



Date _____

MAHP Payee Application Form

First Name _____ Middle _____ Last _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zipcode: _____ Phone: _____

No. of people living in the home: _____ Relationship: _____

Birthplace: _____ Mother's Maiden Name: _____

Marital Status: Single Married Do you have pets? (Circle) **Yes** **No** (If yes, how many pets & what type?)

Divorced Widowed Cat _____ Dog _____ Other _____

LANDLORD INFORMATION: (Please include copy of lease)

Rent Payable To: _____ Rent Amount: _____

Rent Mailing Address: _____

Landlord / Manager Name: _____ Phone: _____

Are Utilities Included In Rent? (Circle) **YES** **NO**

BENEFIT TYPE & AMOUNT: (Circle)

SS _____ SSI _____ VA _____ Wages _____ Other _____

Referred by: (Circle) Individual Agency Name: _____

Case Manager: _____ Phone: _____

Do you have an appointed legal guardian: (Circle) **Yes** **No**

If yes, list name, address and contact information: _____

Address: _____ Phone: _____

Do you have a current payee? (If yes, list name and phone number) **Yes** **No**

_____ Phone: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship: _____

**P.O. Box 831
Manhattan, KS 66505**

**Phone: (785) 587-0613
Fax: (785) 587-0618**

Quality, Affordable Housing