

Jesse A. Ervin  
Chief Executive Officer

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401 N. Sinnet  
P. O. Box 128  
Girard, KS 66743  
Phone: 620-724-8204  
Fax: 620-724-8741  
[www.sek-cap.com](http://www.sek-cap.com)

## **Southeast Kansas Community Action Program, Inc.**

*Recipient of the "Award for Excellence" in Community Action*

### **Tenant Based Rental Assistance (TBRA) Homeless Assistance Program Checklist – Begins February 22<sup>nd</sup>, 2021**

1. Complete the enclosed TBRA Application Packet and submit required documents along with the application packet. All questions must be answered. Incomplete paperwork will delay the processing of your application.
2. Contact the nearest Community Partner listed on the attached sheet to complete an **ASSESSMENT** and obtain a **HOMELESS CERTIFICATION** to determine your level of need for services. TBRA applicants will be prioritized for services based on level of need.
3. **Please make sure we have a reliable mailing address, phone number, and email address.** If we are unable to contact you, we will remove you from the waitlist, so let us know immediately if your contact information changes.
4. Paperwork can be hand-delivered, mailed, faxed, or emailed:

SEK-CAP Housing  
401 N. Sinnet/PO Box 128  
Girard, KS 66743

Fax: (620)724-8741

Email: [aprilbrown@sek-cap.com](mailto:aprilbrown@sek-cap.com) or [janets@sek-cap.com](mailto:janets@sek-cap.com)

If you have additional questions, please call (620)724-8204. Press "2" for Housing, then press "1" for questions about applications.

**TBRA Income Limits**  
Effective 04/01/2020

	<u>Most Counties*</u>	<u>Linn County</u>
1 PERSON HOUSEHOLD-----	\$22,650	\$30,100
2 PERSON HOUSEHOLD-----	\$25,850	\$34,400
3 PERSON HOUSEHOLD-----	\$29,100	\$38,700
4 PERSON HOUSEHOLD-----	\$32,300	\$43,000
5 PERSON HOUSEHOLD-----	\$34,900	\$46,450
6 PERSON HOUSEHOLD-----	\$37,500	\$49,900
7 PERSON HOUSEHOLD-----	\$40,100	\$53,350
8 PERSON HOUSEHOLD-----	\$42,650	\$56,800

**\*MOST COUNTIES INCLUDES ALLEN, BOURBON, CHAUTAUQUA, CHEROKEE, CRAWFORD, ELK, LABETTE, MONTGOMERY, NEOSHO, WOODSON AND WILSON COUNTIES.**

## TBRA PARTNER AGENCIES - BY COUNTY

COUNTY	AGENCY	CONTACT INFO	REFERRAL TYPE
ALLEN	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER, GERARD GABEHART (620)235-0633	ALL WELCOME BY APPOINTMENT
	SAFE PROJECT CATHOLIC CHARITIES	DJUNA HARRIS,(316)494-2221 APRIL SHANER(316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNA BRAUSELL(316)759-9772	VETERANS ONLY
	HOPE UNLIMITED INC.	DOROTHY SPARKS, KATRINA ROUSH (620)365-7566	DOMESTIC VIOLENCE VICTIMS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
BOURBON	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER, GERARD GABEHART (620)235-0633	ALL WELCOME BY APPOINTMENT
	SAFE PROJECT CATHOLIC CHARITIES	DJUNA HARRIS(316)494-2221 APRIL SHANER(316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNABRAUSELL(316)759-9772	VETERANS ONLY
	SAFEHOUSE CRISIS CENTER	BROOKE POWELL (620)231-8692 MEGAN ROGERS(620)231-8692 SHEENA NELSON(620)231-8251	DOMESTIC VIOLENCE VICTIMS ONLY
	SEK MENTAL HEALTH CENTER	TAMMY PERRY(620)223-5030 JOHNIE WILLIAMS(620)212-5721	ALL WELCOME
	TFI FAMILY SERVICES	JAMIE TYLER(620)371-8724	CLIENTS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
CHAUTAUQUA	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER, GERARD GABEHART (620)235-0633	ALL WELCOME BY APPOINTMENT
	SAFE PROJECT CATHOLIC CHARITIES	DJUNA HARRIS(316)494-2221 APRIL SHANER(316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNA BRAUSELL(316)759-9772	VETERANS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
CHEROKEE	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER, GERARD GABEHART (620)235-0633	ALL WELCOME BY APPOINTMENT
	SAFE PROJECT, CATHOLIC CHARITIES	DJUNA HARRIS(316)494-2221 APRIL SHANER(316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF CATHOLIC C	ERIC ARGANBRIGHT(316)308-4845	VETERANS ONLY

