

**Kickapoo Housing Authority**  
888 112th Drive  
Horton, KS 66439  
Phone: (785)486-3638 FAX: (785)486-2637

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**INSTRUCTIONS FOR COMPLETING THE TRIBAL MEMBER RENTAL ASSISTANCE APPLICATION PROCESS**

1. Complete the Tribal Member Rental Assistance application form.
2. Attach income verification documentation (i.e. pay stubs from employment, per capita letter, Social Security award letters, etc.) for any family who will be living with you (i.e. spouse, brother, sister, etc.).
4. Attach your Tribal Enrollment verification (CDIB)
5. Send to KHA, either via mail, email, or fax
  - a. 888 112th Drive  
Horton, KS 66439
  - b. Fax: (785)486-2637
  - c. Email: [rmckinney@khakansas.org](mailto:rmckinney@khakansas.org)
  - d. ***If all of the above information is not included in the initial application, the application will be returned to you at the address you listed on the application. This could impact your ability to receive funding, so please make sure you include all the information requested.***

**UNIT ELIGIBILITY** (for unit you will live in – if you haven't moved yet, you won't be able to submit this set of the documentation until then):

1. Send the following to KHA once you have a place to live:
  - a. Copy of Rental Agreement: remember, you can't rent from a family member, please see note on Application regarding rules for rentals.
  - b. Sign and send *Livability Standards* form
  - c. Take pictures as directed on Livability Standards

Note: All items can be sent the same as directed in item #5 above.

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**TRIBAL MEMBER RENTAL ASSISTANCE PROGRAM APPLICATION**

This program supports low-income Kickapoo Tribe in Kansas Tribal Members living externally of the Kickapoo Tribe in Kansas Reservation boundaries by providing a rental stipend to assist them with their rental housing costs.

**TRIBAL MEMBER/APPLICANT:** Provide current contact information.

Name: \_\_\_\_\_  
Last First Middle

Tribal Roll Number: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
City State Zip County: \_\_\_\_\_

Message/Alternate #: (      ) \_\_\_\_\_

Best Contact Phone: (      ) \_\_\_\_\_

Will you be residing with your spouse and/or children?

Email: \_\_\_\_\_ YES  NO

**RESIDENTS OF RENTAL UNIT:** List ALL persons who are or will be living in the rental unit with you.

Legal Name	Relationship to Tribal Member	Date of Birth
	SELF	

Note: Tribal Members may not rent a unit from any immediate family member<sup>2</sup>

**INCOME:** Provide income from all sources for household members [Tribal Member and, if applicable, significant other (i.e. spouse, boyfriend, girlfriend) and child(ren)]. Sources of income include (but are not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or Disability compensation, welfare assistance (not including food stamps), veteran's assistance, grants, alimony, and child support.

\*If a household member has no source of income, provide his/her name and enter "None" for Source and "\$0" for Amount. If no verification can be provided proving there is no income, he/she will be required to complete a separate certification.

Applicant	Income Source	Amount (i.e. employment etc.)	Frequency	Verification Attached
		\$		
		\$		
		\$		
		\$		

Does anyone outside of your household provide regular financial support or pay any of the household bills?

NO  YES  If yes, please explain. \_\_\_\_\_

**ASSETS:** List all assets belonging to each household member, including (but not limited to) savings accounts, checking accounts, safe deposit boxes, homes, revocable trusts available to an applicant, rental property or other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market accounts, individual retirement and Keogh accounts, retirement and pension funds, life insurance policies available to a household member before death, personal property held as an investment (such as gems, jewelry, coin collections, antique cars, etc.), lump sum or one-time receipts (such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments), mortgages or deeds of trust held by any household member.

Applicant	Type of Asset	Location of Asset (bank, etc.)	Current Value of Asset <sup>4</sup>	Income/Interest Rate of Asset
			\$	
			\$	

Has any household member sold or disposed of any asset(s) in the last two years?

NO  YES  If yes, which applicant? \_\_\_\_\_ Please explain. \_\_\_\_\_

**GENERAL INFORMATION:**

Has any household member ever received any type of local, state or federal housing assistance or grant?

NO  YES  If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

Has any household member ever received any type of housing assistance or grant from KHA?

NO  YES  If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

Does any household member currently owe money to either the Kickapoo Tribe in Kansas or KHA?

NO  YES  If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

Does any household member currently owe money to any federally assisted housing program?

NO  YES  If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

Has any household member ever been denied assistance or required to repay money for knowingly misrepresenting information to a federally assisted housing program?

NO  YES  If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security card?

NO  YES  If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

<sup>3</sup> Examples of Income Verification: W-2's, tax returns, employee check stubs (must include employer name, address and contact information). SSI statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

<sup>4</sup> If any applicant owns an asset (such as real property) which has an unpaid balance on a loan secured by that asset, verification of the unpaid balance must be provided.

Are any household members related by blood or marriage to any of the following Tribal officials or employees?

Members of Tribal Council, members of KHA Commission or any KHA employee?  NO  YES

If yes, who? \_\_\_\_\_ Name of related official/KHA employee. \_\_\_\_\_

How are you related? \_\_\_\_\_

Have you ever received Tribal Member Rental Assistance from KHA?

