



Housing Authority of the City of Kokomo, Indiana

210 East Taylor Street · P.O. Box 1207 · Kokomo, Indiana 46903-1207

Telephone (765) 459-3162 · Fax/TDD (765) 454-6937

Derick W. Steele, CEO

Dear Applicant,

Attached, you will find an application for housing assistance. This application will put you on any active open waiting lists that are available to apply for at the time your application is received. Please make sure to fill it out in its entirety. Along with the application, you should provide birth certificates and social security cards for all household members listed on the application, as well as photo ID for anyone over 18. If you cannot provide these documents with your application, please call us at 765-459-3162.

This application must be returned in one of the following ways:

- **In person, to our dropbox located at 210 E Taylor St, Kokomo, IN 46901.**
- **By mail, addressed to Kokomo Housing Authority, P.O. Box 1207, Kokomo, IN 46903-1207**
- **By fax, sent to 765-454-6937 ATTN: TONIA**
- **By email, to tonia@kokomoha.org**

Once your application has been received at our offices, it is date/time stamped to ensure your position on the waiting list you will be placed on. Currently, we will place you on the following waiting lists:

- **Project Based Voucher**

If you have any questions, please feel free to call me at (765) 459-3162 ext. 1303.

Respectfully,

KHA Management Team



KOKOMO HOUSING AUTHORITY'S HOUSING ASSISTANCE APPLICATION

*****Please note:** *An incomplete application will not be processed!
Please make sure that you answer all questions appropriate to your family. This application will put you on all open waiting lists at the time your application is submitted.*

OFFICE USE ONLY
DATE & TIME STAMP BELOW:

KHA SIGNATURE

Contact Information

| | | | |
|------------------|---|-------------|----------------|
| Mailing Address: | Head Of Household Name: _____ | | |
| | Street (including Apt or Lot #) or P.O. Box _____ | | |
| | City _____ | State _____ | Zip Code _____ |
| Phone Number(s): | _____ | | |
| Email Address: | _____ | | |

Household Information

Please list all members of your household, including yourself, who are expected to live with you at the time we offer you assisted housing. If you or anyone in your family requires reasonable accommodation in order to fully use our programs and services, please contact our office at (765) 459-3162.

| Full Legal First Name | Full Legal Last Name | Relationship to Head of Household | Date of Birth | Full-time student? | Marital Status | Social Security Number |
|-----------------------|----------------------|-----------------------------------|---------------|--------------------|----------------|------------------------|
| 1. | | Head of Household | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Please list below the name and address of two (2) friends or relatives not living with you whom we may contact to leave a message or in the event of an emergency.

| Name | Relationship | Phone number |
|------|--------------|--------------|
| | | |
| | | |
| | | |

Income information

Is there any income in the household? ☐ Yes ☐ No If yes, please list below.

| Name of person that receives income | Source of Income | Weekly/Bi- Weekly/Monthly | How much total income per month |
|-------------------------------------|------------------|------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Certified Statement: The information requested on this form is being collected in connection with regulations of the Housing and Urban Development to determine an applicant's initial and continued occupancy, the unit size and the amount of contribution by the residents. It will be used to provide the basis for managing the programs for protecting the United States Government and The Housing Authority of the City of Kokomo, Indiana's financial interest and for verifying the accuracy of the information furnished. It may be released to appropriate federal, state and local agencies, when relevant to civil, criminal or regulatory investigators or prosecutors. Failure to provide any information may result in delay or rejection of eligibility approval, or subsequent determination that initially approved eligibility approval was erroneous. General authorization to request this information is based on the authority granted by the United Development Amendments of 1981, p.1, 97-35, 85 status, 348-408.

Applicant's statement: I/We certify that the information given to the housing authority on household composition, income, family assets and allowances 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 and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We understand that we are responsible for reporting any changes to our application by means of completing an update form in the Housing Services office.

Head of Household Signature Date

Spouse/Co-Head Signature Date

Other Adult Signature Date

KHA Representative Date



Local Preferences Sheet

HOH Name: _____ Social Security # _____

The Kokomo Housing Authority uses the following Local Preferences. Please place a check mark in the box or boxes that apply to your situation. Additional information and verification may be needed when you complete an update. Please note: Your answers to these questions are confidential.

Are you currently self-employed? ☐ YES ☐ NO

What type of work do you do? _____

Are you currently Employed? ☐ YES ☐ NO

Name of Employer: _____

Length of time at current employment: _____

Address and phone number of current employer: _____

Are you a Veteran? ☐ YES ☐ NO

Are you receiving Social Security or Disability? ☐ YES ☐ NO

Do you have a disability that impacts your daily personal activities? ☐ YES ☐ NO

Does anyone else in your household have a disability? ☐ YES ☐ NO

Which household member? _____

Are you currently homeless? ☐ YES ☐ NO

Are you a victim of domestic violence or a hate crime? ☐ YES ☐ NO

Are you currently working with any local agency who referred you to KHA? ☐ YES ☐ NO

Which agency referred you? _____

Do you have a partner referral form? ☐ YES ☐ NO *If yes, please provide a copy of the referral form.*

Have you or anyone in your household ever been in the foster care system? ☐ YES ☐ NO

Are you a resident of Howard County, Indiana? ☐ YES ☐ NO

Applicant's statement: I/We certify that the above information given to the housing authority 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 and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We understand that we are responsible for reporting any changes to our application by means of completing an update form in the Housing Services office.