	SSVF CATHOLIC CHARITIES	DIANNA BRAUSELL(315)759-9772	
	SAFEHOUSE CRISIS CENTER	BROOKE POWELL (620)231-8692 MEGAN ROGERS (620)231-8692 SHEENA NELSON (620)231-8251	DOMESTIC VIOLENCE VICTIMS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
CRAWFORD	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER, GERARD GABEHART (620)235-0633	ALL WELCOME, BY APPOINTMENT
	SAFE PROJECT, CATHOLIC CHARITIES	DUJNA HARRIS(316)494-2221 APRIL SHANER(316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF, CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNA BRAUSELL(316)759-9772	VETERANS ONLY
	CRAWFORD COUNTY MENTAL HEALTH	JOE LEONARD(620)231-5130, (620)687-3654	CLIENTS ONLY
	FAMILY RESPONSE ADVOCATE	DIANN GAMBILL(620)687-5668 REVA MEADOWS (620)687-4690	CLIENTS ONLY
	SAFEHOUSE CRISIS CENTER	BROOKE POWELL(620)231-8692 MEGAN ROGERS (620)231-8692 SHEENA NELSON (620)231-8251	DOMESTIC VIOLENCE VICTIMS ONLY
	WESLEY HOUSE	KELLY PULLIAM(620)232-3760 EXT. 202	ALL WELCOME, BY APPOINTMENT
	CITY OF PITTSBURG	LESLIE HINES(620)240-5167 MEGAN KEENER (620)230-5572	ALL WELCOME, WITH IN CITY LIMITS OF PITTSBURG
	SALVATION ARMY	MISTY HUDDLESTON (620)231-0415 EXT. 104 LT. MYLIE HADDEN (620)231-0415	ALL WELCOME
	SEK-CAP	SEK-CAP (620)724-8204	ALLWELCOME
ELK	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER,GERARD GABEHART (620)235-0633	ALL WELCOME, BY APPOINTMENT
	SAFE PROJECT, CATHOLIC CHARITIES	DJUNA HARRIS (316)494-2221 APRIL SHANER (316)214-1716 CATHY DANIELS (316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF, CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNA BRAUSELL(316)759-9772	VETERANS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
LABETTE	CATHOLIC CHARITIES CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER, GERARD GABEHART (620)235-0633	ALL WELCOME, BY APPOINTMENT

