



# Wichita Housing Authority

1 Coronado Circle, Anadarko, Oklahoma 73005 – Office: 405/247-7470 Fax: 405/247-6534 Email: [office@wichitahousing.org](mailto:office@wichitahousing.org)

## RENTAL APPLICATION REQUIRED DOCUMENTS

Complete the application with black or blue ink and provide the following documents listed below for everybody that will be living in your household so that we may establish eligibility. The Wichita Housing Authority will not accept or start the process of your application without these documents, No Exceptions. Also, before turning in application make sure, you and all that who are 18 years and older sign and date application.

Required document checklist

- 1. PICTURE IDENTIFICATION:** A valid/current picture identification must be provided for all persons living in the household who are eighteen (18) years of age or older. (Driver license, military, state, school, etc.)
- 2. CITIZENSHIP:** Bring all Birth Certificates\* for all household members who will be living in the residence. If not a citizen of the USA, please provide a visa, alien card, etc.
- 3. SOCIAL SECURITY CARD:** Bring all social security cards for all household members who will be living in the residence or a statement from the Social Security Office verifying that you have applied for a replacement card. Note: Once you receive your new card, you must submit a copy to our office.
- 4. CDIB'S/TRIBAL LETTER:** Must be provided for all household members who are enrolled in a federally recognized tribe. BIA statements are not sufficient evidence of tribal enrollment, unless it states what tribe you are enrolled with and your tribal enrollment number.
- 5. GUARDIANSHIP OR CUSTODY DOCUMENTS:** Must be provided for all persons who are currently under your care and that will be living in the residence.

\*Birth Certificate needs to be from the State Department of Health/Vital Records. (No hospital certificates)

**Note:** If you are mailing, emailing or utilize our drop box to turn in application and you do not turn in all required documents listed above with application this will delay the process of your application.



Equal Housing Opportunity



**Wichita Housing Authority**  
**1 Coronado Circle**  
**Anadarko, OK 73005**  
 Office: (405)247-7470 ext.100      Fax: (405)247-6534  
**RENTAL APPLICATION**



The information collected below will be used to determine whether you qualify as a tenant. The Wichita Housing Authority offers several low-income housing programs, all of which are tenant based. Wichita Housing Authority is the General Partner of the Wichita Housing Limited partnerships. The Limited Partnerships provide low-income housing to qualified applicants that are regulated by Chapter 42 of U.S. Internal Revenue Service codes. The Wichita Housing Authority also provides low-income housing as the Tribally Designated Housing Entity (TDHE) of the Wichita & Affiliated Tribes under the Native American Housing and Self-Determination Act of 1996, as amended. NAHASDA funds are available exclusively to Native American Families. However, Low-income Housing Tax Credit units are available to all persons whether Native American or not. Information will not be disclosed without your consent except to your employer's for verification of income and employment and to financial institutions for verification of asset's and as required and permitted by law. You do not have to provide the information, but if you do not your application may be delayed or denied.

PLEASE CHECK THE HOUSING ASSISTANCE PROGRAM(S) WHICH YOU ARE INTERESTED IN APPLYING FOR			
<input type="checkbox"/> NAHASDA-Low Rent	<input type="checkbox"/> AHTC-Low Rent	<input type="checkbox"/> MUTUAL HELP	<input type="checkbox"/> RENT TO OWN

1. Applicants Full Name		Social Security No.	Home Phone	Cell Phone
2. Present Mailing Address		City	State	Zip Code
3. Name & Address of Employer		Type of Business		Self-Employed? (circle one) Yes No
4. Business Phone Number & Fax Number		Position/Title		Number of Years on Job

1. Co-Applicants Full Name		Social Security No.	Home Phone	Cell Phone
2. Name & Address of Employer		Type of Business		Self-Employed? (Circle one) Yes No
3. Business Phone Number & Fax Number		Position/Title		Number of Years on Job

1. Other Adults Full Name		Social Security No.	Home Phone	Cell Phone
2. Name & Address of Employer		Type of Business		Self-Employed? (Circle one) Yes No
3. Business Phone Number & Fax Number		Position/Title		Number of Years on Job

1. Other Adults Full Name		Social Security No.	Home Phone	Cell Phone
2. Name & Address of Employer		Type of Business		Self-Employed? (Circle one) Yes No
3. Business Phone Number & Fax Number		Position/Title		Number of Years on Job

1. Other Adults Full Name	Social Security No.	Home Phone	Cell Phone
2. Name & Address of Employer	Type of Business	Self-Employed? (Circle one) Yes No	
3. Business Phone Number & Fax Number	Position/Title	Number of Years on Job	

Will anyone in the household require a live-in care attendant?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

List the head of your household and all members who will be living in your household and their relationship to the head of household.

