

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

INSTRUCTIONS FOR COMPLETING THE COLLEGE STUDENT RENTAL ASSISTANCE APPLICATION PROCESS

1. Complete the Student Rental Assistance application form.
2. Attach your FAFSA Student Aid Report – your income eligibility will be determined based on the HUD Income Guidelines for where you will be attending school. If you are defined as “Dependent” by FAFSA, we will have to include your parents’ income in your income eligibility.
 - a. Instructions for accessing your FAFSA are on the website.
 - b. Instructions for accessing your income guidelines can be found on the website.
3. Attach income verification documentation (i.e. pay stubs from employment, per capita letter, Social Security award letters, etc.) for any family you will be living with at the time you are attending school (i.e. spouse, brother, sister, etc.)
4. Attach your Tribal Enrollment verification (CDIB)
5. Copy of Rental Agreement
6. Documentation of School enrollment

NOTE: THIS INFORMATION MUST BE PRINTED FROM SCHOOL WEBSITE or on school letterhead

- a. Your name
 - b. Name of the school
 - c. Number of credits receiving
 - d. Start & stop dates of term
5. Send to KHA, either via mail, email, or fax
 - e. 888 112th Drive
Horton, KS 66439
 - f. Fax: (785)486-2637
 - g. Email: rmckinney@khakansas.org

Incomplete applications will not be accepted

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COLLEGE STUDENT RENTAL ASSISTANCE PROGRAM APPLICATION

This program supports low-income Kickapoo Tribe in Kansas tribal members attending post-secondary educational institutions by providing a rental stipend to assist them with their rental housing costs.

STUDENT/APPLICANT: Provide current contact information.

Name: _____
Last First Middle

SSN: _____ DOB: ____/____/____

Address: _____
City State Zip

Best Contact Phone: () _____

Email: _____

RESIDENTS OF RENTAL UNIT: List ALL persons who are or will be living in the rental unit and provide income for all adults listed.

Legal Name	Relationship to Student	Date of Birth
	SELF	

INCOME: Provide income from all sources for household members [student 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.

Are you related to any 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 Student Rental Assistance from KHA?
NO YES If yes, when (year(s))? _____

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.

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
FAX: (785)486-2637

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

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Authorization for Release of Information – Student Rental Assistance

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