	SAFE PROJECT, CATHOLIC CHARITIES	DJUNA HARRIS (316)494-2221 APRIL SHANER (316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF, CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNA BRAUSELL(316)759-9772	VETERANS ONLY
	SAFEHOUSE CRISIS CENTER	BROOKE POWELL(620)231-8692 MEGAN ROGERS (620)231-8692 SHEENA NELSON (620)231-8251	DOMESTIC VIOLENCE VICTIMS ONLY
	LABETTE COUNTY EMERGENCY ASSISTANCE CENTER	LEE ANN SPENCER (620)421-0700 THERESA LEONARDO (620)421-0700	CALL AHEAD, WILL FACILITATE PAPERWORK
	COMMUNITY HEALTH CENTER OF SE KANSAS PARSONS	KELLY YORK (620)717-4540	HOMELESS CERTIFICATIONS ONLY-CLIENTS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
LINN			
	SAFEHOUSE CRISIS CENTER	BROOKE POWELL(620)231-8692 MEGAN ROGERS (620)231-8692 SHEENA NELSON (620)231-8251	DOMESTIC VIOLENCE VICTIMS ONLY
	SEK MENTAL HEALTH CENTER	TAMMY PERRY (620)223-5030	ALL WELCOME
	TFI FAMILY SERVICES	JAMIE TYLER (620)371-8724	CLIENTS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
MONTGOMERY	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER,GERARD GABEHART (620)235-0633	ALL WELCOME, BY APPOINTMENT
	SAFE PROJECT, CATHOLIC CHARITIES	DJUNA HARRIS(316)494-2221 APRIL SHANER(316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF, CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNA BRAUSELL(316)759-9772	VETERANS ONLY
	SAFEHOUSE CRISIS CENTER	BROOKE POWELL(620)231-8692 MEGAN ROGERS (620)231-8692 SHEENA NELSON (620)231-8251	DOMESTIC VIOLENCE VICTIMS ONLY
	HSH HOMELESS MINISTRY	CHRIS MITCHELL(620)331-5115 BOBBI HACKNEY (620)331-5665	ALL WELCOME
	COMMUNITY HEALTH CENTER OF SEK (COFFEYVILLE)	ARIANNA SURENDRAN, (620)251-4300	CLIENTS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
NEOSHO	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER,GERARD GABEHART (620)235-0633	ALL WELCOME, BY APPOINTMENT
	SAFE PROJECT, CATHOLIC CHARITIES	DJUNA HARRIS(316)494-2221 APRIL SHANER(316)214-1716	DOMESTIC VIOLENCE VICTIMS

		CATHY DANIELS(316)494-2233	ONLY
	SSVF, CATHOLIC CH. SSVF CATHOLIC CHARITIES	ERIC ARGANBRIGHT(316)308-4845 DIANNA BRAUSELL(316)759-9772	VETERANS ONLY VETERANS ONLY
	HOPE UNLIMITED INC.	DOROTHY SPARKS, KATRINA ROUSH, (620)365-7566	DOMESTIC VIOLENCE VICTIMS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
WILSON	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER,GERARD GABEHART (620)235-0633	ALL WELCOME, BY APPOINTMENT
	SAFE PROJECT, CATHOLIC CHARITIES	DJUNA HARRIS(316)494-2221 APRIL SHANER (316)214-1716 CATHY DANIELS (316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF, CATHOLIC CHARITIES	ERIC ARGANBRIGHT (316)308-4845 DIANNA BRAUSELL (316)759-9772	VETERANS ONLY
	SAFEHOUSE CRISIS CENTER	BROOKE POWELL (620)231-8692 MEGAN ROGERS (620)231-8692 SHEENA NELSON (620)231-8251	DOMESTIC VIOLENCE VICTIMS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME
WOODSON	CATHOLIC CHARITIES	CASEY BROWN, JAMI CROWDER, GERARD GABEHART (620)235-0633	ALL WELCOME, BY APPOINTMENT
	SAFE PROJECT, CATHOLIC CHARITIES	DJUNA HARRIS(316)494-2233 APRIL SHANER(316)214-1716 CATHY DANIELS(316)494-2233	DOMESTIC VIOLENCE VICTIMS ONLY
	SSVF, CATHOLIC CHARITIES	ERIC ARGANBRIGHT (316)308-4845 DIANNA BRAUSELL (316)759-9772	VETERANS ONLY
	HOPE UNLIMITED INC.	DOROTHY SPARKS, KATRINA ROUSH, (620)365-7566	DOMESTIC VIOLENCE VICTIMS ONLY
	SEK-CAP	SEK-CAP (620)724-8204	ALL WELCOME



Housing Department, 401 N. Sinnet/P.O. Box 128, Phone: (620)724-8204, Fax: (620)724-8741

## TBRA APPLICANT REQUIREMENTS

Verification of eligibility is required for participation in the TBRA Program. Submit program forms and required applicable documentation noted below by email, fax, or mail to SEK-CAP by the deadline date noted. Incomplete forms will be returned for your completion and will delay processing your application.

