



Instructions and Document Requirements for Housing Applications

DO **NOT** SEND THE ORIGINAL DOCUMENTS, THEY WILL NOT BE RETURNED

Application must be completed in blue or black ink only.

Enclosed are a SEK-CAP Basic Information Form (BIF) and an Application for Housing Services. You are required to complete both forms and send all information according to the instruction below. Please be sure to include the phone number(s) where you can be reached so we can call you if we have questions after we receive your application. Use the Codes listed on the back of the Instruction Page, where needed, to complete that form. Complete the BIF, including Signature, down to the section marked "For Agency Use Only". Then, complete the Housing Application, copy and include all information required and return all forms and information to: SEK-CAP, Housing Services, P.O. Box 128, Girard, KS 66743. If you have questions concerning the completion of this application, please call SEK-CAP Housing Services at 620-724-8204.

1. **All household members 18 years of age and older must supply a copy of their photo ID and sign or initial the application in all applicable locations.**
2. **Provide copies of the entire households' Social Security cards & Birth Certificates, including children.** If a person does not have a Social Security card or birth certificate, a copy of the request for the card or certificate will be accepted.
3. **Provide a copy of all household income (include SSA, SSI and child support) for all persons in the home. (We can not accept bank statements.) Below are acceptable forms of verification.**
SRS- Printout showing benefits from SRS
Social Security & SSI- Printout showing benefits from Social Security
Veterans Administration/Other Retirement-Letter showing benefits
Wages-Fill out employment area of application completely.
4. **Proof of any/all CD's Stocks, Property/Real Estate owned, and/or any interest earned from all sources.**
5. **If you are receiving assistance/income from any other source, including cash, you must include a signed statement from the source of income, listing the total amount received and how often you receive it. This would include cash assistance from SRS and/or any other source such as assistance from a family member/friend.**
6. **No Income-** If you have no income, you will be asked to self-certify zero income and provide an explanation for how you plan to pay utility bills for the unit.

IF YOU FAIL TO FOLLOW THESE INSTRUCTIONS, IT WILL DELAY PROCESSING YOUR APPLICATION AND/OR IT MAY BE DENIED.

You must provide 3 RENTAL/PROFESSIONAL REFERNCES for your application to be considered complete.

SEK-CAP, Inc.
P.O. Box 128, Girard KS 66743

Weir Sun Crest View Housing

Application for Admission Occupancy and Personal Declaration

Date: _____ Time: _____ Br. Size: _____ Family Size: _____

County: Cherokee

Applicant's Name	Total # of Household Members:
Current Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Telephone Number:	Work Number:

Ethnicity (Select One): Hispanic or Latino Not Hispanic or Latino

Race (Select all which apply):
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Personal Data (provide copies of social security cards, birth certificates and/or driver's license)							
Household Members name(s)	M I	Relationship	S e x	Social Security #	Date of Birth	Age	Place of Birth (City, State)
HEAD		Self					
2.							

	YES	NO
Does anyone live with you who are not listed above?		
If yes, give names:		
Does anyone plan to live with you in the future who is not listed above?		
If yes, give names:		
Is the head of household disabled?		
Are there any other household members who are disabled?		
Does the disabled household member(s) require any special needs or accommodations?		

Source of Income (provide employment documentation)

Employer Name:		
Address:		Phone Number:
Occupation/Title:	How long employed?	Gross per month?
Other or Spouse's Employer Name:		
Address:		Phone Number:
Occupation/Title:	How long employed?	Gross per month?

