

Kokomo Housing Authority Affordable Housing Initiative Application

Contact Information

Mailing Address:	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Street (including Apt or Lot #) or P.O. Box</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State Zip Code </div>
Phone Number(s):	<div style="border-bottom: 1px solid black; height: 20px;"></div>
Email Address:	<div style="border-bottom: 1px solid black; height: 20px;"></div>

Household Information

Please list all members of your household, including yourself, who are expected to live with you at the time we offer you assisted housing. If you or anyone in your family requires a reasonable accommodation in order to fully use our programs and services, please contact the PHA 504-ADA Coordinator at (765) 459-3162.

Full Legal First Name	Full Legal Last Name	Relationship to Head of Household	Date of Birth	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Have you or any member of your household been known by any other name? Yes No

If yes, please list below:

Current Name: _____ Previous Name(s): _____

Current Name: _____ Previous Name(s): _____

Current and Previous Address Information

List all former addresses in the last 5 years including: shelters, places you have rented from, or if you have lived with family members (please include your current residence)

Address where Resided (Include city, state and zip code)	From Month/Year to Month/Year	Family Member Name, Landlord information, or Shelter name & Address
Current:		

Income information

Which member receives Income	Source of Income (Ex. Name of Employer, TANF, SS/SSI, Unemployment, etc.)	Gross Amount Received	How often Paid

Applicant's statement: I/We certify that the information given to the housing authority on household composition, rental history, and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for termination of tenancy. I/We understand that we are responsible for reporting any changes to our application by means of completing an update form in the Housing Services office.

Head of Household Signature Date

Spouse/Co-Head Signature Date

Other Adult Signature Date

Other Adult Signature Date

KHA Representative Date

