



TOPEKA HOUSING AUTHORITY
PERMISSION FROM LANDLORD TO ADD TO LEASE & SECTION 8 CASE

____ Sec 8
____ MS
____ VASH

PLEASE PRINT CLEARLY:

NAME OF HEAD OF HOUSEHOLD _____

PHONE _____

HOME

WORK

CURRENT ADDRESS _____

Message: _____

City _____ State _____ Zip _____

I. CURRENT PERSON(S) IN HOUSEHOLD:

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

II. PERSON(S) TO BE ADDED TO LEASE & SECTION 8 CASE:

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

I understand that all persons living in my unit must be approved to live there by the Landlord and Topeka Housing Authority. If the above person(s) is/are denied being added to my lease and/or Section 8 case, I understand that they cannot live in my unit. If I allow to unauthorized person(s) to live in my unit, my housing assistance may be terminated.

Signature of Head of Household

Date

TO BE COMPLETED BY CURRENT LANDLORD:

The above referenced Section 8 Participant (Check one of the following)

_____ has my permission to add the above listed person(s) to their lease as long as they meet Topeka Housing Authority's criteria.

_____ does not have my permission to add the above listed person(s) to their lease even though they may meet Topeka Housing Authority's criteria. I am denying this because _____

Signature of Landlord

Date

Landlord Phone Number

Confirmed by THA Employee:

Signature of THA Employee

Date



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.

___ 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