

DEPOSITS FOR IHA – LOW INCOME UNITS

SECURITY – IOWA HOUSING AUTHORITY

Regular **Deposit amount is \$150.00** - The Tenant must pay deposit in full prior to move in.

Elderly/Handicapped **Deposit amount is \$75.00** – The Tenant must pay the deposit in full prior to move in.

WATER – CITY OF WHITE CLOUD-WATER DEPARTMENT

Amber Jakeman – 785-850-8539

1&2 Bedroom Units **Administrative Service Charge is \$50 (non refundable).** The Tenant must pay the Water Service Charge in full, prior to move in. (\$50.00)

3 Bedroom Units **Administrative Service Charge is \$100 (non refundable).** The Tenant must pay the Water Service Charge in full, prior to move in. (\$100.00)

ELECTRIC – DONIPHAN ELECTRIC, TROY, KANSAS

785-985-3523/800-699-0810

All Units **Deposit amount is \$200.00 plus a \$20.00 membership fee**
Tenant must pay the Deposit and Membership fee in full, prior to move in. (\$220.00)

****NOTE**** *Doniphan Electric will accept a Letter of Credit from your current Provider.*

If you have had electricity in your name and you have paid your bill on time for the previous 12 month, you can obtain a "Letter of Credit" from your current provider.

If can obtain the Letter of Credit, Doniphan Electric will not require the deposit.

However, the membership fee (\$20.00) must still be paid prior to move in.

Water & Electric Deposit Receipts must be brought to the IHA Office (for copies) prior to receiving keys.

1st months Prorated Rent is due at time of move-in

Minimum Rents: **1 & 2 bedroom Units** **\$100.00**
 3 bedroom Units **\$150.00**

Ceiling Rents: **1 bedroom** **\$200.00**
 2 bedroom **\$250.00**
 3 bedroom **\$300.00**

Housing Authority of the Iowa Tribe of KS & NE

117 North T Street
White Cloud, KS 66094

Answer all questions that apply
Send Proof of Income of all persons

Project No. 107-3 App Date _____ App No. _____
 Prospective Lessee _____
 Address _____ Phone No. _____
 Address _____ Phone No. _____

Are you Native American Yes No

APPLICATION FOR ADMISSION

I. FAMILY COMPOSITION:

A. Persons Who Will Move into the Project:

1. Social Security No.	2. Name of Family Members	3. Relation to Family Head	4. Date of Birth	5. Age	6. Sex	7. Occupation
1		Head				
2						
3						
4						
5						
6						
7						
8						
9						
10						

B. Anticipated Changes in Family Composition

II. INCOME

A. Total Income:

1. Family Member No.	2. Source, Rate, and Type of Income	3. Estimated Income	
		(a) Past 12 Mo	(b) Next 12 Mo
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
4. Total family income:		\$	\$

III. HOUSING CONDITIONS

A. Present Housing Conditions and Need:

1. Without housing: Yes No
 (a) Reason _____

(b) Present living arrangements _____

2. About to be without housing: Yes No
 (a) Reason _____

(b) Type notice and effective date _____

3. Living under substandard housing conditions: Yes No

- (If "Yes" check conditions present.)
- (a.) Dwelling structurally unsafe
 - (b.) No potable running water in dwelling unit
 - (c.) No usable flush toilet in dwelling unit.
 - (d.) No installed usable tub or shower in dwelling unit.
 - (e.) No operating sink or proper stove connections in kitchen.
 - (f.) Inadequate or no electric wiring system in dwelling unit.
 - (g.) Inadequate or unsafe heating facilities for dwelling unit.
 - (h.) Overcrowded: BR _____; Number of persons _____
 - (i.) Single family unit occupied by 2 or more families.

Check

4. Other Conditions and Factors of Housing Need (Specify): _____

B. Monthly Amount Now Paid for Rent and Utilities \$ _____

IV. ASSETS:

A. Type _____ B. Estimated Value \$ _____

V. LOCAL RESIDENCE:

A. Length of Residence in Locality _____ B. Addresses during past _____ Months

VI. DISPLACED, DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA:

A. Displaced by Urban Renewal or Low-Rent Project or Other Public Action:

1. Address when displaced _____
 2. Notified by _____
 3. Date notified _____ 4. Date moved _____

B. Disabled Head, Spouse, or Single-Person Applicant:

1. Member Disabled _____ 2. Nature and extent of disability _____

C. Physically Handicapped Head, Spouse, or Single-Person Applicant:

1. Member Handicapped _____ 2. Nature and extent of handicap _____

D. Military Service:

1. Name of family member who has been or is in military service: _____
 2. Relation to head _____
 3. At home _____ 4. Absent _____
 5. Period of service: from _____ to _____ 6. "C" No. _____
 7. Discharged: (a) Date _____ (b) Type _____
 8. Disabled: Yes _____ No _____ (a) % _____ (b) Service conn. Yes _____ No _____
 9. Deceased Yes _____ No _____ (a) Date _____ (b) Service conn. Yes _____ No _____
 10. If now in service: (a) Rank _____ (b) Serial # _____ (c.) Branch _____
 (d.) Title and address of C.O. _____

