



# THE TOPEKA HOUSING AUTHORITY

2010 SE California Ave. ■ Topeka, KS 66607

Phone: 785-357-8842 ■ Fax: 785-357-2648 ■ [www.tha.gov](http://www.tha.gov)

## **PLEASE STOP AND READ!**

**If you are completing a change of income or family members packet and if your packet is not complete it will be returned to you and will no longer be accepted.**

**Your change packet must be complete and you must submit all updated documents for ALL household members before your change will take effect.**

**All adult members of the household must sign ALL forms certifying the information is correct.**

**Thank you.**



# **Topeka Housing Authority**

2010 SE California Ave

Topeka, KS 66607-1444

Phone (785) 357-8842 FAX (785) 357-2648

**Staff Use Only**  
Verification(s) sent

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## **CHANGE IN INCOME OR FAMILY MEMBERS**

Housing Choice Voucher (Section 8) \_\_\_\_\_ Public Housing \_\_\_\_\_  
Mainstream \_\_\_\_\_ VASH \_\_\_\_\_ FSS \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Give brief description of your change:** (i.e., for employment, give name of employer and start or termination date, adding or removing child, etc.)

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**I am reporting the following change(s): (Check all that apply)**

- \_\_\_\_\_ Increase in income as of \_\_\_\_\_ (date)  
\_\_\_\_\_ Decrease in income as of \_\_\_\_\_ (date)  
\_\_\_\_\_ Change in family members as of \_\_\_\_\_ (date)  
\_\_\_\_\_ Change in child care or medical expenses as of \_\_\_\_\_ (date)  
\_\_\_\_\_ Add child or remove adult as of \_\_\_\_\_ (date)

**You must submit all current documents.** This may include any of the following:

- SRS letter (TAF, FS, Child Care)
- Unemployment
- SS/SSI/SSDI Benefit Letter
- Offer of Employment Letter
- Termination Letter
- Current Paycheck stub(s)
- To Add Child/ren Need:
  - Birth certificate/announcement
  - SS card
  - Custody documents
- To Remove Household Member Need:
  - Copy of New Lease
  - Copy of utility bill showing new address
  - Statement from Landlord

**FILL OUT ALL FORMS THAT APPLY TO THE CHANGE FOR YOUR HOUSEHOLD AND ATTACH YOUR DOCUMENTS OR YOU MAYBE REQUIRED TO ATTEND AN APPOINTMENT AT A LATER DATE. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN ALL THE FORMS CERTIFYING THE INFORMATION IS CORRECT.**

# TOPEKA HOUSING AUTHORITY

## TENANT DECLARATION

For Interims and RFTA's

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of the household must sign this form certifying the information pertaining to them. Please print.

**I. HOUSEHOLD COMPOSITION:** List all persons who are living in your home, listing head of household first.

FAMILY MEMBER (LEGAL NAME)	DATE OF BIRTH	FAMILY MEMBER (LEGAL NAME)	DATE OF BIRTH
1		6	
2		7	
3		8	
4		9	
5		10	

**II. TOTAL HOUSEHOLD ANTICIPATED INCOME:** List **all** sources of current and anticipated income for everyone living in your household. This includes money from wages, child support, self employment, contributions, social security, disability payments (SSI), workers compensation, retirement benefits, AFDC, veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and **all other sources**.

Answer every question. For each "yes" answer, provide details.

\_\_\_ No \_\_\_ Yes

**Social Security:**

SSI/SSDI \$ \_\_\_\_\_ Name of recipient: \_\_\_\_\_

SSI/SSDI \$ \_\_\_\_\_ Name of recipient: \_\_\_\_\_

SS \$ \_\_\_\_\_ Name of recipient: \_\_\_\_\_

\_\_\_ No \_\_\_ Yes

**DCF:**

Cash \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_

\_\_\_ No \_\_\_ Yes

**Employed: (1<sup>st</sup> job or 1<sup>st</sup> adult/minor child(ren))**

Name of person working: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ Date Started: \_\_\_\_\_

\_\_\_ No \_\_\_ Yes

**Employed (2<sup>nd</sup> job or 2<sup>nd</sup> adult/minor child(ren))**

Name of person working: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ Date Started: \_\_\_\_\_

\_\_\_ No \_\_\_ Yes

**Do you have an order to receive child support?**

**Receiving?**

\_\_\_ No \_\_\_ Yes Court Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (circle one) weekly/biweekly/monthly

\_\_\_ No \_\_\_ Yes Court Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ weekly/biweekly/monthly

County and State where Child Support is Ordered: \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes

**Pension/Retirement/VA Benefits:**

Amount: \$ \_\_\_\_\_ Received from: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes

**Is anyone in your household 18 years old or older in school:**

Name of Student: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Does the Student Attend School: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

**Receiving?**

\_\_\_\_ No \_\_\_\_ Yes

School Loans or Grants:  
Amount: \$ \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes

**Unemployment:**

Amount: \$ \_\_\_\_\_ per week Date of First Payment Received: \_\_\_\_\_  
Date of First Week Claimed: \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes

**Per Capita:**

Amount: \$ \_\_\_\_\_ # of times received per year: \_\_\_\_\_  
Received from: \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes

