



INSTRUCTIONS FOR COMPLETING APPLICATION
FOR
TENANT BASED RENTAL ASSISTANCE

****TBRA Funds can be used for Security Deposit and Utility Deposit only.

****TBRA Funds **can not** be used for 1st Month's Rent or Emergency Rent.

****All Applications must be completed within fourteen (14) days of submission. Applications will be dropped from the TBRA Waiting List if they are not completed within fourteen (14) days. **If this occurs, you will be required to re-apply for assistance.**

1. Please be sure to have all required information (listed below) completed before turning in this application. Incomplete applications will only be held for fourteen (14) days before being dropped from the TBRA Waiting List.
2. All applicants are required to meet with the TBRA Coordinator prior to receiving assistance. Applicants must turn in completed application forms and provide all required information before an appointment will be scheduled. Applicants may schedule an office appointment when returning their completed application packet and required information.
3. Please complete all information required on the TBRA Pre-Application and attached forms. Failure to do so may result in delay or denial of assistance.
4. You must provide Income Verification so that we may determine your eligibility for assistance. This includes all forms of income for all family members, such as Wages, Child Support, Social Security, TANF, etc. To verify employment you must sign an Employment Verification Form in our office which we will send to your employer. **Pay stubs will not be accepted.**
For other forms of income, please provide award letters, court order, etc, which verify your monthly income.
5. You will be required to show an original Social Security card for all household members, which will be copied in our office.
6. TBRA will only assist units in Riley County, and fifteen miles into Pottawatomie County. This includes Manhattan, Ogden, the city of Riley, St. George and Wamego.
7. For further information about the TBRA program, please contact the TBRA Coordinator at 785 776-8588 extension 304.

Mailing Address: PO Box 1024, Manhattan, KS 66505-1024 • Street Address: 300 N 5th Street, Manhattan, KS 66502

Phone: 785-776-8588 • Fax: 785-537-0269 • Web Page: www.mhaks.com

**TBRA APPLICATIONS
APPLICATION FOR WAITING LIST
(Pre-Application)**



APPLICANT NAME: _____

Current Address: _____

City, State, Zip Code: _____

HOME Phone: _____

Alternate Phone: _____

Household Composition

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Member's Full Name	Relationship	Date of Birth	Age	Sex	Social Security No.

Lead Based Paint Related Information (This information collected to assure compliance with lead base paint policy).

Are any members of the household currently pregnant? YES NO

Race of Head of Household (Check One)

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White Black Asian/Pacific Islander
 Native American/Alaskan Native Hispanic

Preference Information. You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

- Are you currently homeless or living in substandard housing?
 Have you been (or are you about to be) displaced from your housing?

Felony Conviction

Have you or any member of your household been convicted of a felony within the last 5 years? YES NO

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, TANF or other benefits).

\$ _____

Application Certification: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Program Administrator to verify all information provided on this application.

Head of Household Signature Date

Spouse/Other Adult Signature Date

Declaration of U.S. Citizenship Or Non-Citizen With Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

WARNING! Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

**HOME Program
Eligibility Release Form**

Organization requesting release of information
(PJ name, address, telephone, and date)

Information Covered: Inquires may be made about items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the Information derived from this form to determine the applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial Interest; and to verify 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, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this Information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expenses (If applicable)		
Medical Expense (If Applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain Information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the Information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy Information from this file and to request correction of information that I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household-Signature, Printed Name, and Date:
Family Member HEAD

Other Adult Member of the Household-Signature, Printed Name, and Date:
Family Member #2

x
Other Adult Member of the Household-Signature, Printed Name, and Date:
Family Member #3

x
Other Adult Member of the Household-Signature, Printed Name and Date:
Family Member #4

x

x