

# KOKOMO HOUSING AUTHORITY'S HOUSING ASSISTANCE APPLICATION

*\*\*\*Please note: An incomplete application will not be processed!  
Please make sure that you answer all areas appropriate to your family.*

**OFFICE USE ONLY**

**DATE & TIME STAMP BELOW:**

  
  

\_\_\_\_\_

**KHA SIGNATURE**

**Copy of photo ID? Yes or No**

### 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;"> <span>City</span> <span>State</span> <span>Zip Code</span> </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>

**Preferred method of contact (Please check only ONE):**  Mail  Email

*\*\*\*Note: We will use your preferred method of contact for any notifications of your application status. This information can be changed.*

### 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	Full-time student?	Marital Status	Social Security Number
1.						X
2.						
3.						
4.						
5.						
6.						
7.						
8.						

1. 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): \_\_\_\_\_

2. Has any adult in the household received a felony conviction?  Yes  No

If yes, please provide the name of the household member, the charge they were convicted with, and when this conviction occurred: \_\_\_\_\_

3. Are any adult members of the household a full-time student (12+ credit hours per semester)?  Yes  No

If yes, please list their name(s) and which school they attend:

Name of family member: \_\_\_\_\_

Name of school: \_\_\_\_\_

a. Does this person receive a scholarship or grant?  Yes  No

If yes, how much is approved for housing expense? \$ \_\_\_\_\_

**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**

Is there any income in the household?  Yes  No If yes, please list below.

Which member receives Income	Source of Income	Gross Amount Received	How often Paid

**Asset Information**

Type of Asset/Account (such as checking, savings, stocks, bonds, etc.)	Bank Name and Account Number	Balance and Interest Rate

Do you own a home or other real estate?  Yes  No. If yes, please list the address of property or properties that you own.

\_\_\_\_\_

**Allowances**

**Childcare allowance (If employed, seeking employment, or attending school)**

Name of business/person providing care: \_\_\_\_\_

Address of childcare provide: \_\_\_\_\_

How often Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

**Medical Expenses (If Head of Household, Co-Head, or Spouse are elderly or disabled):**

Name of Health Insurance Company \_\_\_\_\_

Premium number \_\_\_\_\_

Physician name \_\_\_\_\_ Address \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_ Address \_\_\_\_\_

**Previous Participation Information**

1. Has anyone listed on this application ever lived in a household receiving help with rent from any HUD program such as Public Housing or Section 8?  
 Yes  No

If yes, please provide information the following information:

Name of household member(s) received/receiving assistance: \_\_\_\_\_

Name of agency (ex: Kokomo Housing Authority): \_\_\_\_\_

Type of program (ex: Section 8): \_\_\_\_\_

Start date and end date of assistance: \_\_\_\_\_

2. Do you owe money to the Kokomo Housing Authority or any other HUD program such as Public Housing or Section 8?  
 Yes  No

If yes, please list who the money is owed to: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

3. Have you ever committed fraud in connection with a federal program?  Yes  No

Please list below the names and address of two (2) friends or relatives not living with you whom we may contact to leave a message or in the event of an emergency.

Name	Relationship	Phone number

**Certified Statement:** The information requested on this form is being collected in connection with regulations of the Housing and Urban Development to determine an applicant's initial and continued occupancy, the unit size and the amount of contribution by the residents. It will be used to provide the basis for managing the programs for protecting the United States Government and The Housing Authority of the City of Kokomo, Indiana's financial interest and for verifying the accuracy of the information furnished. It may be released to appropriate federal, state and local agencies, when relevant to civil, criminal or regulatory investigators or prosecutors. Failure to provide any information may result in delay or rejection of eligibility approval, or subsequent determination that initially approved eligibility approval was erroneous. General authorization to request this information is based on the authority granted by the United Development Amendments of 1981, p.1,97-35, 85 status, 348-408.

**Applicant's statement: I/We certify that the information given to the housing authority on household composition, income, family assets and allowances 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 housing assistance and 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

