

**COWLEY COUNTY HOUSING AUTHORITY  
APPLICATION FOR SECTION 8 RENTAL ASSISTANCE**

<b>Application Received</b>
Date: _____
Time: _____

Indicate the county you wish to live in if you are offered assistance.

_____ Chautauqua	_____ Cowley	_____ Elk	_____ Greenwood
_____ Harper	_____ Kingman	_____ McPherson	_____ Reno
_____ Rice	_____ Sumner		

*(PLEASE PRINT)*

Head of Household/  
Applicant:

LEGAL Last Name	First Name	Middle Initial
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Current Address:

Street	City	State	Zip Code
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Mailing Address:

Street	City	State	Zip Code
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Telephone Numbers:

Home Phone	Work Phone	Cell Phone
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Emergency Contact:

Name	Relationship	Home Phone	Other Phone
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**Household Members:** Please list ALL household members below, listing the Head of Household, followed by the spouse or co-head of household, other adults (anyone age 18+), and minor children. *Gender and race information is required for record keeping purposes only and is not used to determine program eligibility.*

No.	LEGAL Last Name	First Name	MI	Age	Date of Birth	Sex M/F	Relationship to Head of Household	Citizen Y/N	Race	Social Security Number
1							<i>Self</i>			
2										
3										
4										
5										
6										
7										
8										

Does anyone live with you now who is not listed above? Yes      No

Does anyone plan to live with you in the future who is not listed above? Yes      No

Explain if you answered yes to either question: \_\_\_\_\_

Are you renting a property now?    Yes    No    # of bedrooms \_\_\_\_\_    Rent amount \_\_\_\_\_

Do you wish to move?                      Yes    No    If Yes: Why? \_\_\_\_\_

### Household Income:

Household Member	Source of Income (Please list: Alimony/Child Support, Employment, Pension/Retirement, Public Assistance (SRS), Social Security Benefits, Unemployment/Worker's Compensation)	Amount of Income

### Does any member of your household:

Work full-time part-time or seasonally?	YES	NO
Expect to work at all during the next year?	YES	NO
Work for someone who pays them cash?	YES	NO
Expect a leave of absence from work due to lay-off medical, maternity, or military leave?	YES	NO
Now receive or expect to receive unemployment benefits?	YES	NO
Now receive or expect to receive child support?	YES	NO
Have an entitlement to receive child support that he/she is not now receiving?	YES	NO
Now receive or expect to receive alimony?	YES	NO
Have an entitlement to receive alimony that he/she is not now receiving?	YES	NO
Now receive or expect to receive public assistance (welfare)?	YES	NO
Now receive or expect to receive Social Security benefits?	YES	NO
Now receive or expect to receive income from a pension or annuity?	YES	NO
Now receive or expect to receive regular assistance from churches, other organizations or individuals?	YES	NO
Receive income from assts including interest on checking or savings accounts, stocks, bonds or income from rental property?	YES	NO
Have sold or given away property or other assets in the past two years?	YES	NO

### Household Assets:

Household Member	Description of Asset	Current or Disposed	Type of account	Cash Value	Interest Rate	Annual Income

**Program Integrity: Please circle Yes or No**

If Yes, please explain

Have you ever used a name OR Social Security number other than the one you are using now?	YES	NO	
Do you require a specific accommodation for a disability.	YES	NO	
Do you expect anyone to move in or out of your household in the next 12 months?	YES	NO	
Does anyone outside of your household pay for any of your bills or expenses?	YES	NO	
Have you ever received housing assistance before? If Yes: Where & When	YES	NO	
Are you living in a federally assisted unit now?	YES	NO	
Have you ever been terminated from housing assistance for engaging in drug-related criminal activity or violent criminal activity, within the last five years?	YES	NO	
Do you owe any money to a public housing agency?	YES	NO	
Have you ever been arrested for activities related to the abuse of drugs or alcohol?	YES	NO	
Have you ever been arrested for violent criminal activity against people or property?	YES	NO	

**WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, which includes the U.S. Department of Housing and Urban Development.**

**I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation.**

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

Signature of Spouse of Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult over 18: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application to: Cowley County Housing Authority, PO Box 1122, Arkansas City, Kansas, 67005**