### **HOMELESSNESS VERIFICATION & PRIORITIZATION: Absolutely have to have**

- Homeless Certification – SEE LIST OF COMMUNITY PARTNERS
- Assessment – SEE LIST OF COMMUNITY PARTNERS

### **IDENTIFICATION REQUIRED:**

- Copy of Photo ID for adult household member(s)
- Copy of Social Security Card for ALL household members

### **INCOME INFORMATION REQUIRED: (If applicable to your family)**

- Food assistance benefit letter
- Cash assistance benefit letter
- Unemployment award letter - [www.uibenefits.dol.ks.gov](http://www.uibenefits.dol.ks.gov)
- Current SS or SSI award letter - [www.ssa.gov](http://www.ssa.gov) or call 1-800-772-1213
- Child Support/Alimony
  - KPC PIN# Call 1-877-572-5722, [www.ksPAYcenter.com](http://www.ksPAYcenter.com) AND
  - Copy of child support court order
  - Child Support Affidavit
- Students (18 and older)
  - Financial Aid award letter,
  - Proof of enrollment AND Proof of tuition/book expenses
- Pension or retirement award letter
- Employment – Last 2 months check stubs OR employer letter stating average hours worked and wage information
- Regular Contributions from family member or friend – provide letter from family member or friend, stating how much they provide and how often.
- Zero/Little Income Questionnaire (if reporting zero income or assistance from family or friends)

### **DEDUCTIONS: (if applicable to your family)**

- **Elderly/Disabled Family Deduction** - If head of household, spouse, co-head, or sole member is at least 62 years old OR a person with disabilities, the family may be eligible for deductions:
  - Provide receipts or proof of payment for unreimbursed, out of pocket medical expenses for ALL family members.
  - Provide proof of disability status, if applicable.
- **Disability Assistance Expense Deduction** - If ANY member of your household is disabled, you may qualify for a Disability Assistance Expense.
  - Provide proof of payment for any expenses related to the disability, which enable a household member to work.
- **Child Care Deduction** - If you pay out of pocket child care expenses for a child under the age of 13, you may be eligible for a child care expense deduction.
  - Provide proof of payment for these expenses.

### **OTHER REQUIRED INFORMATION: (if applicable to your family)**

- Assets – Provide verification of assets (checking accounts, savings accounts, CDs, direct deposit card, etc.)
- Reintegration Plan – for each child not currently living in the home AND in state custody
- If you have drug-related or violent criminal history within the last 10 years, provide proof of convictions AND letter from 3rd party (probation officer, social service agency, employer) stating that you have not engaged in drug-related or violent activity in the last 6 months.

### **COMPLETE ALL ATTACHED FORMS:**

- Basic Intake Form
- 92006 – Optional Contact Form (Signed by Head of Household, even if opting not to provide info)
- Citizenship Forms – (One for each household member)
- Student Status Form (All household members 18 and older)
- Authorization for Release of Information

## SEK-CAP TBRA Program Homeless Certification

Name of Applicant: \_\_\_\_\_ Referral Agency: \_\_\_\_\_

This is to certify that the above named individual or household is currently homeless based on the check mark and signature indicating their current living situation. In signing this form, the agency and applicant are certifying that, to the best of their knowledge, the information provided is true. This form must be completed by a participating agency, designated by SEK-CAP. **Select the living situation that currently applies to the applicant by placing an 'X' in the box:**

### Category 1

- Has a primary nighttime residence that is a public or private place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)
  
- Living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations).
  