Other Sources of Income		
TAF(Public Assistance)/ General Assistance	\$ Gross Per Month	Case Worker Name:
Child Support Benefits	\$ Gross Per Month	Court Case Number:
Alimony	\$ Gross Per Month	
Social Security/ SSI Benefits	\$ Gross Per Month	
Unemployment	\$ Gross Per Month	
Workers Compensation	\$ Gross Per Month	
Retirement (Pension, Military, etc.)	\$ Gross Per Month	
Other Sources of Income:	\$ Gross Per Month	

A. Income: Is any member of your household-

	YES	NO
Working full time, part time, or seasonally?		
Expecting to work for any period during the next year?		
Expecting a leave of absence from work due to layoff, medical, maternity, military or any other type of official leave?		
Working for someone who pays him or her in cash?		
Now receiving or expecting to receive unemployment benefits?		
Now receiving or expecting to receive alimony?		
Now receiving or expecting to receive child support?		
Entitled to child support that he or she is not receiving?		
Now receiving or expecting to receive public assistance (TANF or GA)?		
Now receiving or expecting to receive Social Security benefits?		
Now receiving or expecting to receive regular contributions from organizations or from individuals not living with you?		
Assets including checking or savings accounts, certificates of deposit, stocks, bonds or any other type of assets?		
Does any household member own any real estate?		
Has any household member sold or given away real property or other assets (including cash) in the past two years?		
Are any member of your household 18 or over and a full time student? If yes, please provide written verification of current enrollment status.		
Are any members of the household enrolled as a student at an institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 102)?		

B. Assets (Housing Applicants):

List the value of all stocks, bonds, trusts, pensions, real estate or other assets owned by any household member.

--

If this **DOES NOT** apply to you check the box. **NONE**

List the value of any assets disposed of for less than fair market value during the past two years.

--

If this **DOES NOT** apply to you check the box. **NONE**

**Housing Applicants list all checking and savings accounts of all household members
(Include IRA's, Keogh Accounts and Certificates of Deposit).**

Household Member	Bank Name	Balance	
			If this DOES NOT apply
			to you check the box.
			NONE <input type="checkbox"/>

C. Expenses: (Medical expenses for housing applicants whose head of household or spouse is disabled, handicapped or elderly. Attach copies of receipts/statements or bills from your medical providers, e.g. doctors, pharmacist, etc.)

	YES	NO
Do you have Medicare? If yes, what is your monthly premium?		
Do you have any other kind of medical insurance?		
If yes, provide Name: Address:		
Policy Number: Premium: \$ or Agent Name:		
Do you have any outstanding medical bills you are paying?		
If yes, please list amount and provider:		
Do you expect to incur medical expenses in the next 12 months?		
If yes, please list amount and provider:		
If you use the same pharmacy please provide the Name: Address:		
Do you pay a care attendant for any equipment for a handicapped or disabled family member(s) necessary to permit that person or someone else in the household to work? If yes, what is the cost to you for the care attendant and/or the equipment? \$		
Please list any additional medical or child care expenses not covered above:		

Previous Housing

	YES	NO
Have you ever lived in Public Housing?		
Have you ever had Section 8 rent assistance? If yes, list addresses and dates in the lines below.		
Address: Date:		
Address: Date:		
Do you have a debt to any federally subsidized housing program?		
If yes, have you made arrangements to repay this debt?		
Have you ever vacated a housing unit without giving notice?		
Have you committed fraud against a federal or state housing program?		
Have you or any member of your household ever been arrested?		
If yes, give name, date, place and charge of each arrest for each member.		
Have you or any member of your household been convicted of a felony?		
If yes, give name, date, place and charge of each conviction		
Has any member of the household (including children) ever been subject to a sex offender Registration program in any state?		
If so, what state?		
What aliases have you used?		
Please list all states that you and your family have resided in:		

Current Rental Information

Name of present or most recent Landlord:

Address (to include City, State and Zip):

Home Phone of Landlord:

Day or Work Phone of Landlord:

Address you rented from Landlord (to include City, State and Zip):

Lease Start date:

Ending Date:

Monthly Rent:

Additional Rental or Professional References

Address

From

To

Landlords Name:

Telephone:

Rent Amt:

Landlords Address (to include City, State and Zip)

Address

From

To

Landlords Name:

Telephone:

Rent Amt:

Landlords Address (to include City, State and Zip)

Address

From

To

Landlords Name:

Telephone:

Rent Amt:

Landlords Address (to include City, State and Zip)

Address

From

To

Landlords Name:

Telephone:

Rent Amt:

Landlords Address (to include City, State and Zip)

Applicant Certification (all adult applicants must sign)

