



APPLICATION FOR ADMISSION
WINFIELD HOUSING AUTHORITY
1417 PINE TERRACE
WINFIELD, KS 67156

PHONE: (620) 221-4936 FAX: (620) 221-9983

DATE: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY/STATE: _____

PHONE: _____ DRIVERS LICENSE #: _____

SOCIAL SECURITY #: _____

NAME AND PHONE NUMBER OF CURRENT OWNER/MANAGER OF CURRENT ADDRESS:

NAME, ADDRESS, & PHONE OF EMPLOYER: _____

SPOUSE EMPLOYER ADDRESS & PHONE: _____

PERSONS WHO WILL OCCUPY THE APARTMENT

NAME SEX AGE SOCIAL SECURITY # RELATIONSHIP DATE OF BIRTH

OTHER SOURCE OF INCOME: _____ AMOUNT: _____

CHILDCARE EXPENSE: _____ MEDICAL EXPENSE: _____

PETS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

HAVE YOU EVER BEEN EVICTED OR REFUSED HOUSING? _____

MAY WE VISIT YOUR CURRENT PLACE OF RESIDENCE? _____

WE ARE A NO SMOKING FACILITY

WINFIELD HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION

ALL RESIDENTS OF THE RENTAL UNIT WHO ARE 13 OR OVER MUST READ AND SIGN THIS FORM

PURPOSE: The Winfield Housing Authority may use this authorization and the information obtained, to administer and enforce program rules and policies.

AUTHORIZATION: I/We authorize the release of any information, including documentation and other materials, necessary to verify eligibility for our participation under any housing assistance program administered by the Winfield Housing Authority.

I/We authorize the Winfield Housing Authority to obtain information about me or my family which may be pertinent to the determination of my eligibility for our participation in assisted Housing Programs, my level of benefits and verification of my true circumstances.

INQUIRIES MAY BE MADE ABOUT

Child Care Expenses	Family Compensation
Handicapped Assistance Expenses	Social Security Numbers
Credit History	Employment Income
Pensions and Assets	Identity & Marital Status
Criminal Activity	Medical Expenses
Residences & Rental History	Federal, State, & Local Benefits
Community Support Assistance	

INDIVIDUALS OR ORGANIZATIONS WHICH MAY RELEASE INFORMATION

Banks & Other Financial Institutions	Courts
Law Enforcement Agencies	Credit Bureaus
Employers Past & Present	School & Colleges
Landlords	Utility Companies
Local Community Social Service Agencies	Welfare Agencies

PROVIDERS OF: Alimony, Child Care, Child Support, Credit, Medical Care, Pensions/Annuities, Handicapped Assistance, & Mental Health Services

Conditions:

I/We agree that photocopies of this authorization may be used for the purpose state above. If I/We do not sign this authorization, I/We also understand housing assistance may be denied, delayed or terminated. I/We voluntarily waive all right of recourse and release each person from liability for providing information to the Winfield Housing Authority

Print Name: _____
Soc. Sec#: _____
DOB: _____
Address: _____

Print Name: _____
Soc. Sec. #: _____
DOB: _____
Address: _____

Signature: _____

Signature: _____