- Exiting an institution where (s)he has resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

### Category 2

- Will imminently lose their primary nighttime residence, provided that the following circumstances are true:
  - a) Residence will be lost within 14 days of the date of application for homeless assistance;
  - b) No subsequent residence has been identified; AND
  - c) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

### Category 3

- Unaccompanied youth under 25 years of age (must be 18 or older), or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - a) Are defined as homeless under the other listed federal statutes;
  - b) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
  - c) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; AND
  - d) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

### Category 4

- Any individual or family who:
  - a) Is fleeing, or is attempting to flee, domestic violence;
  - b) Has no other residence; AND
  - c) Lacks the resources or support networks to obtain other permanent housing

Authorized Referral Agency Representative (Printed Name, Signature, & Date)

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Applicant (Printed Name, Signature & Date)

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**Custody/Child Support & Alimony Affidavit**

Applicant/Tenant: \_\_\_\_\_

This form verifies the receipt/non-receipt of child support and custody for the following children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Absent Parent: \_\_\_\_\_

Will this child live with you in the unit at least 50% of the time?  Yes  No

Was there a legal marriage to the other parent?  Yes  No

If yes, please submit a copy of the divorce decree, separation agreement or other documents outlining custody arrangements.

If no, is there a court order for child support?  Yes  No

If yes, provide court order # and a copy of the court order: \_\_\_\_\_

**Choose one of the following circumstances:**

- I do not receive court ordered alimony  and/or child support . Must provide a reason why and then no further documentation is needed. Reason why: \_\_\_\_\_
- I receive the full amount of court ordered alimony  and/or child support  in the amount of \$\_\_\_\_\_ a week  / month  / year . If documentation is not available, please provide a reason why, otherwise provide backup documentation. Reason why: \_\_\_\_\_
- I do not receive the full court ordered amount of alimony  and/or child support , but I do receive the partial or sporadic amount of \$\_\_\_\_\_ a week  / month  / year . (Divorce decree, separation statement, child support enforcement order, payment sheet from an enforcement agency and legal attempts to collect is required. If not obtained, the full amount of the original court order must be used.)
- I do not have a court order for alimony  and/or child support  and I do not currently receive any. Must provide reason for no court order. Reason why: \_\_\_\_\_
- I do not have a court order for alimony  and/or child support , but an informal, mutual agreement is in place. I do receive payment in the amount of \$\_\_\_\_\_ a week  / month  / year .

I/WE certify under the penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of My/Our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

\_\_\_\_\_  
Tenant Signature Date

\_\_\_\_\_  
Tenant Signature Date

\_\_\_\_\_  
SEK-CAP Staff Signature Date

**Note:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

# ZERO/ LITTLE INCOME QUESTIONNAIRE

Tenant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

To claim zero income in the HUD Section 8 housing program you must have no income from any source except student financial aid, resident service stipends, adoption assistance payments, earned income for full time students **EXCEPT THE HEAD OF HOUSEHOLD OR SPOUSE**, adult foster care payments, compensation from State or local job training programs, and training of resident management staff, property tax rebates, homecare payments for developmentally disabled children or adult family members, and deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum. Please complete the questions below, sign and date and return to our office if you are claiming zero income for housing benefits.

I, as head of household, or any adult member (over the age of 18) living in the above unit, receive income from the following sources:

Income:	YES	NO	Income:	YES	NO
1. Wages, including part time, commissions, & overtime			13. Salary from family owned business		
2. Cash Benefits from DCF (previously SRS)			14. Net Income from Business		
3. Social Security Income, including payments received for children.			15. Annuities		
4. SSI Benefits			16. Insurance Policies		
5. Pensions			17. Retirement Funds		
6. Interest or Dividend Income			18. Disability or Death Benefits		
7. V.A. Benefits			19. Workers Compensation		
8. Baby-sitting Income			20. Severance Payments		
9. Recurring Periodic Gifts			21. Alimony		
10. Fees			22. Child Support		
11. Tips			23. Winnings paid in periodic Payments		
12. Bonuses			24. Rent Income of any type		

Are your utilities on? If so, who pays for the utilities?

