



# SEK-CAP Rental Housing Application

Locations in: Girard, St. Paul, Erie, and Oswego | 3 BR Homes

## Instructions & Document Requirements for Housing Applications

**DO NOT SEND ORIGINAL DOCUMENTS.**

### Step 1



Applications **MUST** be completed in blue or black ink only.



You are **REQUIRED** to complete the entire application and Basic Intake Forms (BIF). You **MUST** include copies of everything listed according to the instructions.



Use codes listed on the forms to properly complete each form.



Be sure to include the phone number(s) where you can be reached, in case we need to call you if we have questions about your application.



The application and supporting documents should be mailed, faxed or emailed back to  
SEK-CAP Housing Services  
PO Box 128, Girard, KS 66743  
Fax#: 620-724-8741  
Email: [brianw@sek-cap.com](mailto:brianw@sek-cap.com)



If you have questions concerning the completion of this application, please call SEK-CAP Housing Services at 620-724-8204.

### Step 2

- All household members 18 years of age and older **MUST** supply a copy of their photo ID and sign and/or initial the application in all the applicable locations.
- Provide copies of the entire household's Social Security cards, including children. If you do not have a Social Security Card, official documentation of the social security number from another governmental agency will be accepted.
- Provide our office with all names and addresses of all employment for all members employed, and the last three (3) months of pay stubs or a print-out from employer. If anyone in the household is receiving unemployment or Social Security, please provide us with a current benefit letter. Bank statements are **NOT** acceptable.
- Provide bank name and addresses where all accounts are held.
- 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 DCF and/or any other source such as a family member or friend.
- **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 rent and utility bills for the unit, unless you are a Section 8 Voucher holder.
- **Rent** - must be able to afford \$500.00 - \$550.00 each month for rent.

**IF YOU FAIL TO FOLLOW THESE INSTRUCTIONS, IT WILL DELAY PROCESSING YOUR APPLICATION AND THE APPLICATION MAY BE DENIED**



# SEK-CAP Rental Housing Application

P.O. Box 128 | Girard, KS 66743 | Application for Occupancy

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Br. Size: 3 Family Size: \_\_\_\_\_ Head/Spouse: \_\_\_\_\_

Property you are applying for: \_\_\_\_\_ **County:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Household Members Name <i>(First, Middle Initial, Last)</i>	Social Security Number
Non Custodial Parent's Name:	
Address:	

Does anyone live with you who is not listed above?  Yes  No

If yes, give name(s): \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed above?  Yes  No

If yes, give name(s): \_\_\_\_\_

Please identify any need for reasonable accommodations of household members disability below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Name Every State You And/Or Members of Your Household Have Resided: \_\_\_\_\_

Are you or any of members of your household subject to lifetime registration requirement under a state sex offender registration program?  Yes  No If yes, identify who: \_\_\_\_\_

Have you or any member of your household ever been convicted of production or manufacture of meth while receiving rental assistance?  Yes  No If yes, identify household member(s): \_\_\_\_\_  
Address: \_\_\_\_\_

Have you or any member of your household ever been evicted from a unit for which you were receiving rental assistance due to drug related criminal activity?  Yes  No If yes, identify household member(s): \_\_\_\_\_  
Year of Conviction: \_\_\_\_\_

Have you or any member of your household been evicted from a unit for which you were receiving rental assistance in the last five (5) years for **ANY REASON**?  Yes  No

Have you or any member of your family been convicted of drug related or violent criminal activity in the past six (6) months?  Yes  No If yes, identify household member(s): \_\_\_\_\_ Year of Conviction: \_\_\_\_\_

## Alien Certification

*All Applicants, 18 years of age and older, **MUST** initial appropriate line.*

\_\_\_\_\_ "I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under Section 245A (Amnesty Aliens) or 210A (Replenishment Agricultural Workers) of the immigration and nationality Act, as amended by the Immigration Reform and Control Act of 1986."

\_\_\_\_\_ "I certify that the following member(s) of this household are alien(s) whose status has been adjusted to lawful temporary or permanent resident under section 245A (Amnesty Aliens) or 210A (Replenishment Agriculture Workers) of the Immigration Reform and Control Act of 1986."

\_\_\_\_\_ List name if Applicable

\_\_\_\_\_ List name if Applicable

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**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



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**MUST** provide complete information on the last 3 rental residencies. If you don't have a rental history, you **MUST** provide 3 professional references.

**NO PERSONAL REFERENCES**

## Rental Information

*Provide information for the immediate past three places of residency (including current) from time of application date.*

Name of present or most recent Landlord: \_\_\_\_\_  
Address (include City, State & Zip): \_\_\_\_\_  
Home Phone of Landlord: \_\_\_\_\_ Day/Work Phone of Landlord: \_\_\_\_\_  
Address you rented from Landlord (include City, State, & Zip): \_\_\_\_\_  
Lease Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

### **Additional Rental or Residency History (start with most current to oldest)**

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Landlords Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_  
Landlords Address (include City, State, & Zip): \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Landlords Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_  
Landlords Address (include City, State, & Zip): \_\_\_\_\_

## Professional References

Reference Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Reference Phone Number: \_\_\_\_\_ Reference Address: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Reference Phone Number: \_\_\_\_\_ Reference Address: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Reference Phone Number: \_\_\_\_\_ Reference Address: \_\_\_\_\_



