



## SECTION 8 RENTAL ASSISTANCE PROGRAM

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

(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)

### **WHAT IS THE SECTION 8 RENTAL ASSISTANCE PROGRAM?**

The Section 8 program allows eligible participants to seek housing on the private market in an area of their choice. The participant pays a portion of their income to the landlord for rent, and the Housing Authority subsidizes the remaining portion of Contract Rent by making a payment to the landlord on the participant's behalf. In order to utilize the assistance in another city or state, the participant must be a resident of Manhattan for at least one year.

### **HOW DO I APPLY FOR SECTION 8 RENTAL ASSISTANCE?**

You must complete a pre-application, which can be obtained by stopping by our Administrative Office located at 300 North 5<sup>th</sup> Street.

### **WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?**

The basic qualifications for Section 8 rental assistance 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 person, furnish social security number, evidence of citizenship or eligible immigrant status, and other screening criteria will be performed such as criminal background.

### **STUDENT ELIGIBILITY**

If you are a full or part-time student, 24 years of age or younger, single, and with no dependents, *you may not be eligible for Section 8*. Please contact the Section 8 department for more information.

### **WHAT HAPPENS AFTER I COMPLETE APPLICATION FOR HOUSING?**

Once you have completed a pre-application, you will receive a letter acknowledging that you have been placed on the Section 8 waiting list.

### **HOW LONG WILL IT BE BEFORE I RECEIVE RENTAL ASSISTANCE?**

Of course, it is not possible to give you a definite date when rental assistance will be available; however the usual wait is six months to one year. Once your name reaches the top of the waiting list, you will be required to bring in certain documentation and verification. These will include Birth Certificate, **original** Social Security Cards, Marriage License/Divorce Decree (if applicable), and income verification (**no check stubs**) for every member in the household.

### **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).

CONTINUED ON REVERSE

### **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 (i.e. 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](http://www.hud.gov) or by calling (913) 551-6916.



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 5<sup>th</sup> 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.

(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)



## NOTICE TO HOUSING CHOICE VOUCHER PROGRAM LANDLORDS/OWNERS/MANAGERS, 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. 5<sup>th</sup> 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:**

**BILLYE GULIFORD, SECTION 8 COORDINATOR**

**MANHATTAN HOUSING AUTHORITY**

**300 NO. 5<sup>TH</sup> STREET \* PO BOX 1024**

**MANHATTAN, KS 66505-1024**

**VOICE: (785) 776-8588 \* FAX: (785) 537-0269**

**GULIFORD@MHAKS.ORG**

OFFICE USE ONLY

Program: \_\_\_\_\_

Tenant #: \_\_\_\_\_

Initials: \_\_\_\_\_

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

OFFICE USE ONLY

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Initials: \_\_\_\_\_

**Section 8 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)

Street Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone: \_\_\_\_\_

Total Monthly Household Income: \$

(Include income of all family members)

**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)

**RACE:**

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

**Please check all that apply:**

Elderly     Disabled

**Are you a U.S. Citizen?**

Yes     No

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

Yes  No

**Are you currently or about to be displaced due to local economic development?**

Yes  No If yes, please explain: \_\_\_\_\_

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**Are you currently or about to be displaced due to domestic violence?**

Yes  No If yes, please explain: \_\_\_\_\_

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**Are you displaced due to a federally declared disaster?**

Yes  No If yes, please explain: \_\_\_\_\_

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**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: \_\_\_\_\_

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**PLEASE NOTE THAT DISCLOSURE OF THE ABOVE INFORMATION IS MANDATORY FOR ADMISSION TO PROGRAMS PROVIDED BY THE MANHATTAN 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 also understand that it is my responsibility to notify the Manhattan Housing Authority *in writing* of any change in family composition or address change within ten (10) days of the date of change, even if you begin receiving assistance under another program administered by the Manhattan Housing Authority (i.e., Public Housing, Tenant Based Rental Assistance, etc.)

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_