



# Manhattan Housing Authority

PO Box 1024, Manhattan, KS 66505-1024  
300 N. 5th St, Manhattan, KS 66502



## Application for Waiting List Placement

Have you been or are you about to be displaced due to local economic development or local government action YES \_\_\_ NO \_\_\_

Is your family displaced due to a state, federal, or locally declared disaster YES \_\_\_ NO \_\_\_

Cr rnkcpvu enck o kpi rtghgtgpeg y km dg tgs wktgf vq xg tkh{ rtghgtgpeg g n k i d m v k o g qh qeewr cpe{ k p v g t x k g y 0

### Head of Household Information: *Please print clearly with ink.*

Last Name:	First Name:	Middle Initial:	Marital Status:
Social Security Number:	Date of birth:	SEX: M F	Telephone #:
Current Address:			Email Address:
City:	State:	Zip Code:	
Enter Mailing Address: <i>(if different than physical address):</i>			Preferred Contact Method:

### All Household Members Except Head of Household:

Full Name :	Relationship	Date of birth	Social Security Number	Race/Ethnicity	Marital Status

**Disability:** Do any household members, who will live in the unit have a disability? YES \_\_\_ NO \_\_\_

If so, will special accommodations be required? YES \_\_\_ NO \_\_\_

**Source(s) of Family Income:** *Identify monthly amount of gross household income for ALL family members.*

Wages \$	Social Security \$	TANF \$	Child Support \$
SSI \$	SS Disability \$	Pension/Retirement \$	Other \$

### For HUD Statistical Purposes Only:

<p align="center"><b>RACE</b></p> <p>Please identify your race by checking the box(es) below:</p> <p><input type="checkbox"/> 1) White</p> <p><input type="checkbox"/> 2) Black / African American</p> <p><input type="checkbox"/> 3) American Indian / Alaska Native</p> <p><input type="checkbox"/> 4) Asian</p> <p><input type="checkbox"/> 5) Native Hawaiian / Other Pacific Islander</p>	<p align="center"><b>ETHNICITY</b></p> <p>Please identify your ethnicity by checking one box below:</p> <p><input type="checkbox"/> 1) Hispanic or Latino</p> <p><input type="checkbox"/> 2) Not Hispanic or Latino</p>
--	---

**Note:** Additional information will be required for program participation once your name reaches the top of the waiting list. If you have a change of address or change in family composition you must report the change in writing to MHA Administrative Office.

**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 statements to any department of the United States government.

If you have a change of address, income, or composition please report the change in writing to MHA Administrative Office. You will be contacted by MHA using your preferred contact method when you are approaching the top of the Public Housing waiting list.

I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility for participation in the Public Housing Program.

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