I/We certify that the information given to SEK-CAP, Inc. on household composition, income, net family assets, allowances, deductions and previous assisted housing is accurate and complete to the best of my/our knowledge and belief. I/We understand false statements or information are punishable under Federal Law. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of SEK-CAP, Inc. Representative

Date

Note to Applicant: If you believe you have been discriminated against, you may call:
The Fair Housing and Equal Opportunity National Toll Free Hotline (800) 424-8590

APPENDIX C. MODEL DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

_____ [

I _____ certify, under penalty of perjury 1_/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

___ I am a citizen by birth, a naturalized citizen or a national of the United States; or

___ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2_/_; or

___ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

___ Immigrant status under SS101(a)(15) or 101(a)(20)of the Immigration and Nationality Act (INA) 3_/_; or

___ Permanent residence under S249 of INA 4_/_; or

___ Refugee, asylum, or conditional entry status under SS207, 208, or 203 of the INA 5_/_; or

___ Parole status under SS212(d)(5) of the INA 6_/_; or

___ Threat to life or freedom under S243(h) of the INA 7_/_; OR

___ Amnesty under S245A of the INA 8_/_.

(Signature of Family Member)

(Date)

___ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions.]

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1__ / **Warning:** 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, Shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2__ / **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3__ / **Immigrant status under SS101(a) (15) or 101(a) (20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by S101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by S101(a) (15) of the INA (8 U.S.C 1101(a) (20) and 1101(a) (15), respectively [immigrant status]. This category includes a noncitizen admitted under SS210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- 4__ / **Permanent residence under S249 of INA.** A noncitizen who entered the U. S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under S249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 5__ / **Refugee, asylum, or conditional entry status under SS207, 208, or 204 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under S207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under S208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under S203(a) (7) of the INA (U.S.C. 1153(a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 6__ / **Parole status under S212(d) (5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under S212(d) (5) of the INA (8 U.S.C. 1182(d) (5)) [parole status].
- 7__ / **Threat to life or freedom under S243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under S243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- 8__ / **Amnesty under S245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under S245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions for Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "A" or "û" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "û" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Authorization for Release of Confidential Information

I/WE _____

authorize the release of any/all information as requested for the purpose of determining eligibility for assistance. I further authorize SEK-CAP to release any of my case information internally, or to other agencies and vendors necessary to reach a determination on my request for assistance.

This authorization for release of information is valid until it is revoked in writing.

_____ Head of Household Signature	_____ SSN	_____ Date
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_____ Co-Head/Other Adult Signature	_____ SSN	_____ Date
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_____ Other Adult Signature	_____ SSN	_____ Date
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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)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.
Form HUD- 92006 (05/09)

DISABILITY VERIFICATION FORM FOR SECTION 202/8 PROPERTIES

Name of Medical Professional: _____

Address: _____

PLEASE RETURN FORM TO:

SEK-CAP, Inc.

PO Box 128

Girard, KS 66743

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: _____

ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

Area to be completed by a Medical Professional

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

- 1. ____YES ____NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- 2. ____YES ____NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
- (8) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- 3. ____YES ____NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- 4. ____YES ____NO Is a person whose sole impairment is alcoholism or drug addiction.

Name and Title of Person Supplying the Information	Firm/Organization Name	Signature	Date
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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would required the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____

Date _____

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Please return the form to the address listed above. Thank You.



EXPLANATION TO THE APPLICANT
REQUIRED TO BE GIVEN TO EACH APPLICANT BEFORE SIGNING THE
VERIFICATION FORM.

HUD permits owners to verify that you have a disability only if:

- 1) Your eligibility for admission is dependent on your being a person with a disability; or
- 2) You claim eligibility for deductions that are given to a person with a disability.

The definitions of disability vary depending on the project you are applying for or living in. The owner determines the definition(s) to use by consulting with HUD Handbook 4350.3. The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disability (or person with a disability). An owner may request from a third party only the minimum information necessary to determine whether you meet the applicable definition of disability (or person with a disability). Any other request for information about you is not relevant and may not be asked (e.g., diagnosis, treatment plan).

