



THE TOPEKA HOUSING AUTHORITY

2010 SE California Ave. ■ Topeka, KS 66607
Phone: 785-357-8842 ■ Fax: 785-357-2648 ■ www.tha.gov

You will need to provide all the listed documents that pertain to you and your family at the time of application

APPLICATIONS ARE ACCEPTED

MONDAY- FRIDAY from 8:00 am to 5:00 p.m. Have application fully completed.

- **Have all documents out and ready to be copied.**
- **If providing copies you must provide the original at or before your showing appointment**
- **If applying online please mail in copies of all required documents or email them along with your application to AMelendez@THA.gov**

THE FOLLOWING ARE THE DOCUMENTS THAT ARE REQUIRED TO PROCESS YOUR APPLICATION

- **Adults (18 years and over)**

All family members over 18 years of age must complete an Authorization to Release information

State issued Identification Card or Drivers License

Social Security Card

All proof of income (Cash assistance, Food stamps, Social security, Most recent paycheck stubs, Self-employment, Unemployment, Child support)

Bank Statements (Most recent)

- **Children (17 and under)**

Social Security Card

Birth Certificate (or Birth Announcement, Birth Confirmation letter from hospital)

Proof of Custody

**** There will be a *\$200* security deposit required at the time of move in. ****



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PUBLIC HOUSING PRELIMINARY APPLICATION

PLEASE PRINT CLEARLY:

Applicant Name: _____ Home Phone: _____

Mailing Address: _____ Message Phone: _____
 Address City State Zip

Email: _____

FAMILY COMPOSITION

	Name(s)	Relationship	Date of Birth	City and State of Birth	Sex	Age	Race	Social Security Number
1.		HEAD						
2.								
3.								
4.								
5.								
6.								

_____ Working _____ Elderly or Disabled _____ Not claiming a preference

Please mark all income for your family and indicate monthly amounts:

_____ Employed: \$ _____ Place of Employment: _____
 _____ SSI/SSDI/SS: \$ _____ Name of person receiving: _____
 _____ DCF: Cash assistance: \$ _____ Food stamps: \$ _____
 _____ Unemployment: \$ _____ Child Support: \$ _____
 _____ Pension: \$ _____ No income of any kind _____
 _____ Other (please explain) _____

Rental History: (Please circle one)

Have you been evicted in the past three years or are currently being evicted? **Yes or NO**

Criminal History:

Have you been **arrested or convicted** for any **misdemeanor or felony** in the past five years? **Yes or NO**

Applicant Authorization and Certification

I/We authorize the Topeka Housing Authority to screen my/our application including contacting employers, landlords, businesses, conduct criminal screenings, and any other verification necessary to determine eligibility for housing assistance. I/We also understand that this is not a contract and does not bind either party.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION

Name _____

Social Security Number _____

In order to cooperate in the determination of my initial or continuing eligibility for tenancy, I authorize the Topeka Housing Authority to use this authorization and the information obtained with it to administer and enforce rules and policies.

Any individual or organization, including any governmental organization may be asked to release information. For example, information may be requested from: Banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, present or past employers, any federally subsidized rental assistance program, Social Security Administration, Veteran's Affairs, welfare agencies, utility companies, unemployment compensation, pensions/annuities, child care providers, any medical providers, and the United States Postal Service.

I hereby authorize the above persons, firms or corporations or any others it may be necessary to contact to make available any documents or records concerning me to the Topeka Housing Authority for inspection and copying.

This release will expire 15 months from the signature date.

Signature _____ Date _____



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HUMAN SERVICE GRANT VERIFICATION (TANF, GA, ETC)

HUMAN SERVICE OFFICE: Topeka DCF
 ADDRESS: PO Box 1424
 CITY, STATE, ZIP: Topeka, KS 66601-1424

PERMISSION FOR RELEASE OF INFORMATION:

I Authorize you to furnish the information requested below to the Topeka Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

NAME(S) OF APPLICANT & HOUSEHOLD MEMBERS:	SOCIAL SECURITY#(S):

SIGNATURE OF ADULT:	DATE:
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***** STOP HERE *****

TYPE(S) OF ASSISTANCE/INCOME RECEIVED:

TANF	\$ _____	SSDI	\$ _____
GA	\$ _____	MA	\$ _____
SSI	\$ _____	_____	\$ _____
		_____	\$ _____

Has this person worked in the last year? YES ___ NO ___

PRINTED NAME OF PREPARER:

SIGNATURE OF PREPARER:	DATE:
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Thank you for your cooperation. All information is confidential. Please return this form by fax (785) 357-2648 or mail. If you have any questions, please feel free to contact our office at (785) 357-8842.

Housing Specialist