**Do you or anyone in your household receive any other income or does anyone outside of your household pay for any of your bills or give you money on a regular basis?**

Who's Receiving: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ weekly/monthly (circle one)  
Received from: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Explanations for any of the above incomes if needed:

**THE INCOME REPORTED ON THIS FORM WILL BE VERIFIED AND WILL BE USED FOR YOUR MOVE IN EVEN IF ACTUAL INCOME IS DIFFERENT WHEN YOU MOVE IN!**

**III. EXPENSES:**

\_\_\_\_ No \_\_\_\_ Yes

**Do you pay for child care?**

Amount you pay \$ \_\_\_\_\_ weekly/bi-weekly/monthly (circle one)

Child Care Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes

**Elderly/Disabled only:** Do you have any new medical expenses that you pay out of your pocket that you have not already reported to the Housing Authority? If yes, please provide names and addresses of doctors or hospitals below. If you pay for prescription medicine, you will need to provide a computer print out from each pharmacy for the last twelve months.

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **all** changes in the income of any family member of the household, and **all** changes in family composition must be reported to the Housing Authority **in writing within 30 days** of the change. I also understand that falsifying information can lead to my housing assistance being cancelled.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Home/Work \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

THA Staff \_\_\_\_\_ Date \_\_\_\_\_



**THE TOPEKA HOUSING AUTHORITY**  
2010 S.E. CALIFORNIA AVENUE  
TOPEKA, KANSAS 66607  
Phone (785) 357-8842 FAX (785) 357-2648

## **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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Signature\_\_\_\_\_Date\_\_\_\_\_

Topeka Housing Authority  
2010 SE California  
Topeka, KS 66607

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)'S/TENANT(S)'S STATEMENT

I/We certify that the information\* given to the Topeka Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are punishable under the Federal Law and applicable State Laws. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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Signature of Head of Household

Date

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Signature of Spouse/Other Adult

Date

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Signature of Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 800-424-8590. (Within the Washington, DC metropolitan area, call 426-3500.)

\*After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more Information about this use.



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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:

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

**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



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**EMPLOYMENT  
VERIFICATION**

Employer	Phone
Employer Address	FAX
Employer City, State, ZIP	
<b>AUTHORIZATION TO RELEASE INFORMATION</b>	
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.	
Applicant – Printed Name	Social Security Number
Applicant Signature	Date
<b>STOP HERE – THE SECTION BELOW IS TO BE COMPLETED BY THE EMPLOYER</b>	
<b>Please provide information on Gross Earnings based on the employee's current employment status.</b>	
<b>Currently Employed?</b> <b>Current Wage/Salary \$</b> _____	
<input type="checkbox"/> <b>YES</b> Date First Employed _____ (Check one) <input type="checkbox"/> Per Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly	
<input type="checkbox"/> <b>NO</b> Last Day of Employment _____ <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
<b>Please provide the last year of payroll history</b>	
Average number of hours worked per week _____	Gross Year-to-Date Earnings \$ From ____/____/____ To ____/____/____
Is <b>Shift Differential</b> pay received for any of the hours worked? <input type="checkbox"/> No <input type="checkbox"/> Yes	If <u>yes</u> , average number of hours for per week for which Differential pay is received _____ Hours Shift Differential rate of pay \$_____ per hour
Is <b>Overtime Pay</b> received for any of the hours worked? <input type="checkbox"/> No <input type="checkbox"/> Yes	If <u>yes</u> , average number of hours per week for which Overtime Pay is received: _____ Hours Overtime Rate \$_____ per hour
Bonus, incentive, commission and/or tips? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$_____ (Check one) <input type="checkbox"/> Per Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____
List any anticipated change in the employee's rate of pay within the next 12 months \$_____ per _____	Effective Date ____/____/____
If the employee's work is seasonal or sporadic, please indicate the layoff period(s). Anticipated Layoff Dates: _____ to _____ Total: Days _____ Weeks _____ Months _____	
Additional Remarks	
Printed Name of Preparer	Phone
Signature of Preparer	Date

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### TERMINATION OF EMPLOYMENT VERIFICATION

NAME OF EMPLOYER:

ADDRESS:

CITY, STATE, ZIP:

#### PERMISSION FOR RELEASE OF INFORMATION:

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NAME(S) OF APPLICANT:

SOCIAL SECURITY #(S):

SIGNATURE:

DATE:

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

DATE EMPLOYED:

DATE OF TERMINATION:

LAST DAY WORKED:

REASON FOR TERMINATION:

- ☐ Employee Quit
- ☐ Terminated for Cause
- ☐ Lack of Work
- ☐ Other \_\_\_\_\_
- ☐ Prefer not to State

If terminated for lack of work or other, do you anticipate re-hiring this employee? YES \_\_\_ NO \_\_\_  
If YES, when: \_\_\_\_\_

Will employee receive additional pay for unused vacation or sick leave? YES \_\_\_ NO \_\_\_  
If YES, please list amount employee will receive \$

Will employee receive additional pay for workmen's compensation? YES \_\_\_ NO \_\_\_  
If YES, give name and address of company through which this may be verified:

SIGNATURE OF PREPARER:

DATE:

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THA Housing Specialist