

Manhattan Housing Authority
P.O. Box 1024, 300 N. 5th Street
Manhattan, Ks 66505-1024
(785) 776-8588



Public Housing Program

(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)

WHAT IS PUBLIC HOUSING?

Public Housing is a federally funded affordable housing program. The Manhattan Housing Authority owns and operates six (6) Public Housing communities in the City of Manhattan.

HOW DO I APPLY FOR PUBLIC HOUSING?

You must complete and submit a pre-application, along with the following documentation for every member in the household:

- Birth Certificate,
- **original** Social Security Cards,
- Marriage License/Divorce Decree (if applicable), and income verification (**no check stubs**)
- Current or past landlord reference/ if you do not have a landlord reference you will need to provide a professional letter of reference.
 - The professional letter of reference must be on letterhead
 - Must state that they have know you at least for one year
 - How they know you (**cannot be a friend or relative**)
 - Must state why they believe you would be a good candidate for this program.

WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?

The basic qualifications for Public Housing rental are that you meet the income guidelines established by the Department of Housing and Urban Development. You must be 18 years of age or emancipated; other screening criteria will be performed for past rental history, criminal background, etc.

HOW LONG WILL IT BE BEFORE I AM HOUSED?

Of course, it is not possible to give you a definite date when rental assistance will be available; however the usual wait is three to six months. Once your name reaches the top of the waiting list, you will be notified and required to bring in additional documentation and verification.

CONTINUED ON REVERSE



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs and activities. In order for us to provide a reasonable accommodation, we ask that you request what assistance is desired by contacting the Manhattan Housing Authority, 300 North 5th Street (P.O. Box 1024), Manhattan, Kansas, 66505-1024, or call (785) 776-8588 (or 1-800-766-3777 TTD Kansas Relay Center). We are here to assist you.

HOW MUCH WILL MY RENT BE?

Your rent will be determined by your income; you will pay 30% of your adjusted gross income, minus any allowable deductions; or minimum rent of \$50.00 (whichever is greater).

WILL I BE REQUIRED TO PAY A SECURITY DEPOSIT?

Yes. The security deposit you will be required to pay may not exceed the legal limits as set forth by the Kansas Landlord/Tenant Act.

WHAT SHOULD I DO IF ANYTHING CHANGES WHILE I AM ON THE WAITING LIST?

Be sure to notify this office in writing immediately, especially any change of your address. NOTE: If you move into a Public Housing unit and wish to remain on any other waiting list (ie Section 8, Tenant Based Rental Assistance), you MUST notify that program manager, in writing, of your address change. This office will not automatically update the waiting list for any other program.

HOW CAN I CONTACT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DIRECTLY?

You may contact the Department of Housing and Urban Development at www.hud.gov or by calling (913) 551-6916.



Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to \$ 10,000:
- Imprisoned for up to 5 year s; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing the Application

When you answer application questions, you must include the following information:

Income

- All sources of money you or an y member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- In come from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or par t time job;
- An y anticipated income (such as a bon us or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 year s for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are r elated to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)



**NOTICE TO HOUSING CHOICE VOUCHER PROGRAM
LANDLORDS/OWNERS/MANAGERS, PARTICIPANTS AND APPLICANTS
AND PUBLIC HOUSING PROGRAM PARTICIPANTS AND APPLICANTS
REGARDING THE VIOLENCE AGAINST WOMEN ACT**

The Congress of the United States passed the Violence Against Women (VAWA) and Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. This law affects the resident selection, lease provisions that deal with termination and eviction, the termination of assistance or eviction provisions in the Housing Assistance Payment (HAP) contract, the Tenancy Addendum, and the housing authority's relationship with the resident. The Department of Housing and Urban Development (HUD) says the law is effective immediately although it has not issued a revised HAP Contract incorporating these terms. Therefore, the legal relationships between the Manhattan Housing Authority (MHA), Owners, Applicants and Residents, are changed as set out below. Applicants and Residents may utilize the attached "certification form" which was created by HUD. The MHA does not give legal advice to owners, applicants, or residents (program participants). Consult your attorney with questions.

SELECTION OF PARTICIPANTS AND TENANTS

The fact that an applicant for program assistance or a lease applicant is or has been the victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial or program assistance, or denial of admission to the program if they are otherwise qualified.

LEASE TERMS

An incident or incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

TERMINATION OF ASSISTANCE/EVICTION

Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of the tenant's household or any guest or other person under the tenant's control shall not be the cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, or stalking.

The MHA may terminate assistance and/or the landlord/owner/manger may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members or others without terminating the assistance/evicting of victimized lawful occupants.

The MHA and or landlord/manger/owner may honor court orders regarding rights of access or control of the property.

Nothing limits the MHA or landlord/manger/owner from terminating assistance or evicting for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a "more demanding standard" than non-victims.

Nothing prohibits the termination of assistance or eviction if the MHA or owner/manger/landlord can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's assistance is not terminated or if that tenant is not evicted.

Any other federal state or local laws that provide greater protections to victims of domestic violence dating violence, or stalking are not superseded by these provisions.

The MHA and/or owner/landlord/managers may require certification of the individual or his or her status as a victim of domestic violence, dating violence or stalking in order to qualify for the protections implemented in the statute. Such certifications must be maintained confidentially. The landlord/owner/manager is not required to demand a certification from the resident, however.