# SEK-CAP Rental Housing Application

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## Income Questionnaire

- 1) Total number of household members expected to occupy the unit during the next 12 months. (You may include an unborn child(ren) if you are currently pregnant): \_\_\_\_\_
- 
- 2) Is any member of your household employed full-time, part-time, or seasonally?  Yes  No  
Number in the household employed: \_\_\_\_\_
- 3) Does any member of your household, not currently employed, expect to work for any period during the next 12 months? (Persons 18 years and older)  Yes  No
- 4) Is any member of your absent from work due to lay-off, medical, maternity, military leave, workman's comp, or private disability payments?  Yes  No
- 5) Does anyone in your household now receive or expect to receive unemployment benefits?  Yes  No  
 Now Receives  Expects to Receive
- 6) Does any member in your household now receive or expect to receive child support?  Yes  No  
 Now Receives or  Expects to Receive &  Currently Court Ordered Court order Case Number(s): \_\_\_\_\_
- 7) Is any member of your household entitled to receive child support that he/she is not currently getting?  Yes  No  
 Court Ordered Court order Case Number(s): \_\_\_\_\_  Not Court Ordered  Family Services Involved
- 8) Does any member in your household now receive or expect to receive child alimony?  Yes  No  
 Now Receives or  Expects to Receive &  Currently Court Ordered Court order Case Number(s): \_\_\_\_\_
- 9) Is any member of your household entitled to alimony that he/she is not currently getting?  Yes  No  
 Court Ordered Court order Case Number(s): \_\_\_\_\_  Not Court Ordered
- 10) Does any member of your household now receive or expect to receive monetary welfare assistance other than Food Stamps?  
 Yes  No  Now Receives  Expects to Receive
- 11) Does any member of your household now receive or expect to receive social security or SSI benefits?  
 Yes  No  Now Receives  Expects to Receive
- 12) Does any member of your household now receive or expect to receive income from a pension or annuity?  
 Yes  No  Now Receives  Expects to Receive
- 13) Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?  
 Yes  No
- 14) Does anyone in the household receive mineral rights royalties/payments?  
 Yes  No
- 15) Does anyone in the household receive periodic payments for Blood/Plasma/Other donations or research studies?  
 Yes  No
- 16) Is any member of the household receiving tuition assistance in the form of grants or scholarships?  Yes  No
- 17) Is any member of the household receiving Section 8 assistance?  Yes  No
- 18) Is any member of the household a student at an institute of higher education?  Yes  No



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## Income Information

Income Source	Income Source Address & Fax #	Household Member Receiving Income	Annual Amount

## Asset Questionnaire

	Yes	No
1) Does anyone in the household have a checking account?		
2) Does anyone in the household have a saving account?		
3) Does anyone in the household have a Certificates of Deposit (CDs)?		
4) Does anyone in the household have stocks or bonds?		
5) Does anyone in the household have IRA's or other retirement funds?		
6) Does anyone in the household have mutual funds?		
7) Does anyone in the household have trust accounts?		
8) Does anyone in the household have personal property held as an investment?		
9) Does anyone in the household have life insurance? ___Whole ___Universal ___Term		
10) Does anyone in the household have real estate? Is the real estate for sale? ___Yes ___No		
11) Do you have any assets you disposed of for less than fair market value within the last 2 years?		
If yes, Please list them here:		
12) Do you have other current assets (cash on hand)?		
If yes, Please list them here:		
13) Are any of these assets or income sources listed above being deposited on to a pre-paid debit card? (Direct Express, Reliacard, Netspend, Citi Bank, etc.)		
If yes, please list card type(s) here and provide verification documentation:		

Check this box if your household does not have any assets.



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## Asset Information

Verification documents **MUST** be provided for all assets reported.

*Assets include: Checking accounts, savings accounts, Certificates of Deposit (CD), stocks or bonds, IRA's or other retirement funds, Mutual Funds, Trust Accounts, Life Insurance (whole or universal), property investment, real estate, or any other asset that may generate income.*

Owner of Asset	Bank Name or Name of Financial Institution	Address of Bank or Financial Institution	Fax #	Type of Asset

## Applicant Certification

*All Applicants, 18 years of age and older, **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:** "Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction."

**WARNING: ANY PART OF THIS APPLICATION FOUND TO BE ERRONEOUS DUE TO FALSE STATEMENTS OR MISREPRESENTATIONS WILL RESULT IN SEK-CAP PLACING YOUR APPLICATION INACTIVE IMMEDIATELY.**



# SEK-CAP Authorization

P.O. Box 128 | Girard, KS 66743 | P. 620-724-8204 | F. 620-724-8741

## 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/We further authorize SEK-CAP, Inc. 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 information is valid until it is revoked in writing.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date





# SEK-CAP Rental Housing Application

P.O. Box 128 | Girard, KS 66743 | Optional Release of Information

**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 of 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's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Name of Additional Contact Person or Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Reason for Contact:** (Check all that apply)

- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from unit
- Late payment of rent
- Assist with recertification process
- Change in lease terms
- Change in house rules
- Other: \_\_\_\_\_

**Commitment of 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:** This 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.

\_\_\_\_\_  
**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 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.

## 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

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: \_\_\_\_\_