

THE TOPEKA HOUSING AUTHORITY

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

Pre-application Section 8 Housing Choice Voucher Program

PLEASE PRINT CLEARLY			Phone #					
Names of family members who will be living in this household (First, Middle Initial, Last)	Relationship to Head of Household	Date of Birth	City and State of Birth	Sex	Age	Race	Social Securi	ty Number
	HEAD			ΜF				
				MF				
				ΜF				
				ΜF				
				ΜF				
				ΜF				
Current Address		•					•	
Address (if different)			City				State	Zip

Email Address

Admission Preference Eligibility. The Topeka Housing Authority has an admission preference for Topeka/Shawnee County families whose head of household or spouse is working, elderly (age 62 or older), or a person with a disability. Please check all that apply:

 Head of household is a Topeka/Shawnee Co. resident. Head of Household Working Working Elderly (age 62 or older) Elderly (age 62 or older) Elderly (age 62 or older) Person with a disability 	Topeka/Shawnee County Kansas Residence	Working, Elderly or Person with a Disability				
Topeka/Shawnee Co., designed to prepare individuals for the job market.	 Head of household or spouse works (or has been hired to work) in Topeka/Shawnee Co. Head of household or spouse is a graduate of, or active participant in, education and training programs in Topeka/Shawnee Co., designed to prepare individuals 	WorkingElderly (age 62 or older)	 Working Elderly (age 62 or older) 			

Interviews and Verification Process

If your name reaches the top of the Section 8 waiting list, you will be notified in writing of the date and time to come in for an interview and complete additional paperwork. Any money owed to a housing authority to be paid before your application can be processed. Topeka Housing Authority will verify income and family eligibility for any Working Preference claimed, and will conduct rental history, citizenship and criminal background checks, prior to enrolling families in the Section 8 Housing Choice Voucher Program.

Additional information can be obtained by coming to the office or visiting http://www.tha.gov/section-8-faqs.

Section 8 <u>must</u> have an accurate address for you. You must notify THA's Section 8 Program in writing within 10 business days <u>every time you change your address</u>. Your name may be removed from the waiting list if the address on file for you is incorrect.

Note: APPLICATIONS MISREPRESENTING ANY FACTS WILL REJECTED.

I understand that this is not a contract and does not bind either party. The above information is correct to the bott of my knowledge. I have no objection to the Topeka Housing making inquiries for the purpose of verifying the facts since in this application.

Signature of Head of Household		Date
Necesita usted interprete Español?	Si	No

No family or individual is denied the equal opportunity to apply for or receive program assistance on the basis of race, color, sex, religion, creed, national or ethnic origin, age, marital status, handicap or disability. <u>Sec 8 Pre-Application-10/18/2017</u>