's Department, where I am concerned.

I fully understand that in signing this form, all persons, institutions, agencies, or personnel/representatives are released from any reprisals on my part, any legal active by me or any fear of claims from me because of the information they have supplied to the agent of the Pleasanton Housing Authority and the Linn County Sheriff's Department, as a result of this investigation.

Failure to print/write clearly will result in the screening not being processed.

Racial Group Identification				
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Other				
Print Name		Social Security Number		Date of Birth
Maiden Name	Sexual Orientation	Alias		
	<input type="checkbox"/> M <input type="checkbox"/> F			
Present Address				
Street Address		City/Town	State	Zip
Signature (Legal Guardian if under 18)		Print Name Same as Signature (required)		Date Signed

This information will be returned directly to the Pleasanton Housing Authority. You must make a separate request to the Sheriff's Department if you want a copy for your records.

Applicant, DO NOT fill out anything below this line.

Received at the Linn County Sheriff's Department on		Date:		Time:	
Police record on file?				<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Juvenile Record on File?				<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Sheriff Department Representative's Signature			Position and Date		



PHA required documents for all applicants:

☐ Birth Certificate

☐ Proof of Income

☐ Social Security Cards

Application for Housing

HEAD OF HOUSEHOLD (HOH)

Name	First	Last	Middle Initial/Maiden Name
Mailing Address	Po Box/Street	Physical Address	Street Address
	City/Town		City/Town
	State/Zip		State/ Zip
Email			

Family Information

First, list the head of household. Then the spouse or co-applicant. Next, list all children that live with you in order of age (oldest or youngest). If you expect others to live with you, please explain (e.g., live-in aide, pregnancy, or legal custody change).

Please use the Race/Ethnicity Chart below and choose a corresponding letter for each member of the household. Race/Ethnicity is optional and for statistical purposes only.

First & Last Name	Relationship to HOH	Date of Birth	M/F	Soc. Sec	Race/ Ethni.
Head of Household	Self				
Spouse/Co-applicant					

RACE/ETHNICITY CHART

A . White B. Black C. American Indian/Native Alaskan
D. Hispanic / Latino E. Asian/ Pacific Islander F. Other



Veteran Status

Has a household member served in the US Military?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Household Member who Served:				
Discharge Status: Mark one	<input type="checkbox"/> Honorable	<input type="checkbox"/> General	<input type="checkbox"/> Less (Other) Than Honorable	

Provide a copy of a DD Form 214 or a current VA card with this application.

Program Information

Have you ever been a tenant of Pleasanton Housing Authority?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when?				
Have you ever participated in rent assistance programs such as Section 8, Public Housing, USDA Properties, Income based, etc.?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes:	Landlords Name:			Balance due? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Landlord Address and/or phone #:			Amount owed?

Additional Information

Please check any of the following preferences that apply to you, as they will be included in the initial determination of applicant eligibility and will determine placement on the waiting list.

Involuntarily displaced for reasons other than non-payment of rent.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Displacement:				
Are you presently living in Substandard Housing?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
List of substandard conditions:				
Do you feel unsafe in your current living environment?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason:				
Are you paying more than 50% of your income for rent?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Current Living situation

Do you:	<input type="checkbox"/> Rent	<input type="checkbox"/> Own a home	<input type="checkbox"/> Live with relatives/friends	<input type="checkbox"/> Homeless
Name of landlord:		Contact number:		
Date moved to this location:			Monthly Rent:	
Do you pay for anything else?				



Family Income Information

Please list the source and amount of all current income received by all family members, regardless of age. Include all earnings and benefits received.

Sources of income can include Payroll, Social Security, SSI, Unemployment, Disability compensation, TANF, Welfare, alimony, child support, interest on investments or savings, babysitting, care taking, annuities, Pension, etc.

Household Member	Source of income (Name of employer)	Amount	Frequency – Per Monthly, weekly, bi-weekly
1			
2			
3			
4			
5			
6			
7			
8			

Family Assets

List all assets (checking, savings, digital, IRA, CD, stocks, bonds, etc.) for ALL family members.

Family Member	Type of Asset	Bank or company	Account number	Current Balance or Value	Current Interest rate

Real Estate

Do you own real estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Value of Real Estate:	
Address of the property:				
Have you ever owned real estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?	
If you own real estate that is suitable for occupancy, are you currently or will you be selling the property?				Yes <input type="checkbox"/> No <input type="checkbox"/>



Reasonable Accommodation

Check ✓ "Yes" or "No"

