

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



LOCAL PREFERENCE SHEET

HOH Name: _____ Social Security # _____

The Kokomo Housing Authority uses the following Local Preferences. Please place a check mark in the box or boxes that apply to your situation. Additional information and verification will be needed when you complete an update.

Are you currently self-employed? YES NO

What type of work do you do? _____

Are you currently Employed? YES NO

Name of Employer: _____

Length of time at current employment: _____

Address and phone number of current employer: _____

Are you a Veteran? YES NO

Are you receiving Social Security or Disability? YES NO Are you over 61? YES NO

Do you have a disability that impacts your daily personal activities? YES NO

Are you currently homeless? YES NO

Name of shelter or individual(s) you are staying with, and contact information: _____

Are you a victim of domestic violence or a hate crime? YES NO

Are you currently working with any local agency who referred you to KHA? YES NO

Which agency referred you? _____

Do you have a partner referral form? YES NO If yes, please provide a copy of the referral form.

Are you a resident of Howard County, Indiana? YES NO

Applicant's statement: I/We certify that the above information given to the housing authority 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.

Applicant Signature

Date



Housing Authority of the City of Kokomo, Indiana

210 East Taylor Street · P.O. Box 1207 · Kokomo, Indiana 46903-1207

Telephone (765) 459-3162 · Fax/TDD (765) 452-7199

Derick W. Steele, CEO

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT – I authorize and direct any Federal, State, County or City Agency, financial or credit institution and/or loan company, business, or individual to release to the HOUSING AUTHORITY OF THE CITY OF KOKOMO (KHA) any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under the Section 8 Housing Choice Voucher Program, or other housing assistance program. 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 administration and enforcing program rules and policies. I also consent for HUD or the KHA to release information from my file about my rental history to HUD credit bureaus, collection agencies or future landlords. This includes records on my payment history, and violations of my lease or HUD/KHA policies.

INFORMATION COVERED – I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. **Verification and/or disclosure of information contained in accounts and inquiries that may be requested include but are not limited to:**

Identity & Martial Status	Employment Income	Residences & Rental Activity
Real Estate	Personal Property/Assets	Family Composition
Medical Records & Expenses	Child Care Expenses	Criminal Activity
Income Benefits (Welfare, SSI, UIB, etc.)	Income Tax History	Credit Accounts & Applications
Bank, Credit Union Accounts & Statements	Non-Citizen Status	Credit reporting

GROUP OR INDIVIDUALS THAT MAY BE ASKED – I understand that the KHA may in the course of determining eligibility or in a fraud investigation may share the above information with the following Groups or Individuals. **The groups or individuals that may be asked to release or share the above information (depending on program requirements) include but not limited to:**

Previous Property Owners	Past & Present Employers	Veterans Pension/Benefits
Previous Public Housing Agencies	Welfare Agencies	Retirement Systems
Courts & Post Office	State Unemployment Agencies	Bank/Financial Institutions
Social Security Administration	Law Enforcement Agencies	Credit Providers & Bureaus
Schools and Colleges	Medical & Child Care Providers	Utility Companies
Support & Alimony Providers	District Attorney	US Immigration & Naturalization Service
Internal Revenue Service	Unemployment Department	

COMPUTER MATCHING NOTICE AND CONSENT – I understand and agree that HUD or the KHA may conduct computer matching programs to verify the information for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the KHA may in the course of its duties (including fraud investigation) exchange such automated information with other Federal, State, County or City Agency, including but not limited to:

State Employment Security Agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; the Social Security Agency; and State or local welfare and food stamp agencies.

CONDITIONS – I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the KHA and will stay in effect for a year and one month from the date signed. In the event that the authorization is expired, I understand the KHA (when deemed necessary) may mail an authorization form for renewal (to be signed and returned by me) in order to maintain continued assistance under the Section 8 Housing Choice Voucher Program. I understand I have a right to review my file and correct any information that I can prove is incorrect.

NOTE: This General consent may not be used to request a copy of tax returns. If a copy of a tax return is needed, IRS Form 4506 – “Request for a copy of tax form” must be prepared and signed separately.

My signature here attests to agreement with the information on both sides of these documents

Initial: _____



APPLICANT/TENANTS CERTIFICATION

Giving True and Complete Information - I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition - I know I am required to immediately (within 14 days) report in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I also understand that I am required to report if any adult living with me is no longer a full-time student. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance - I certify that I have disclosed where I received any previous Federal housing assistance and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance - I certify that the house or apartment that will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation - I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing or signing needed forms, submitting documentation requested by the Kokomo Housing Authority I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information - I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

My signature here attests to agreement with information on both sides of this document.

Head of Household (signature)

(Print name)

(Social Security No.)

Date

Spouse (signature)

(Print name)

(Social Security No.)

Date

Adult Member (signature)

(Print name)

(Social Security No.)

Date

Adult Member (signature)

(Print name)

(Social Security No.)

Date