NO  YES  If yes, when (year(s))? \_\_\_\_\_

Are you, or will you be, receiving rental assistance from any other HUD funded program (including 37 Act or NAHASDA subsidized housing in the KHA community, or any other county/state)?

NO  YES  Comment: \_\_\_\_\_

**UNIT:**

Are you presenting living in the Unit you are applying for assistance in?  NO  YES

Will you be moving?  NO  YES

If known/applicable, please list your (prospective) contact information for the unit you will be living in.

Address: \_\_\_\_\_  
Street City State Zip

\*\*\*\*\*

**BACKUP CONTACT INFORMATION:** Provide a backup contact (someone that will always be able to contact you or someone you regularly check in with). This person will only be contacted in the event you forget to notify KHA of a change in address/contact information (such as during summer break).

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Primary Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

**APPLICANT DECLARATION:**

I certify all information listed on this form and all supporting documentation supplied with this application is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying eligibility. I understand that I must report any changes to the information contained herein to KHA in accordance with applicable policy. Further, I understand that if I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state or Tribal law; may be denied assistance; and may be required to repay any assistance received.

\_\_\_\_\_  
Tribal Member/Applicant Date

Return completed applications with all supporting/verification documentation and Authorization for Release of Information to:

Kickapoo Housing Authority  
888 112th Drive  
Horton, KS 66439

OR

email [rmckinney@khakansas.org](mailto:rmckinney@khakansas.org)  
FAX: (785)486-2637

Assistance is subject to current eligibility requirements and availability of funding.

**NOTICE:** The receipt of grant funds may be considered taxable income in the year received depending on your financial circumstances

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Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to the Kickapoo Housing Authority (KHA), its duly authorized representative and/or its contracted agent for purposes of verifying my eligibility to receive benefits from KHA.

Those that may be asked to release the information include, but are not limited to: the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 18 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant or Adult Household Member

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant or Adult Household Member

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant or Adult Household Member

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

**Livability Standards**

**Housing Rental Assistance**

Tribal Members must confirm unit meets the listed livability standards below as well as **provide the photographs** requested so KHA can confirm the livability of the unit.

**Over-all Unit**

All doors and windows allowing access to the unit can be locked.

There is a safe fire escape route.

There is reliable heating which is in proper operating condition and which provides adequate heat. Unvented room heaters which burn gas, oil or kerosene are not acceptable.

Unit must be free of vermin, rodent, or insect infestation.

Unit must not present any health hazards such as mold.

No fewer than two electrical outlets should be present and working in the living area, kitchen and bedrooms.

Ceilings, walls and floors will not have any serious defects, i.e., severe bulging, large holes, missing parts or other serious damage.

Condition and equipment of interior and exterior stairways, halls, porches, walkways, etc. will not present danger of tripping or falling.

Smoke Detectors in working condition.

**Photographs:**

- \_\_\_\_\_ Entry door with focus on door hardware (door knob, locks)
- \_\_\_\_\_ Windows with focus on locking hardware
- \_\_\_\_\_ Smoke detector - location: \_\_\_\_\_
- \_\_\_\_\_ Smoke detector - location: \_\_\_\_\_
- \_\_\_\_\_ Smoke detector - location: \_\_\_\_\_
- \_\_\_\_\_ Heating system (baseboard, in wall, forced air)
- \_\_\_\_\_ Outside of building: Overall building/Unit
- \_\_\_\_\_ Outside of building: Picture of address
- \_\_\_\_\_ Water heater (if it is accessible)

## Bathroom

- Flush toilet in a separate room
- Sink with hot and cold running water
- Shower or tub with hot and cold running water
- Plumbing in good operating condition (no apparent leaks, water present and drains/toilet operational)
- Water supply for drinking and bathing.
- Ceiling or wall light fixture will be present and working.

### Photographs:

- \_\_\_\_\_ Bathroom sink
- \_\_\_\_\_ Under bathroom sink
- \_\_\_\_\_ Toilet
- \_\_\_\_\_ Tub enclosure
- \_\_\_\_\_ Picture of whatever method is used to ventilate bathroom (window or fan)

## Kitchen

Water supply for drinking and washing dishes  
Ceiling or wall light fixture will be present and working.

### Photographs:

- \_\_\_\_\_ The kitchen sink
- \_\_\_\_\_ Plumbing under the kitchen sink
- \_\_\_\_\_ Inside the refrigerator
- \_\_\_\_\_ Inside of the oven

## Bedroom/Sleeping Room

One sleeping room or living/sleeping room for each two persons.  
Sleeping rooms will have at least one window which opens and closes.

### Photographs:

- \_\_\_\_\_ Window with focus on locking hardware
- \_\_\_\_\_ Bedroom door
- \_\_\_\_\_ Other:

## **Tribal Member / Applicant Certification:**

I, certify that \_\_\_\_\_ is:  
(Print Name) (Unit address)

Initial One:

- \_\_\_ Housing that fully meets the Livability Standards
- \_\_\_ Housing with an area of concern which may meet Livability Standards upon further review (see note and photograph).

Tribal Member: \_\_\_\_\_ Date:  
(Signature)