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Name of Applicant _____ Date _____

Interviewed by _____

**IOWA HOUSING AUTHORITY
 117 North T Street
 WHITE CLOUD KS 66094**

THIS SECTION TO BE COMPLETED BY HOUSING AUTHORITY OF THE IOWA TRIBE OF KS & NE

VII. LOCAL AUTHORITY DETERMINATIONS:

A. Family Composition
 1. Eligible Yes _____ No _____
 2. Unit size required _____ BR

B. Income
 1. Eligible Yes _____ No _____

C. Housing Conditions & Need:
 1. Eligible Yes _____ No _____

2. Report on and scoring of housing conditions

Present Condition	Score
(a.) Without housing	
(b.) About to be without housing.	
(c.) Substandard housing.	
(d.) Other factors	

D. Assets
 1. Amount \$ _____
 2. Eligible Yes _____ No _____

E. Local Residence
 1. Eligible Yes _____ No _____

F. Other Admission & Selection Factors

1. Displaced Yes _____ No _____
 a. Urban Renewal Yes _____ No _____
 b. Low-Rent Yes _____ No _____
 c. Other Yes _____ No _____
 2. Elderly Yes _____ No _____
 a. Age Yes _____ No _____
 b. Disability Yes _____ No _____
 c. Handicapped Yes _____ No _____
 3. Vet. or SM Yes _____ No _____
 a. Disabled Yes _____ No _____
 b. Deceased Yes _____ No _____
 4. Preference Rating _____
 5. Other _____

VIII. CERTIFICATIONS:

On the basis of the determination set forth above, the applicant family named herein has been found to be:

Eligible for admission _____
 Ineligible for admission _____

IX. LEASING

A. Project No. _____
 B. Unit Number _____
 C. Unit Size Assigned _____
 D. Date Assigned _____
 E. Lease Effective _____



117 North T St.
White Cloud, Kansas 66094

Name _____
Last *First* *Middle Initial*

Current Address _____

Phone # _____

Date of Application _____

List Family Members _____

References (3) Former Landlords-*Do Not List Family Members*

1. _____
Name Address

City & State Telephone Number

2. _____
Name Address

City & State Telephone Number

3. _____
Name Address

City & State Telephone Number



DONIPHAN COUNTY SHERIFF

OFFICE

219 South Main Street
Troy, KS 66087

Chad W. Clary
Sheriff

Office: (785) 985-3711
Fax: (785) 985-2573

Emergency: 911

"To Serve and Protect"

CRIMINAL HISTORY RELEASE WAIVER

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

RACE: _____ SEX: _____ DOB: _____

HGT: _____ WGT: _____ HAIR: _____ EYES: _____

SSN: _____ DL/ST: _____ DL # _____

I, THE ABOVE PERSON, HEREBY RELEASE MY CRIMINAL HISTORY INFORMATION
TO IHA FOR THE PURPOSE
OF HOUSING. I WILL NOT HOLD THE
DONIPHAN COUNTY SHERIFF'S DEPARTMENT RESPONSIBLE FOR THE RELEASE
OF THIS INFORMATION.

SIGNATURE OF ABOVE PERSON

DATE

SIGNATURE

DATE

OFFICE USE ONLY

INVESTIGATING OFFICER: _____

Date: _____ Time: _____

CRIMINAL HISTORY LOCATED YES NO

STATE HISTORY YES NO

FEDERAL HISTORY YES NO

FBI # _____

HOUSING AUTHORITY OF THE IOWA TRIBE OF KANSAS & NEBRASKA

Release of Information

I authorize the release of any information the Housing Authority of the Iowa Tribe request from third parties regarding myself and all other persons included in the application, including the following:

Personal, Credit, Landlord and Employer References
Apartment Rentals and Tenant History
Employment
Self Employment
Family Support
Child Support
Alimony
Aid to Families with Dependent Children (AFDC)
Annuities
Pension Benefits
Union Benefits
Assets
Social Security Benefits
Financial Assistance
Workers Compensation
General Assistance
Disability
Any other Income or Assets not listed

Name (Please Print)

Date

Signature

Date