If the Housing Authority terminates assistance, a resident who claims that the termination is brought because of criminal activity directly relating to domestic violence, dating violence or stalking, must provide a written certification to the MHA that they are a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the termination of assistance are bona fide incidents of actual or threatened abuse. This written certification must be provided within 14 business days after the MHA requests the certification in writing. For MHA purposes, the date of the request shall be the date of the termination of assistance letter. If the landlord/owner/manger requires a certification, they shall inform the resident of the date the response must be returned, which shall not be less than 14 business days from the day the certification is requested by the landlord/owner/manger. The landlord/owner/manager shall state in its correspondence with the tenant when the time for providing the certification begins to run. The certification requirement may be complied with by completing the certification form, which is available at the MHA Administrative Office, 300 No. 5th Street, Manhattan, KS, or by calling (785) 776-8588. Information provided in the certification form shall be retained in confidence, shall not be entered into a shared data base, and shall not be provided to a related entity unless the tenant consents in writing, the information is required for use in eviction proceedings, or its use is otherwise required by law.

FOR QUESTIONS OR MORE INFORMATION:

CRYSTAL BORHANI, PUBLIC HOUSING MANAGER

MANHATTAN HOUSING AUTHORITY

300 NO. 5TH STREET * PO BOX 1024

MANHATTAN, KS 66505-1024

PHONE: (785) 776-8588 * FAX: (785) 537-0269

BORHANI@MHAKS.ORG

Program: _____
 Tenant #: _____
 Initials: _____

MANHATTAN HOUSING AUTHORITY
PO BOX 1024, 300 N 5TH STREET
MANHATTAN, KS 66505-1024
(785) 776-8588 (785) 537-0269

Date: _____
 Time: _____
 Initials: _____

Public Housing Eligibility Pre-Application Form



HEAD OF HOUSEHOLD

Legal Last Name	First	(M.I.)	Date of Birth	Place of Birth City, State	Sex M/F	Social Security Number	Marital Status	Race (See Codes Below)

Mailing Address: _____
 Street City State Zip Code

If different:
 Street Address: _____
 Street City State Zip Code

Telephone: (____) _____ Home Work Message

HOUSEHOLD COMPOSITION

Legal Last Name	First	(M.I.)	Date of Birth	Place of Birth City, State	Sex M/F	Social Security Number	Relationship	Race (See Codes Below)

RACE/ETHNIC CODES: (for statistical purposes only)

White – 1 Black – 2 American Indian or Alaskan – 3 Asian – 4
 Hawaiian or Pacific Islander – 5 Mixed – 6 (Please select all that apply: 1 2 3 4 5)

ETHNIC: Hispanic or Latino Non-Hispanic or Latino

ARE YOU A U.S. CITIZEN? Yes No

PLEASE CHECK ALL THAT APPLY: Elderly Disabled Handicapped

TOTAL HOUSEHOLD INCOME:

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, SS/SSI, disability, Workman’s Compensation, retirement benefits, TANF, Veterans benefits, stock dividends, interest from bank accounts, alimony, and all other sources.

Household Member	Source of Income	Amount	weekly / monthly / annually

Are you currently a student or plan to be within the next six (6) months?

Yes No

Are you displaced due to local economic development?

Yes No If yes, please explain: _____

Are you displaced due to a federally declared disaster?

Yes No If yes, please explain: _____

Have you ever been required to register as a sex offender?

Yes No If yes, in what state? _____

Have you ever been arrested or convicted of any crime other than traffic violations?

Yes No If yes, please explain: _____

PLEASE NOTE THE SUBMISSION OF THE ABOVE INFORMATION IS MANDATORY FOR ADMISSION INTO ANY PROGRAM PROVIDED BY THE MANHNATTAN HOUSING AUTHORITY.

By signing, the applicant understands that an investigative report may be prepared where by information is obtained through inquiry. This inquiry includes information as to your income, citizenship status, and criminal history. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

Also by signing, I certify that all information I have provided is true and correct to the best of my knowledge. I understand that providing false information is unlawful and subject to prosecution and is a cause for denial of assistance and/or termination. I also understand that it is my responsibility to notify the Manhattan Housing Authority in writing of any change in family composition, income, address, or any other information that may affect my application for assistance.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

MANHATTAN HOUSING AUTHORITY

300 No. 5th Street °P.O. Box 1024 ° Manhattan, KS 66505-1024

Phone: 785-776-8588 Fax: 785-537-0269



LANDLORD REFERENCE TO BE COMPLETED BY LANDLORD ONLY

_____ has applied for occupancy with the Manhattan Housing Authority Public Housing Program. In order to determine his/her eligibility and suitability for housing assistance, we must obtain past rental history for this applicant. Please provide us your cooperation by answering the questions below. Thank you in advance for your prompt attention and cooperation. If you have any questions, please feel free to contact the office.

Name of Applicant/Tenant: _____

Address of Property Rented: _____

Dates of Tenancy From: _____ To: _____

Did tenant pay rent on a timely basis? _____ Yes _____ No Amount of Rent? _____

Were utilities maintained as required? _____ Yes _____ No

Were any written notices to vacate the premises issued to the Tenant at any time during tenancy?
_____ Yes _____ No If Yes, Reason: _____

Do you have any knowledge of any behavior that was detrimental or a nuisance to other tenants?
_____ Yes _____ No If Yes, What? _____

Did the tenant keep his/her residence in a clean and sanitary condition? _____ Yes _____ No
If No, Please Explain: _____

Did the Tenant vacate the premises owing a balance? _____ Yes _____ No
If Yes, How much? Rent \$ _____ Damages \$ _____ Other \$ _____ Total \$ _____
Has the balance been cleared as of this date? _____ Yes _____ No

Would you rent to this person again? _____ Yes _____ No
Are you in any way related to applicant? _____ Yes _____ No IF YES Please explain,

Please provide any information you feel would be helpful:

LANDLORD PRINTED NAME: _____ PHONE: _____

LANDLORD ADDRESS: _____

LANDLORD SIGNATURE: _____ DATE: _____



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