



Flint Hills Housing Assistance Instructions for TBRA Security and Utility Deposits

Please bring the completed Pre-Application, verification of ALL household income, along with original social security cards for all household members so that our office can make copies for your TBRA application. Once the pre-application has been completed, all adult household members must meet with Flint Hills Housing Assistance Staff to complete the application process.

Incomplete applications will be returned which will cause a delay in the process of assistance.

Flint Hills Housing Assistance will pay 80% of Security and Utility Deposits upon approval, the remaining 20% will be the responsibility of the applicant.

Flint Hills Housing Assistance can only assist with the security deposit in a new rental prior to move in. It is not available for existing leases.

*Flint Hills Housing Assistance cannot pledge, process, issue, or deliver any funds to your landlord or utility companies until **after** your unit has passed a HQS inspection.*

To schedule an inspection at your unit, we will need:

Security Deposit

1. **Request for Unit Approval** form filled out and signed by you and your prospective landlord
2. **Copy of proposed lease** that shows your name, correct unit address, and security deposit amount

These must be received by mail at 401 Houston St., Manhattan, KS 66502 or faxed to (785) 776-9479 before an inspection can be scheduled at your unit.

Utility Deposit

1. **Copy of utility bill** or other document showing your account number
2. **Notice of refundable utility deposit amount** from utility company

**** Prior to providing your account number(s) to us, please contact all utility companies (1) to authorize them to release information about your account to Flint Hills Housing Assistance, and (2) to prepare your account for your new unit (i.e., resolve any outstanding utility balances, transfer the unit from landlord or previous owner to your name, setup a new account, etc.).**

Important: Utilities (electric, gas, water etc.) must be turned on at your unit prior to your inspection. If you need confirmation letters of your TBRA approval for utility companies, please notify us as soon as possible.

Security deposit checks are issued directly to your landlord; utility deposit checks are issued directly to your utility company.

You or your landlord can call (785) 776-9294 or 1-800-432-2703 with any questions.



**Summary of the FHHA Tenant Based Rental Assistance (TBRA) Program
provided by the Kansas Housing Resources Corporation (KHRC)**

Briefing Packet Contents:

- TBRA Fair Market Rents
- "A Good Place to Live!" – HUD inspection information packet
- Lead-Based Paint Disclosure*
- Elevated Blood Level Verification Form**
- EPA 10 Tips to Protect Children from Pesticide/Lead Poisoning
- Protect Your Family From Lead In Your Home – HUD lead hazards information packet
- Request for Unit Approval

*please sign and leave with staff

**optional, sign and return if desired

Steps to Receiving Security Deposit/Utility Deposit Assistance:

- 1) Provide COMPLETED TBRA APPLICATION: All Questions must be acknowledged; all other required documents must be provided.
- 2) Please allow 7 to 14 days for processing your application.
- 3) Attend TBRA briefing, sign all necessary documents.
- 4) Sign and date the Request for Unit Approval.
- 5) Give the Request for Unit Approval to your property owner to fill out and sign; return to our office with a copy of the proposed lease for the unit (along with proof of amounts requested for utility deposits from utility companies, if necessary).
- 6) Unit will be approved by our office and an inspection scheduled.
- 7) If the inspection passes, a request for payment will be made to KHRC and checks sent to your landlord/utility company. If not, letters will be sent to you and landlord notifying you of repairs to be made. Upon the repairs being made and inspection passing, request for payment will be made.

**Tenant Based Rental Assistance
Program Rules**

You have 60 days from the date of your briefing to locate a suitable unit and submit Request for Unit Approval paperwork to our office. If you fail to submit Request for Unit Approval paperwork before the certificate expires, your TBRA application will be denied and you will need to re-apply.

You may only receive TBRA assistance once every 18 months.
Utility deposit assistance may be received only in conjunction with a security deposit; i.e., you may not receive utility deposit assistance by itself.



**TBRA Applications
Application for Waiting List
(PRE-APPLICATION VERSION)**

APPLICANT NAME: _____
 Current Address: _____
 City, State, Zip Code: _____
 HOME Phone: _____ Alternate Phone: _____

Household Composition

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Member's Full Name	Relationship	Date of Birth	Age	Sex	Social Security No.

Lead Based Paint Related Information (This information collected to assure compliance with lead base paint policy).

Are any members of the household currently pregnant? YES NO

Race of Head of Household (Check One)

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White Black Asian/Pacific Islander
 Native American/Alaskan Native Hispanic

Preference Information. You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

- Are you currently homeless or living in substandard housing?
 Have you been (or are you about to be) displaced from your housing?