Acceptable forms of a Disability Verification:

NOTE: HUD accepts three methods of verification. These are, in order of acceptability, third-party verification, review of documents, and family certification. If third-party verification is not available, owners must document the tenant file to explain why third-party verification was not available.

1. Disability Verification Form completed by a medical professional stating that the individual qualifies under the definition of disability; or
2. The person receives Social Security Disability. If a person receives Social Security Disability solely due to a drug or alcohol problem, the person is not considered disabled under housing law. **If item 4 on the verification form is checked the person is also not considered disabled under housing law.**

NOTE: A person that does not receive Social Security Disability may still qualify under the definition of a person with disabilities, as long as a medical professional verifies the disability.

Receipt of a veteran's disability benefits does not automatically qualify a person as disabled, because the Veteran's Administration and Social Security Administration define disabled differently. (3-28 B. 3)

Owners must not seek to verify information about a person's specific disability other than obtaining a professional's opinion of qualification under the definition of a person with disabilities.

SSN Disclosure Exemption

HUD Handbook 4350.3 REV-1, CHG-4, requires that SEK-CAP request the following:

- Disclosure of SSNs for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.
- Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Check all that apply to ANY member of your household:

- Household member was age 62 or older as of January 31, 2010.
Name of household member(s): _____
- Household member does not have a Social Security Number.
Name of household member(s): _____
- Household member was receiving HUD rental assistance at another location on January 31, 2010. Name of household member(s): _____
- Household member does not claim to have eligible immigration status.
Name of household member(s): _____
- None of the above apply to my household.

I/We certify that the information provided above is true and accurate. I/We understand false statements or information are punishable under Federal Law.

Head of Household – Printed Name	Head of Household – Signature	Date
Other Adult – Printed Name	Other Adult – Signature	Date
Other Adult – Printed Name	Other Adult – Signature	Date

Basic Intake Form-Housing

Date: _____

Application Type

Initial Intake Update or Revision
 Changes: Household Income

Codes shown below are used to complete those items that are asterisked (*).

# of Persons in Household		*Family Type (see codes)				*Housing Type (see codes)		
Household Member Information								
*Relation to Applicant (see code)	Name (First, MI, Last)	Age	*Ethnicity (see codes)	*Race (see codes)	Gender (M/F)	*Education Level Completed (see codes)	Health Insurance (Y/N)	Disabled (Y/N)
Applicant								

Codes

Rel. to Applicant	Ethnicity	Race	Housing Type	Family Type	Education Level
A = Applicant	H = Hispanic	A = American Ind./Alaska Nat.	O = Own	S = Single Parent/Female	0 = 0-8
B = Brother	N = Non-Hispanic	AA = Asian	R = Rent	SS = Single Parent/Male	9 = 9-12 (non-grad)
C = Child	NN = No Response	B = Black/African American	H = Homeless	TT = Two-Parent Household	H = High School Grad/GED
CC = Client/Primary		H = Hawaiian/Pacific Islander	O = Other	SSS = Single Person	S = Some Post-Secondary
F = Father		W = White	U = Unknown	T = Two Adults/No Child	2 = 2-4 Yr College Grad
FF = Foster		O = Other		O = Other	4 = 4 Yr + College Grad
FFF = Friend		M = Multi-race		U = Unknown	U = Unknown
G = Grandchild		U = Unspecified			
GG = Grandparent					
GGG = Guardian					
M = Mother					
O = Other					
P = Partner					
R = Roommate					
S = Sister					
SS = Spouse					

I have provided this information voluntarily and understand that it will be used: 1) to aid in determining eligibility for SEK-CAP, Inc. programs; 2) to report non-identifiable demographic information required by funders; and 3) to comply with central data system reporting. It may be made known to other persons in pursuit of these ends. It will be kept confidential pursuant to the Privacy Act of 1974, As Amended, subject to the limits set out above. I certify that the information provided here and on other SEK-CAP, Inc. application documents is correct and complete and understand that any false statements could result in the denial of services.

Signature: _____	Date: _____
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