Applicant Signature

Date



Housing Authority of the City of Kokomo, Indiana

210 East Taylor Street • P.O. Box 1207 • Kokomo, Indiana 46903-1207

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Derick W. Steele, CEO

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT – I authorize and direct any Federal, State, County or City Agency, financial or credit institution and/or loan company, business, or individual to release to the HOUSING AUTHORITY OF THE CITY OF KOKOMO (KHA) any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under the Section 8 Housing Choice Voucher Program, or other housing assistance program. I understand and agree that this authorization or the information obtained with it's use may be given to and used by the Department of Housing and Urban Development (HUD) in administration and enforcing program rules and policies. I also consent for HUD or the KHA to release information from my file about my rental history to HUD credit bureaus, collection agencies or future landlords. This includes records on my payment history, and violations of my lease or HUD/KHA policies.

INFORMATION COVERED – I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. **Verification and/or disclosure of information contained in accounts and inquiries that may be requested include but are not limited to:**

| | | |
|--|--------------------------|--------------------------------|
| Identity & Martial Status | Employment Income | Residences & Rental Activity |
| Real Estate | Personal Property/Assets | Family Composition |
| Medical Records & Expenses | Child Care Expenses | Criminal Activity |
| Income Benefits (Welfare, SSI, UIB, etc) | Income Tax History | Credit Accounts & Applications |
| Bank, Credit Union Accounts & Statements | Non-Citizen Status | Credit reporting |

GROUP OR INDIVIDUALS THAT MAY BE ASKED – I understand that the KHA may in the course of determining eligibility or in a fraud investigation may share the above information with the following Groups or Individuals. **The groups or individuals that may be asked to release or share the above information (depending on program requirements) include but not limited to:**

| | | |
|----------------------------------|--------------------------------|---------------------------------|
| Previous Property Owners | Past & Present Employers | Veterans Pension/Benefits |
| Previous Public Housing Agencies | Welfare Agencies | Retirement Systems |
| Courts & Post Office | State Unemployment Agencies | Bank/Financial Institutions |
| Social Security Administration | Law Enforcement Agencies | Credit Providers & Bureaus |
| Schools and Colleges | Medical & Child Care Providers | Utility Companies |
| Support & Alimony Providers | District Attorney | US Immigration & Naturalization |
| Internal Revenue Service | Unemployment Department | Service |

COMPUTER MATCHING NOTICE AND CONSENT – I understand and agree that HUD or the KHA may conduct computermatching programs to verify the information for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the KHA may in the course of its duties (including fraud investigation) exchange such automated information with other Federal, State, County or City Agency, including but not limited to:

State Employment Security Agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; the Social Security Agency; and State or local welfare and food stamp agencies.

CONDITIONS – I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the KHA and will stay in effect for a year and one month from the date signed. In the event that the authorization is expired, I understand the KHA (when deemed necessary) may mail an authorization form for renewal (to be signed and returned by me) in order to maintain continued assistance under the Section 8 Housing Choice Voucher Program. I understand I have a right to review my file and correct any information that I can prove is incorrect.

NOTE: This General consent may not be used to request a copy of tax returns. If a copy of a tax return is needed, IRS Form 4506 – "Request for a copy of tax form" must be prepared and signed separately.

My signature here attests to agreement with the information on both sides of these documents

Initial: _____



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APPLICANT/TENANTS CERTIFICATION

Giving True and Complete Information - I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition - I know I am required to immediately (within 14 days) report in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I also understand that I am required to report if any adult living with me is no longer a full-time student. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance - I certify that I have disclosed where I received any previous Federal housing assistance and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance - I certify that the house or apartment that will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation - I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing or signing needed forms, submitting documentation requested by the Kokomo Housing Authority I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information - I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

My signature here attests to agreement with information on both sides of this document.

| | | | |
|--|-----------------------|--------------------------------|---------------|
| _____ Head of Household (signature) | _____ (Print name) | _____ (Social Security No.) | _____ Date |
| _____ Spouse (signature) | _____ (Print name) | _____ (Social Security No.) | _____ Date |
| _____ Adult Member (signature) | _____ (Print name) | _____ (Social Security No.) | _____ Date |
| _____ Adult Member (signature) | _____ (Print name) | _____ (Social Security No.) | _____ Date |

