



# Pleasanton Housing Authority

902 Palm St.  
Po Box 425  
Pleasanton Ks 66075

*Ptownhudks.org*

(913) 352-6289  
Fax (913) 352-6570  
Ptownhud@ckt.net

## Release for Background Check

I, \_\_\_\_\_, authorize any agent representing the Pleasanton Housing Authority and the Linn County Sheriff Department to conduct an investigation into my background and I hereby authorize those individuals, corporations, agencies, or personnel representatives contracted by the above mentioned agencies who are presented a copy of this release/waiver to divulge any and all 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 Department any and all personal history, police records, and other sources deemed necessary to complete the investigation being done by The Pleasanton Housing Authority and 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 action 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 signed release/waiver.

**Failure to write and print clearly will resolute in the screening not being processed.**

_____ Signed (must be legal guardian if under 18)	_____ Social Security Number	_____ Date of Birth
_____ Print name as signed (required)	_____ Date Signed	Sex: Male    Female

### Racial Group Identification

☐ White/Caucasian    ☐ American Indian    ☐ Asian    ☐ African American  
☐ Hispanic or Latino    ☐ Native Hawaiian    ☐ Other: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Applicant DO NOT fill out below this line

Date: \_\_\_\_\_ Time: \_\_\_\_\_ When received at the Linn County Sheriff Department

Police record on File:      Maybe      No

Juvenile record on File:      Maybe      No

Sheriff Department Signature: \_\_\_\_\_



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## Welcome to the Pleasanton Housing Authority

Please read before you begin the program process.

The Pleasanton Housing Authority mission is to provide decent and safe affordable housing for residents and to assist in opportunities for residents to achieve work and self sufficiency

This is Public Housing Only, No Section 8.

Main requirements:

- Landlord and sheriff screening
- All Utilities and rent current. Utilities will not be hooked up if you owe a balance. No Exceptions.
- We use Evergy, Atmos Energy, and City Water. All Utilities must be put in Head of Household's name.
- Must have monthly income for security and pet deposit and all tenant paid Utilities.

Rent is figured on 30% of your gross income less any eligible deduction

**Example:**

You are a 1 person household. Your income is \$1,00.00 per month for 12 months = \$12,000.00 gross income. 30% of \$12,000.00 is \$3600.00 divide that by 12 months = \$300.00 rent per month less utility allowance.

Keep in mind there are other deductions if the household is eligible for them. Some of them are elderly/disabled medical deductions and family childcare (babysitter/daycare).

Also keep in mind that you are financially eligible for Public Housing as per the US Department of HUD (Housing and Urban Development) income limits of maximum gross income. If you meet the above requirements, let's get started on the first part of the housing process.

If you have any questions, please do not hesitate to ask.

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Amendment to ACOP Policy

Res. No 477

Date: 11/9/2011

Procedure for application and required forms

Applicant may pick up required forms to make application at 902 Palm, Pleasanton Kansas. If applicant can show just cause that he/she cannot come to the office, these forms may be mailed out of town. All applicants will be documented at time of receiving forms taken out of the office to be filled out.

Second set of applications and required forms

Due to the raising cost, if an applicant request a second set of forms because of loss, damage, etc. these forms will be required to be filled out in the office. All adult parties to fill out the application will be required to be present to fill out these applications in the office.



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## Information for Eligible Housing

1. Program information and sheriff screening must be filled out completely, signed, and returned to housing office.
2. Sheriff screening form must be returned to the housing office signed by the applicant. The housing authority will send this form to the sheriff office where it will be processed. If there is recorded activity you will be required to come to the office for a fingerprint card. Then you are required to take the card to Mound City Sheriff's Department to be fingerprinted and return it to the office. The 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.
3. **Be advised 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
4. If Sheriff screening is clean your program information will be placed on file.
5. Landlord verification and credit reports will be checked.
6. If all screenings are clear, you will be placed on a waiting list for when housing is available.
7. When a unit is available, you will be notified to come back to the office for signing required paperwork.

All household members (driving age and over) must have a valid driver's license or ID.

All household members must have Social Security Cards.

All household members must have Birth Certificates

Other information may be requested after applicant is complete nearing unit availability.





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## Program information to be processed

The Housing Authority reserves the right to limit program information to 3 per Household

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name & phone number of two friends or relatives that we can contact if we are unable to reach you at the numbers listed above.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Landlord Name and Address: \_\_\_\_\_

Mouthy Rent: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ No of People in household: \_\_\_\_\_

Rent Paid up to Date? Yes or No All Utilities paid Up to Date? Yes or No

Check Utilities paid by you & provide approximant monthly amount paid.