How will you pay for food and clothing?

How will you pay for medical expenses?

How will you pay for transportation expenses?

Do you have pets? If yes, How many? How will you pay for food and veterinarian needs?

Besides necessities, how will you pay for cell phone bills, cosmetology needs, and other non-necessities?

I \_\_\_\_\_ understand that if I claim zero income for housing assistance, I must complete this form **EVERY TIME I RECEIVE IT** and return it to the housing office. Failure to do so will result in my losing my housing assistance. I agree to notify the housing agency **IN WRITING IMMEDIATELY** if the above information changes. I certify that the above information is correct. Any false statements will result in my application being dropped from the waitlist OR losing my housing assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

## SEK-CAP, Inc. Housing – Basic Intake Form

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

Office Use Only | Action Type:  Initial Intake  Recertification

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M | F Disabled:  Yes  No  
(First, MI, Last)

Health Insurance:  Yes  No \*Race: \_\_\_\_\_ \*Ethnicity: \_\_\_\_\_ \*Education Level Completed: \_\_\_\_\_ \*Military Status: \_\_\_\_\_

# of Persons in Household: \_\_\_\_\_ \*Family Type: \_\_\_\_\_ \*Housing Type: \_\_\_\_\_

### Household Member Information

Relation to Applicant	Full Name (First, MI, Last)	DOB	Gender	Disabled (Y/N/U)	Health Insurance (Y/N/U)	Race	Ethnicity	Education Level Completed	Military Status

Name every state in which you and your household members have lived:

Relation to Applicant	*Ethnicity	*Race	*Housing Type	*Family Type	*Education Level	*Military Status
S=Sibling	H=Hispanic	A=American Ind./Alaska Nat.	O=Own	S=Single Parent Female	0=0-8	R=Reserves
P=Parent	NH=Non-Hispanic	AA=Asian	R=Rent	SS=Single Parent Male	9=9-12 (non-grad)	A=Active
C=Child	U=Unknown	B=Black/African American	H=Homeless	TT=2 Parent Household	H= High School Grad (GED)	U=Unknown
SP=Spouse or Partner		H=Hawaiian/Pacific Islander	O=Other	SSS=Single Person	12+=12 plus some Post Secondary	
GP=Grandparent		W=White	U=Unknown	T=2 Adults/No Children	2-4=2-4 Yr College Grad	
G=Grandchild		O=Other		M=Multigenerational House	U=Unknown	
F=Foster		M=Multi-race		O=Other		
GG=Guardian		U=Unknown		U=Unknown		
O=Other						

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 1874, 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: \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

# TENANT BASED RENTAL ASSISTANCE DECLARATION OF CITIZENSHIP 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.

- ..... \* **CITIZEN** - A citizen of the United States.
- ..... \* **NATIONAL** - A person who owes permanent allegiance to the United States; for example, as a result of birth in a United States territory or possession. (Other documentation required)
- ..... \* **NONCITIZEN** - A person who is neither a citizen nor a national of the United States. (Other documentation required)
- ..... \* **NONCITIZEN STUDENT** - A person who has a residence in a foreign country and has no intention of abandoning, is a bonafide student qualified to pursue a full course of study, and is admitted to the U.S. temporarily and solely for purposes of pursuing such course of study at a recognized place of study and specifically designated and approved by the AG. (Ineligible for assistance/use prorated calculation for families which include citizens or eligible immigrants)

UNDER PENALTY OF PERJURY, I certify the information noted above is accurate and up-to-date, AND I AM LAWFULLY WITHIN THE UNITED STATES and can provide appropriate documentation as required. I certify the signature below is that of an approved family representative.

