


Instructions & Document Requirements for Housing Applications DO NOT SEND ORIGINAL DOCUMENTS.

Must be at least 62 years of age and/or disabled to qualify.

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



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 a copy of all household income (including SSA, SSI, and child support) for all persons in the home. We cannot accept bank statements. Acceptable forms of verification include: SRS-printout showing benefits from SRS; Veterans Administration/Other Retirement-letter showing benefits; Wages-fill out employment area of application completely.
- Proof of any/all CD's Stocks, Property/Real Estate owned, and/or any interest earned from all sources.
- 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 utility bills for the unit.

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: _____ Bedroom Size (circle one): 0br (studio) or 1br Family Size: _____

Property you are applying for: _____

County: Cherokee

Applicant's Name: _____

Total Number of Household Members: _____

Current Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

Work Number: _____

Household Members Name (First, Middle Initial, Last)	Social Security Number

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:

Please list all state that you and your family have resided in: _____

Have you or any member of your household ever been arrested? Yes No

If yes, provide the following information for each member:

Name: _____ Date: _____ Place: _____ Charge: _____

Name: _____ Date: _____ Place: _____ Charge: _____

Name: _____ Date: _____ Place: _____ Charge: _____

Have you or any member of your household ever been convicted of a felony? Yes No

If yes, provide the following information for each member:

Name: _____ Date: _____ Place: _____ Charge: _____

Name: _____ Date: _____ Place: _____ Charge: _____

Name: _____ Date: _____ Place: _____ Charge: _____



SEK-CAP Rental Housing Application

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

Has any member of the household (including children) ever been subject to a sex offender registration program in any state?

Yes No

If yes, what state? _____

What aliases have you used? _____

Income Questionnaire

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 2 years?		
Are any members 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)?		

Income Information

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



SEK-CAP Rental Housing Application

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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.

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



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Expenses Questionnaire

Medical expenses for housing applicants whose head of household or spouse is disabled, handicapped, or elderly. Please attach copies of receipts/statements or bills from your medical providers, e.g. doctors, pharmacist, etc.

Do you have Medicare? Yes No

If yes, what is your monthly premium? \$ _____

Do you have any other kind of medical insurance? Yes No

If yes, provide Name: _____ Address: _____

Policy Number: _____ Premium: \$ _____ or Agent Name: _____

Do you have any outstanding medical bills you are paying? Yes No

If yes, list Amount: \$ _____ and Provider: _____

Do you expect to incur medical expenses in the next 12 months? Yes No

If yes, list Amount: \$ _____ and Provider: _____

If you use the same pharmacy please list:

the Name: _____ and 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? Yes No

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 Information

Have you ever lived in Public Housing? Yes No

Have you ever had Section 8 rent assistance? Yes No If yes, list addresses and dates below:

Address: _____ Date: _____

Address: _____ Date: _____

Address: _____ Date: _____

Do you have a debt to any federally subsidized housing program? Yes No

If yes, have you made arrangements to repay this debt? Yes No

Have you ever vacated a housing unit without giving notice? Yes No

Have you committed fraud against a federal or state housing program? Yes No

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



SEK-CAP Rental Housing Application

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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

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

Declaration of Section 214 Status

Note 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.

Instructions to Family Member for Completing Form: On previous page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" on the appropriate lines. Sign and date at the bottom of the page. Place an "X" or "✓" on the line below the signature if the signature is by the adult residing in the unit who is responsible for Child.

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 next page 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.

* See next page for footnotes and instructions (*1-8)

Housing Authority Use Only

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

Declaration of Section 214 Status - Footnotes and Instructions

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 manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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

2. **Eligible immigration status and 62 years of age or older.** For non-citizens 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 non-citizen 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].

4. **Permanent residence under S249 of INA.** A non-citizen 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 203 of INA.** A non-citizen 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 S298 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 non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reason 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 non-citizen 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. 1235(h)) [threat to life or freedom].

8. **Amnesty under S245A of INA.** A non-citizen 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 non-citizens 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.



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

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.

--	--

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)

Explanation to the Applicant

This explanation is 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 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 not also 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.



SEK-CAP Rental Housing Application

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

Disability Verification Form For Section 202/8 Properties

Name of Medical Professional: _____
Address: _____

Please Return Form To:
SEK-CAP, Inc.
P.O. 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. 60001 (8)), i.e., a person with a severe chronic disability that:
 - a. Is attributed 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,
 - (7) Economic self-sufficiency; and
 - (8) Reflects the person's need for a combination and sequence of special, interdisciplinary, or genetic 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

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 require 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: 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).



SEK-CAP Rental Housing Application

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

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.

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, 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: _____