Felony Conviction

Have you or any member of your household been convicted of a felony within the last 5 years?

- YES NO

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, TANF or other benefits).

\$ _____

Application Certification: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Program Administrator to verify all information provided on this application.

 Head of Household Signature Date Spouse Signature Date

Personal Declaration

Household Information:

Name	Relationship to head	Social Security Number	Date of Birth	Marital Status
	Head			

Income Information:

Who receives?	Source	Monthly income

Assets Information: (If you answer "yes" to a question, you must specify in the space provided)

1. Do you or anyone in the household own or have any interest in real estate, boat, or mobile home? Yes No
2. Do you or anyone in the household own stocks, bonds, CD, etc? Yes No.
3. Do you have a savings account? Yes No. If yes, list name of bank and account number.

Other Information: (if you answer "yes" to a question, you must specify in space provided)

1. Does anyone outside of the household pay any of your bills or give you any money? Yes No
2. Have you used any names or social security numbers other than the ones you are currently using? Yes No
3. Have you ever lived in public housing or participated in another housing program? Yes No

Certification – I/We certify the information given to the housing agency is accurate and correct to the best of my knowledge and belief. I/We understand that any false statements or information are punishable under state and federal laws. I/We further understand that any false statements or information are grounds for termination of housing assistance or tenancy.

Signature of Head of Household and date

Signature of Spouse and date

Other adult member and date

Other adult member and date

**Declaration of U.S. Citizenship
Or Non-Citizen With Eligible Immigration Status**

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

WARNING! Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

**TBRA APPLICATIONS
APPLICATION FOR RENTAL ASSISTANCE
(Formal Application)**

APPLICANT NAME: _____
 Current Address: _____
 City, State, Zip Code: _____
 HOME Phone: _____ Alternate Phone: _____

Household Composition

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Member's Full Name	Relationship	Date of Birth	Age	Sex	Social Security No.

Lead Based Paint Related Information (This information collected to assure compliance with lead base paint policy).

Are any members of the household currently pregnant? YES NO

Race of Head of Household (Check One)

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White Black Asian/Pacific Islander
 Native American/Alaskan Native Hispanic

Preference Information. You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

- Are you currently homeless or living in substandard housing?
 Have you been (or are you about to be) displaced from your housing?

Felony Conviction

Have you or any member of your household been convicted of a felony within the last 5 years?
 YES NO

(OVER)

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, TANF or OTHER benefits) \$ _____.

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (e.g. bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

EXPENSE INFORMATION

Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?

Yes No

Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?

Yes No

Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

Yes No

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Program Administrator to verify all information provided on this application.

Head of Household Signature Date	Spouse Signature Date
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**HOME Program
Eligibility Release Form**

Organization requesting release of information
(PJ name, address, telephone, and date)

Information Covered: Inquires may be made about
items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine the applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify 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, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expenses (If applicable)		
Medical Expense (If Applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full Time Student ____ Handicap/Disable d ____ Family Member ____ Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information that I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household-Signature, Printed Name, and Date:
Family Member HEAD

Other Adult Member of the Household-Signature, Printed Name, and Date:
Family Member #2

x
Other Adult Member of the Household-Signature, Printed Name, and Date:
Family Member #3

x
Other Adult Member of the Household-Signature, Printed Name and Date:
Family Member #4

x

x

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**FLINT HILLS HOUSING ASSISTANCE
AUTHORIZATION FOR RELEASE OF INFORMATION**

ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ & SIGN THIS FORM

PURPOSE

Flint Hills Housing Assistance, herein after referred to as "housing authority," may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of information, including documentation and other materials, necessary to verify eligibility for, or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my household that is pertinent to the determination of my eligibility for, or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Medical Expenses
Handicapped Assistance Expenses	Family Composition
Credit History	Social Security Numbers
Identity and Marital Status	Employment, Income, Pensions and Assets
Criminal History and Activity	Residences and Rental History
Law Enforcement Records	Federal, State, Tribal or Local Benefits
Probationary Records	Community Support Assistance

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Banks and Other Financial Institutions	Providers of:
Local/State/Federal Courts	Alimony
Local/State/Federal Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past and Present	Credit
Schools and Colleges	Handicapped Assistance
Landlords	Medical Care/Services
Local Community Social Service Agencies	Pensions/Annuities
Utility Companies	Mental Health Services
State Welfare Agencies	Substance Abuse Treatment

CONDITIONS

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in FHHA housing programs. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the housing authority.

PRINT NAME: _____

PRINT NAME: _____

SOC. SEC. #: _____

SOC. SEC. #: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____