\_\_\_\_\_ Electric \$ \_\_\_\_\_ Name of Company: \_\_\_\_\_

\_\_\_\_\_ Gas \$ \_\_\_\_\_ Name of Company: \_\_\_\_\_

\_\_\_\_\_ Water \$ \_\_\_\_\_ Name of Company: \_\_\_\_\_

Utilities will NOT be hooked up if you owe back balance. Utilities must be put in Head of Household's Name.

## Program Information

Have you ever participated in rent assistance program such as Section 8 or Public Housing? Yes No

If Yes, provide the name & address of landlord \_\_\_\_\_

Do you have a balance due? Yes No How Much? \_\_\_\_\_





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## List of all persons who will live in the rental unit while you are of this program Must have Full Name (First, Middle, and Last)

- 1) **Head Of Household** Name : \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SS Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Full (F) or Part (P) time: \_\_\_\_\_ Gross earnings per pay period: \_\_\_\_\_  
How often do you get paid (see below for types of pay): \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SS Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Full (F) or Part (P) time: \_\_\_\_\_ Gross earnings per pay period: \_\_\_\_\_  
How often do you get paid (see below for types of pay): \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SS Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Full (F) or Part (P) time: \_\_\_\_\_ Gross earnings per pay period: \_\_\_\_\_  
How often do you get paid (see below for types of pay): \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SS Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Full (F) or Part (P) time: \_\_\_\_\_ Gross earnings per pay period: \_\_\_\_\_  
How often do you get paid (see below for types of pay): \_\_\_\_\_
- 5) Name: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SS Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Full (F) or Part (P) time: \_\_\_\_\_ Gross earnings per pay period: \_\_\_\_\_  
How often do you get paid (see below for types of pay): \_\_\_\_\_

**Types of Payroll: Weekly, Bi-Weekly (every 2 weeks), Semi Monthly (twice a month), Monthly**



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## Work History

Last five years beginning with your present or most recent employer

1) Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

2) Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

3) Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

4) Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

5) Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

6) Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

7) Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_



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## Housing History

We require your housing history for the past five years beginning with your current or Most Recent Landlord. All history will be verified. Clear Credit will be required and all rents paid.

1. Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

Address of rental: \_\_\_\_\_

2. Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

Address of rental: \_\_\_\_\_

3. Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

Address of rental: \_\_\_\_\_

4. Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

Address of rental: \_\_\_\_\_

5. Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

Address of rental: \_\_\_\_\_

*Use additional paper if needed*





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## Utility History

Past 5 years of Utility information is required for housing beginning with your current or most recent utility company. All Utilities will be checked. All past utilities must be paid in full to be approved for housing All history will be verified.

### Electric

Name of Electric Company: \_\_\_\_\_

Date of Service

Address of Electric Company: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Additional Electric Information:

### Gas

Name of Gas Company: \_\_\_\_\_

Date of Service

Address of Gas Company: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Additional Gas Information:

### Water

Name of Water Company: \_\_\_\_\_

Date of Service

Address of Water Company: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Additional Water Information:



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## Student Status

Are you presently a student? \_\_\_\_\_ If yes, where are you enrolled: \_\_\_\_\_

Are you receiving a scholarship and/or grant? \_\_\_\_\_ If yes, what type and amount \_\_\_\_\_

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## Family and Education Related Expenses

Do you pay for childcare while a family member is employed or attending school? \_\_\_\_\_ If yes, List

Child care providers Name, Address and Phone Number: \_\_\_\_\_

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Are you receiving assistance through DCF for child care? \_\_\_\_\_

Cost of Child care per week: \_\_\_\_\_ or per Month: \_\_\_\_\_

Do you have a Medical Card issued through the DCF Department: Yes or No

Do you have any Health Deductions: Yes or No

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Are you or any member of your household claiming to be disabled: Yes or No

Or Handicapped: Yes or No

If yes, list any assistance that may be required from any outside agency or The Housing Authority: \_\_\_\_\_

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## Elderly, Disabled, and Handicap

Are you on Medicare? Yes or No

Do you have a medical card issued from the Social Security Administration (SSA): Yes or No

So you have a supplement insurance policy such as Blue Cross or AARP: Yes or No

If you yes, amount of premium and how often: \_\_\_\_\_

Are you making payments on outstanding medical bills? Yes or No

If Yes, Balance Owed: \_\_\_\_\_ Where do you make payments: \_\_\_\_\_

Amount of Monthly Payments: \_\_\_\_\_ Do you make these payments to the company above: Yes or No

If No, Who do you make your payments to: \_\_\_\_\_

Do you take prescription drugs on a regular basis? Yes or No If yes, List the name and address of the pharmacies you use: \_\_\_\_\_

Do you anticipate any healthcare related expenses in the next 12 months which is not covered by health insurance: Yes or No If yes, please list the items: \_\_\_\_\_

Do you request or anticipate any accessibility features? Yes or Yes Partial or No Not At All

If yes or partial, please list what is needed: \_\_\_\_\_

## Preference 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 or No

Reason for displacement: \_\_\_\_\_

Are you presently living in Substandard Housing? Yes or No List substandard conditions: \_\_\_\_\_

Are you Paying more than 50% of your income for rent? Yes or No

If yes, Name of Landlord: \_\_\_\_\_

Monthly Income \_\_\_\_\_ Rent \_\_\_\_\_





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## Other Sources of Income

Examples: Welfare, TANF, Social Security, SSI, pensions, disability compensation, unemployment compensation, interest, baby sitting, care taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces, Reserves, scholarships and/or Grants.