Are you or your co-applicant elderly (62 years or older), disabled, or handicapped?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your co-applicant have Medicare?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your co-applicant have a medical card issued by the Social Security Administration (SSA)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your co-applicant have a supplement insurance policy, such as Blue Cross or AARP?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the premium?	\$	How often do you pay for it?	
Do you or your co-applicant take prescription drugs regularly?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name & Address of Pharmacy:			
Do you or your co-applicant take herbal or over-the-counter medications regularly? (If yes, keep receipts for move-in for a possible deduction)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your co-applicant anticipate any healthcare-related expenses in the next 12 months that are not covered by health insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list items:			
Does any member of your household need an accessible unit because of a disability, mobility impairment, or do you need a special feature due to a disability? (for example: wheelchair or difficulty walking)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you marked "Yes" to the above question, please check the type of accommodation you need.			
A ramp to gain entry/exit to the unit. (I understand that not all units have this, and it might be my responsibility to contact a charity to install one for me.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walk-in Shower (only studio and 1 bedrooms have this feature)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fully handicapped 504 units (PHA has three such units)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Modifications: Please describe:		Yes <input type="checkbox"/>	No <input type="checkbox"/>



Child Care Expense

List your weekly out-of-pocket childcare costs that enable a family member to actively seek employment, be gainfully employed, or further their education.

Child Care Provider	Name & Contact info	Weekly cost:	Monthly cost
Do you receive assistance through the DCF for childcare?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive assistance for the cost of childcare from anyone else?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes:	Who?	How much monthly?	

Student Status

Is any adult (18 years of age or older) member of the household a full-time or part-time student (not including high school)? (if "No," continue to the next section)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, Student's Name:	Full <input type="checkbox"/>	Part-time <input type="checkbox"/>
Where are they enrolled?		
Are you receiving a scholarship and/or grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you get a loan to attend school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Utility History

All past utilities must be paid in full to be approved for housing.

Current or most recent Utilities.

Only provide the approximate monthly amount paid on the utilities that you pay.

Electric	Company Name	From	To current?	Monthly \$
Gas	Company Name	From	To current?	Monthly
Water	Company Name	From	To current?	Monthly
Have your utilities ever been disconnected due to non-payment?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when, and is this paid in full?				



Criminal History

PHA has a One-Strike Policy in which any criminal activity is grounds for eviction if it threatens health, safety, or the right to the peaceful enjoyment of the premises by other residents of the HA project.

Have you or any family member ever been convicted of a violent or drug-related crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which member, when & where?		
Are you or any family member currently on parole, probation, or home monitoring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or a member of your family a registered sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

This application will be denied if there is evidence that the applicant falsified the application or deliberately lied when responding to the above question.

Pets

PHA allows two pets per household. Dogs must be no more than 50lbs and no taller than 18 inches at full growth, and all pets must be spayed, neutered, and vaccinated. All Pets must be pre-approved by management before they are moved in, and a pet deposit must be agreed on.

Do you have a Pet?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type:	Breed		
	Name		
	Color/markings		
Type:	Breed		
	Name		
	Color/markings		

Emergency Contact If possible, list someone in this area who is not part of your household	Name		Relationship	
	Address			
	Town/City		State	Zip
	Phone		Email	



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Po Box 425
Pleasanton Ks 66075

Pleasanton Housing Authority

Ptownhudks.org

(913) 352-6289
Fax (913) 352-6570
director.ptownhud@gmail.com

Assistance

Did someone help you fill out this application?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Contact #		
Agency or relationship to applicant:			

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to a matter within its jurisdiction.

Application Certification

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my lease.

I authorize the Pleasanton Housing Authority to request and obtain information from third-party sources relevant and necessary for the processing of my application for federally assisted housing, including the determination of my eligibility for the waiting list of the program for which I am applying. This includes, but is not limited to, information from the HUD Enterprise income Verification (EIV) system and information from the other Public Housing Authorities regarding my previous participation in federally assisted housing.

Head of Household Signature

Date

Co-Applicant Signature

Date

NOTE: for an application to be complete, it must include:

- ✓ A complete, accurate, and signed Application.
- ✓ Copies of Social Security cards for all family members.
- ✓ Copies of birth certificates of all family members.
- ✓ Complete and signed background check for all family members 18 years of age and older.
- ✓ Proof of income for all adults.
- ✓ Documentation for any Preference Requested



Authorization for Release of Information

CONSENT

I authorize and direct the federal, state, or local agency organization, business, or individual to release to Pleasanton Housing Authority any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Low-Income Public Housing Program. I understand and agree that this authorization obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity & Martial Status	Income & Assets	Residences & Rental Activity
Medical or Child Care Allowances	Criminal Activity	Employment

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OF INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous/Current Landlords	Welfare Agencies
Public Housing Agencies	State Unemployment Agencies
Law Enforcement Agencies	Utility Companies
Support & Alimony Providers	Child Care Providers
Past & Present Employers	Pharmacy

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct a computer-matching program to verify the information supplied on my application or rectification. If a computer match is completed, I understand that I have a right to be notified of any adverse information found and a chance to disprove that information. HUD may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security agencies, the Department of Defense, Office of Personnel Management, US Postal Service, Social Security Agency, and State welfare and food Stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect for a year and one month from the date signed.

Signatures

_____ Head of Household	_____ Print Name	_____ Date
_____ Spouse/Co-applicant	_____ Print Name	_____ Date
_____ Other Adult	_____ Print Name	_____ Date