



## KICKAPOO HOUSING AUTHORITY

888 112<sup>th</sup> Drive  
Horton, KS. 66439  
(785) 486-3638  
Fax (785) 486-2637

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### RECERTIFICATION

In order to remain in our Low Rent housing, you must update your application. Because you live in an income based unit, it is a requirement that you must submit income verification along with your recertification application in order to determine eligibility for continued occupancy. Application and all supporting documents must be turned back into this office.

### REQUIRED DOCUMENTS

INCOME VERIFICATION -	Three most recent paystubs or an official statement from your employer indicating hours worked and hourly wage.
BENEFITS RECEIVED -	Statement of verification from Social Security Administration, Veterans Administration, Retirement, The Department of Human Services, Child Support, etc.
BIRTH CERTIFICATE(S) - (If requested)	Copies for all members of the household.
SOCIAL SECURITY CARD(S) - (If requested)	Copies for all members of the household.
TRIBAL I.D. CARD(S) - (If requested)	Copies for all members of the household.
PET INFORMATION -	Registry Information & Vaccinations

**ONLY COMPLETED original applications with ALL documents requested will be accepted. *Failure to comply with this process will result in a breach of tenant obligation and your Lease will not be renewed and shall result in an eviction.***

Kickapoo Housing Authority  
Application for Recertification

Head of Household Information:

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

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

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

\_\_\_\_\_  
City/State/Zip Code

(\_\_\_\_\_)\_\_\_\_\_

Home Phone or Cell Phone

(\_\_\_\_\_)\_\_\_\_\_

Work Phone:

\_\_\_\_\_  
Student? Yes or No

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Age

\_\_\_\_\_  
Social Security Number

(\_\_\_\_\_)\_\_\_\_\_

Alternate Phone

(\_\_\_\_\_)\_\_\_\_\_

Emergency Phone

Occupant Information:

List ALL individuals who are approved to live with the applicant. All members are subject to a background check. Rent & dwelling size are determined in part by the size of the family. In determining the size of the family, the KHA will count all children who are the children of the applicant and the applicants spouse if residing together. Other children will be considered eligible if the applicant can prove he or she has legal & residential custody of the child/children. Proof of the above shall be by Birth Certificate and/or an order from a court of competent jurisdiction duly signed by a judge, filed stamped and certified or other evidence the KHA considers sufficient.

Kickapoo Housing Authority  
Application for Recertification

Occupant Information - Continued...

Name	Relationship to Applicant	Birthdate	Social Security Number	Student? Y or N

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Income Information:

List the name, total annual income and source of income for ALL individuals who occupy the rental unit. Include Wages, Per Capita Payments, Social Security, Social Services, Unemployment Benefits, VA Benefits, Retirement Income and ALL other sources of income.

Name	Annual Income	Source/Type of Income

List any members of your household with a disability:

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

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

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Deductions:

Childcare Expenses:

The anticipated amount to be spent for the care of minors under the age of 13. Verification for this expense will need to be submitted to be filed with your application. A "Verification of Child Care" form may be obtained from the KHA office.

\$ \_\_\_\_\_

Medical Expenses:

The anticipated amount to be spent for medical expenses for tenants who are 62 years of age or older, disabled or handicapped. Verification must be provided such as a statement from your physician or pharmacist.

\$ \_\_\_\_\_

## AUTHORIZATION for Release of Information

CONSENT: I authorize and direct any Federal, State or local agency, organization, business, or individual to release to the Kickapoo Housing Authority (KHA) any information or materials needed to complete and verify my application for Recertification to determine my eligibility for continued occupancy or assistance under Low Income Public and Indian Housing or other housing assistance programs. I understand and agree that this authorization or the information 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 me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Medical or Child Care Allowances    Credit and Criminal Activity    Identity and Marital Status  
Employment, Income, and Assets    Residences and Rental Activity

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on the program requirements) include, but are not limited to:

Previous Landlords	Public Housing Agencies	Past and Present Employers
Welfare Agencies	State Unemployment Agencies	Social Security Administration
Utility Companies	Medical and Child Care Providers	Veterans Administration
Retirement Systems	Banks and other Financial Institutions	Law Enforcement Agencies
Schools and Colleges	Credit Providers and Credit Bureaus	Support and Alimony Providers
Courts/Post Offices		

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for the entire length of tenancy with the KHA.

	Printed Full Name	Signature	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____