\_\_\_\_\_  
**PRINT NAME OF HOUSEHOLD MEMBER**

\_\_\_\_\_  
**SIGNATURE OF PERSON DECLARING OR  
FAMILY REPRESENTATIVE SIGNATURE**  
(If person declaring is child under age 17.)

\_\_\_\_\_  
**DATE**

## STUDENT STATUS AFFIDAVIT

Applicant/Resident \_\_\_\_\_

Date \_\_\_\_\_

Are you a student at an institution of higher education?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If NO, skip Questions 1 - 10 and sign below.**

**If YES, answer Questions 1 - 10 below:**

	<u>YES</u>	<u>NO</u>
1. Are you a graduate or professional student?	_____	_____
2. Are you disabled? If yes, were you receiving Section 8 assistance as of November 30, 2005	_____ _____	_____ _____
3. Are you at least 24 years of age?	_____	_____
4. Are you a veteran of the United States military?	_____	_____
5. Are you married?	_____	_____
6. Do you have a dependent child?	_____	_____
7. Do you have dependents other than a child or spouse?	_____	_____
8. Were you an orphan or a ward of the court through the age of 18?	_____	_____
9. Will you be living with your parents? If no: Are your parents receiving or eligible to receive Section 8 assistance? Are you claimed as a dependent on your parent's tax return?	_____ _____ _____	_____ _____ _____
10. Are you receiving any financial assistance to pay for your education? <b>If yes, please list the sources of financial assistance:</b>	_____	_____
_____ _____		

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).

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_



# 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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**Southeast Kansas Coordinated Entry  
Authorization of Disclosure of Confidential Information**

I, \_\_\_\_\_, date of birth: (DD/MM/YYYY) \_\_\_\_\_, last four of SSN: XXX-XX-\_\_\_\_\_, authorize the following agencies to disclose information to each other in order to coordinate services that will help me to obtain and maintain safe and affordable housing:

- Southeast Kansas Community Action Program (SEK-CAP) - All Programs
- Catholic Charities of Southeast Kansas
- Safety Advocacy Finance and Education (SAFE)
- Emergency Solutions Grant Recipients (ESG)
- Southeast Kansas Services Emergency Assistance (EA) Ministries
- Wesley House
- City of Pittsburg Community Development and Housing
- Utility Companies:  
\_\_\_\_\_
- \_\_\_\_\_
- Home Sweet Home Ministries
- Crawford County Mental Health
- SEK Mental Health
- Four County Mental Health
- TFI Family Services
- Department for Children and Families (DCF)
- Hope Unlimited
- Safehouse
- Community Health Center of Southeast Kansas (CHCSEK)
- Probation/Parole Officer:  
\_\_\_\_\_
- Other(s):  
\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Information to be Shared**

This Authorization for Disclosure of Confidential Information authorizes the following types of information to be shared between the agencies listed above:

- Coordinated Entry Assessment Scores
- Program intake and enrollment information
- Potential barriers to obtaining and maintaining housing including criminal background, mental/physical disabilities, living conditions, household composition, and household income.
- Contact information
- Established goals, outcomes, and housing stabilization plan
- Status of assistance requests and applications
- Status of requested paperwork and/or documents for program participation
- Protected health information

My protected health information is information about me, including information such as my name and address and/or medical information. The information was used or created when I received health care or when payment was received for my health care. The information may include my past, present, or future physical or mental health or condition. I understand that if the persons or organizations I authorize to receive and/or use the protected health information described above are not subject to federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws. I hereby authorize the use or disclosure of my individually identifiable health information as described above. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information. The undersigned acknowledge that he/she is aware that certain information that he/she is consenting to release is confidential and protected by Federal and State law. The undersigned acknowledge that upon signing this consent that they are waiving their rights under these laws and that they are aware of the specific protections that they are afforded, or they are waiving their right to be informed of the specific provisions of these laws.

This authorization expires one year from the date of signature, unless revoked in writing prior to the end of one year. This authorization may be revoked at any time.

Printed Name	Signature	Date