\*Full-Time student's consist of Kindergarten thru High School, Vo-tech and College students only

	Full Name First Middle Last	Relationship	DOB	Social Sec. #	*Full-Time Student	
					YES	NO
H.O.H		Self				
2						
3						
4						
5						
6						
7						
8						
9						
10						

Does anyone live with you now, who is not listed above?  YES  NO

Does anyone plan to live with you in the future who are not listed above?  YES  NO

If either answer above is yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have any of your household members ever been convicted of a felony?  YES  NO

If the above answer is yes, please answer the following:

Name(s): \_\_\_\_\_

Date of conviction? \_\_\_\_\_

Type of charge? \_\_\_\_\_

**ANNUAL INCOME:**

Source	Applicant	Co-Applicant	Other Household Members 18 or older	Other Household Members 18 or older	Other Household Members 18 or older	Total
Wage or Salary						
Overtime Pay						
Commissions						
Fees, tips, or bonuses						
Alimony, Child Support						
Public Asst. (TANF)						
Net Income from Business						
Net Rental Income						
Unemployment Benefits						
Workers Compensation						
Social Security, Pensions, Retirement Funds, Death Benefits, Disability, etc. received periodically						
DHS-Disability						
Adoption Payment						
Per-Capita						
Trust Property Income (Annual)						
Monetary Contribution						
Other income						
<b>TOTAL:</b>						

Assets	Cash Value	Income from Assets
Checking Account	\$	\$
Savings Account	\$	\$
CD's, Money Mkt	\$	\$
401K, Pensions	\$	\$
Stocks, Bonds, Trust Fund	\$	\$
Real Estate	\$	\$
Other	\$	\$

Have you disposed of any assets for less than fair market value in the past 2 years?  YES  NO

**EMERGENCY CONTACT PERSONS:**

	Name	Relationship	Phone Number
1			
2			

**VEHICLE(S):**

	Year, Make, and Model	Color	Tag #(s)
1			
2			
3			
4			
5			

**PREFERENCE(S):**

The Wichita Housing Authority is the Tribal Designated Housing Entity (TDHE) of the Wichita and Affiliated Tribes. WHA offers preference to (1) Wichita Tribal Enrolled members (2) Native Americans with an enrolled Wichita Child(ren) (3) Native Americans who are Tribal Descendant (4) other Native Americans (5) Non-Native Americans, in said order for placement into housing units developed under the U.S. Housing Act of 1973 and the Native American Housing Assistance Act of 1996, as amended.

The Wichita Housing Limited Partnership #1 and #2 (Wichita Housing Authority as General partner) uses the Wichita Housing Authority's waiting list, but does not offer preferences and units developed under Low Income Housing Tax Credit, which are filled under the Fair and Equal Housing Opportunity without regard to race, sex, religion, creed, or color. Herein, the following information is not required unless you are seeking a preference as aforementioned.

**Do you seek Native American Preference, if applicable?**  YES  NO

Please list below all household members who are Native American:

Members Name	Tribal Affiliation	Enrollment Number

**MISCELLANEOUS:** please check yes or no to questions below

Yes No

Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? <i>(circle the ones that applies)</i>		
Do you own any pet dogs or cats? <i>Note: Wichita Housing Authority does not allow pets in rental units.</i>		
Do you own any real estate property (homes) either on trust and restricted or fee simple?		
Have you ever been evicted or been asked to move from a rental property?		
Have you ever willfully or intentionally refused to pay rent when it was due?		
Does or will the household receive rent assistance? If so indicate from what source: Section 8, Rural development RA, etc. _____		

Please list below your landlord information for the past (5) five years:

Name of Landlord	Phone Name	How Long did you reside at this unit?

*Wichita Housing Authority does not discriminate against any applicant on the basis of an illegal purpose including race, color, religion, sex, national origin, age, disability or family status. Such discrimination as the sole basis of refusal to rent is illegal throughout the United States. Local and State laws may provide additional protected classes from discrimination. You can call the U.S. Department of Housing and Urban Development (HUD) at 1-800-424-8590 to ask questions about discriminations.*

The information provided in this application are true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification and background investigations related to my/our application for tenancy.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_