List Case number, name, and the court address where divorce of obtained:

Household member	Source	Amount - How often received
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____

## Assets

Checking Account:

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Address: \_\_\_\_\_

Saving (Passbook) Account

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Address: \_\_\_\_\_

Certificate of Deposits (CD)

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Address: \_\_\_\_\_

Do you own real estate? Yes or No If yes, address \_\_\_\_\_

Value of real estate: \_\_\_\_\_

Have you ever owned real estate? Yes or No If yes, When? \_\_\_\_\_



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## Criminal History

Have you or any member of your household ever been arrested for any offense? Yes or No

If yes, Include the following information for each offense: Who was charged, when and where the offense happened, the nature of the charge, the court heard and imposed or other disposition of each case. Use addition paper if needed: \_\_\_\_\_

\_\_\_\_\_

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

## Pets

Do you own a pet? Yes or No What type of pet? \_\_\_\_\_

The following information is required for statistical purposes for the department of HUD may determine the degree to which it's programs are utilized.

Racial group identification (used for statistical purposes only)

☐ White/Caucasian ☐ American Indian ☐ Asian ☐ African American  
☐ Hispanic or Latino ☐ Native Hawaiian ☐ Other: \_\_\_\_\_

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

By Signing below I certify that all application information is true and complete to the best of my knowledge. And I understand that falsifying information can led to disqualification and/or termination of my residency with the Pleasanton Housing Authority.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you had help filling out this application, If yes fill out the below:

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



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## Tenant Screening -- Verification Form

Applicant Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
\_\_\_\_ Current Landlord \_\_\_\_ Previous Landlord \_\_\_\_ Other - Relationship to Applicant: \_\_\_\_\_  
Dates of Tenancy - From: \_\_\_\_\_ To: \_\_\_\_\_ Rent at time of Move-out: \$ \_\_\_\_\_  
Security Deposit: \$ \_\_\_\_\_ Pet Deposit: \$ \_\_\_\_\_ Did tenant leave owing rent? \_\_\_\_\_ Amount: \_\_\_\_\_  
I, \_\_\_\_\_ release this information for the purpose of housing screening. My  
signature releases all liability to the respondent. \_\_\_\_\_ Date: \_\_\_\_\_

## Landlord Questionnaire

### Rent Payments

- a) Is (was) applicant current on rent? \_\_\_\_\_  
b) Has (had) applicant ever been late? \_\_\_\_\_ How Late? \_\_\_\_\_ How Often? \_\_\_\_\_  
c) Have (had) you ever begun eviction proceedings for Nonpayment? \_\_\_\_\_  
Or Non-Compliance of Lease? \_\_\_\_\_ Was this applicant evicted? \_\_\_\_\_  
Date of Eviction \_\_\_\_\_ Was judicial removal required? \_\_\_\_\_  
d) Did you keep any security deposit for non-payment? Yes No

### Caring for Unit

- a) Does (did) the applicant keep the unit & Property clean? \_\_\_\_\_  
b) Has (had) applicant damaged the unit? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_ How Expensive? \_\_\_\_\_ How Often: \_\_\_\_\_  
c) Has the applicant paid for damages? \_\_\_\_\_  
d) Will you (did you) keep any Security Deposit for damages? \_\_\_\_\_  
e) Were there any notices to vacate premises issued to tenant at any time during tenancy? \_\_\_\_\_  
a. If yes, Explain: \_\_\_\_\_  
f) Does (did) the applicant refuse to allow entry to unit for repairs of service work orders? \_\_\_\_\_

### General

- a) Does (did) the applicant permit persons other than those on the lease to live on property? \_\_\_\_\_  
b) Has (had) the applicant or family members damage or vandalize common areas? \_\_\_\_\_  
c) Does (did) the applicant interfere with rights and quite enjoyment of other tenants? \_\_\_\_\_  
d) Does (did) the applicant create any physical/health or safety hazards to the property? \_\_\_\_\_  
Describe \_\_\_\_\_

Would you readmit this applicant? \_\_\_\_\_ If not Why? \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_