



TOPEKA HOUSING AUTHORITY
REQUEST TO ADD TO LEASE/CASE

___	PH
___	S8
___	MS
___	VASH
___	THA Staff

PLEASE PRINT CLEARLY:

TENANT NAME: _____

Date of Request: _____

ADDRESS: _____

Unit Number (PH only): _____

PHONE: _____
 Home

_____ Work/Cell

List all persons that you wish to add to your PH lease or S8 or Mainstream or VASH case:

	Name(s) of Persons to be Added	Relationship to Tenant
1.		
2.		
3.		
4.		

I understand that all persons living in my unit must be approved to live there by the Topeka Housing Authority. If the above persons are denied being added to my lease or case, I understand that they cannot live in my unit. If I allow them to live in my unit, my housing assistance may be terminated.

 Signature of Head of Household

 Date

The attached application filled out by the person(s) to be added must be turned in with this form.



TOPEKA HOUSING AUTHORITY
Application to be Added to a Tenant's
Public Housing Lease or Section 8 Case

PLEASE PRINT CLEARLY:

NAME OF HEAD OF HOUSEHOLD _____

ADULT MEMBER OF HOUSEHOLD _____

PHONE _____
 Home/Message _____ Work _____

CURRENT ADDRESS _____

City _____ State _____ Zip _____

Email Address: _____ Race: _____

OTHER NAMES USED: _____

List cities and states you have lived in for the last five (5) years:

IF MORE THAN ONE ADULT IS TO BE ADDED, EACH ADULT MUST COMPLETE A SEPARATE APPLICATION. PLEASE PRINT CLEARLY:

I. PERSON(S) TO BE ADDED TO LEASE OR SECTION 8 CASE

Mbr. No.	Name(s)	Relationship	Date of Birth	City and State Of Birth	Sex	Age	Social Security Number
1.							
2.							
3.							
4.							

II. RESIDENTIAL HISTORY (where adult being added has lived the last five years) THIS INFORMATION IS REQUIRED. A CONTACT NUMBER FOR LANDLORDS IS NEEDED.

List Current Address & Phone	From	To	Rent	Utilities	Name, Address, and Phone Number of Landlord
			\$	\$	Name Phone Number:
Next Prior Address:			\$	\$	Name Phone Number:
Next Prior Address:			\$	\$	Name Phone Number:
Next Prior Address:			\$	\$	Name Phone Number:
Next Prior Address:			\$	\$	Name Phone Number:

I. INCOME AND ASSET INFORMATON:

A. Income:

Please answer each of the following questions. For each "yes" answer, provide details below.

___ Yes ___ No **Social Security:**
 SSI/SSDI \$ _____ Name of recipient: _____

SS \$ _____ Name of recipient: _____

___ Yes ___ No **DCF:**
 Cash \$ _____ Food Stamps: \$ _____

Yes No

Employed: (1st job or 1st adult/minor child(ren))

Name of person working: _____

Name of employer: _____

Address of employer: _____

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

Yes No

Employed (2nd job or 2nd adult/minor child(ren))

Name of person working: _____

Name of employer: _____

Address of employer: _____

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

Yes No

Child Support Ordered by the Court:

Receiving?

Yes No

Court Order #: _____ Amount: \$ _____ weekly/biweekly/monthly
Court Order #: _____ Amount: \$ _____ weekly/biweekly/monthly
County and state where Child Support is Ordered: _____

Yes No

Pension/Retirement Benefits:

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

Yes No

Receive School Loans or Grants:

Amount: \$ _____ Name of School: _____

Yes No

Is anyone in your household over the age of 18 years old and in high school?

Name of School: _____

Yes No

Unemployment:

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

Yes No

Per Capita:

Amount: \$ _____ # of times received per year: _____
Received from Name _____
Address _____
City, state, Zip _____

Yes No

Other:

Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$ _____ weekly/monthly (circle one)
Received from: Name _____
Phone Number _____
Address _____
City, State, Zip _____

B. Assets:

Yes No

Interest on Bank Accounts, CDs, IRA, etc:

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

Yes No

Do you or anyone in the household, including minors, have a checking, savings account, or prepaid debit card?

Avg. Balance \$ _____ Name on Account _____
Bank Name _____
Address _____
City, State, Zip _____

Yes No

**Do you or anyone in the household, including minors, own any stocks, bonds, trusts, pensions, real estate, mobile home, or other assets
If yes, give details.** _____

Yes No

**List the value of any assets disposed of for less than fair market value during the past two years.
If yes, give details.** _____

II. MEDICAL EXPENSES (Elderly/Disabled Families Only):

Yes No

**Do you have any current or past medical expenses that you pay out of your pocket?
If yes, please provide names and addresses of doctors or hospitals below.**

Name _____
Address _____
City, State, Zip _____

If you pay for prescription medicine, you will need to provide a computer print out from each pharmacy.

Yes No

Do you have Medicare? If yes, what is your monthly premium? _____

Yes No

Do you have any other kind of medical insurance? If yes, give details.

Monthly Amount You Pay \$ _____ Name of Carrier _____
Address _____
City, State, Zip _____

Yes No

Do you have a pet? If yes, what kind? _____

Yes No

**Do you or any member of your household require reasonable accommodations or modification to equally enjoy or access a housing unit, any other dwelling, program(s) or services?
If so, please list necessary features or accommodations.** _____

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

III. OTHER REQUIRED INFORMATION:

Yes No

Have you ever been a resident of any Housing Authority, or received any other federally subsidized housing assistance? If Yes, please provide the following:

Circle One: Section 8 Shelter Plus Care Public Housing Other (list) _____
Name Used: _____
Where: _____ When: _____

Yes No Have you applied for housing at the Topeka Housing Authority before?
If yes, please provide the following:

Name Used: _____
When: _____

Yes No Have you ever been evicted from any federally subsidized housing assistance program?
If Yes, list name used, where, and when:

Yes No Are you on the Bar and Ban List?

IV. CRIMINAL HISTORY:

Yes No Have you ever been arrested for or received a citation for any **FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS** or for **DRUG RELATED CRIMES**?

If yes, Year(s) of Arrest(s): _____
Arrested for or received citation for: _____
City, State, and County where arrested or received citation: _____

Yes No Have you ever been convicted of any **FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS** or for **DRUG RELATED CRIMES**? If yes, Year(s) of Conviction(s): _____

Convicted of: _____
City, State, and County where convicted: _____

Yes No Are you or anyone in your household on any State's sexual offender list?

If yes, what state? _____
Please Explain: _____

Yes No Have you ever been arrested or convicted of producing meth while living in a federally assisted unit?

V. GUARDIAN OR CASEWORKER INFORMATION:

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

PAYEE INFORMATION:

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

Should paperwork be sent to you or your guardian or payee?

Send paperwork to me Send paperwork to guardian Send paperwork to payee

NOTE: I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

APPLICANT CERTIFICATION

I/We certify that the information given to the Topeka Housing Authority on income, household composition, 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 or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Other Adult in Household

Date

Signature of Head of Household

Date