



Riley Housing Authority
(Riley Centre Apartments)
PO Box 22, 902 W Walnut
Riley, KS 66531
PH: 785-485-2687 Fax: 888-315-9441
Email: rileycentreatments@rileyhousingauthority.org

Applicant Information Sheet

RILEY CENTRE APARTMENTS GENERAL INFORMATION

- Apartment complex consists of 24 units, 16 one-bedroom, 6 two-bedroom, and 2 three bedrooms.
- Riley Centre Apartments is a Project Based Voucher Program which is operated by the Department of Housing and Urban Development guidelines.
- Rents are based on 30% of ADJUSTED GROSS household income. Riley Centre Apartments has max rents for each bedroom size as well.
- Applicants must meet income guidelines for the program.
- On-site Laundry Facilities
- 24 Hour On Call Maintenance Services
- Lawn and Snow Removal provided

PRE-APPLICATION INSTRUCTIONS

1. Please complete all sections of the application. If a section does not pertain to your household please mark N/A on the section.
2. The Head of Household must complete the application and sign the application. All members who are 18 years of age and older who will reside in the apartment must sign the application as well.
3. You may submit your pre-application via:
 - a. Office or Office Drop Box at 902 W. Walnut Street, Riley, KS 66531
 - b. Mail to: Riley Housing Authority, PO Box 22, Riley, KS 66531
 - c. Email to: rileycentreatments@rileyhousingauthority.org



RILEY HOUSING AUTHORITY
PO BOX 22/902 W. WALNUT
RILEY, KS 66531

PH: 785-485-2687 FAX: 888-315-9441

EMAIL: RILEYCENTREAPARTMENTS@RILEYHOUSINGAUTHORITY.ORG

RILEY CENTRE APARMENTS PROJECT BASED VOUCHER PRE- APPLICATION

First Name		MI	Last Name		
Street Address (include apt#)			City	State	Zip Code
Cell Phone#	Home Phone#	Work Phone#	E-MAIL (Head of Household):		

Please list all household members and complete the information for each household member below:

	NAME OF FAMILY MEMBER	RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE	AGE	SEX (M/F)	OCCUPATION	F/T STUDENT (Y/N)
1		HEAD						
2								
3								
4								
5								
6								
7								

INCOME: List all GROSS income for all household members who will live in your unit. This includes Social Security, Wages, Public Assistance, Pension, Child Support, Alimony, and/or any other income.

HOUSEHOLD MEMBER NAME	SOURCE/TYPE OF INCOME SOURCE NAME AND ADDRESS	AMOUNT RECEIVED PER MONTH	AMOUNT RECEIVED PER YEAR
TOTAL EARNED / UNEARNED INCOME			

1. Have you, or any household member/s been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing? YES NO

If yes, please give the name of the household member (please specify name, if different at the time of conviction/s), date, charge(s), and place of occurrence. _____

2. Have you or any household member/s (18 years of age or older) listed on this application ever been convicted of a sex offense, which subjects (you and/or them) to lifetime registration requirement under any state's sex offenders' registration program? YES NO

If yes, please give the name of the household member (please specify name, if different at the time of conviction/s), date, charge(s), and place of occurrence and provide the state in which registration is required. _____

3. Are you or a family member **disabled** between the ages of 18 – 61 years old? YES NO

4. How did you hear about Riley Housing Authority? _____

Application MUST be signed to be considered complete.

**FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS
FOR DENIAL OF THE APPLICATION**

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: _____

Date: _____

Signature of Spouse/Co-Applicant: _____

Date: _____

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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"/> 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	
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.

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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.