

Property _____

Date _____



**Manhattan Area Housing Partnership Inc.
(MAHP)**

P.O. Box 831

5527 Stone Crest Court # 122

Manhattan, Kansas 66505

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



Pre-Application Form (For Waiting List)

HEAD OF HOUSEHOLD

Legal Last Name	First	M.I.	Date of Birth	Place of Birth City, State	Sex M/F	Social Security Number	Marital Status	Race

Mailing Address: _____

Street City State Zip Code

If different

Street Address: _____

Street City State Zip Code

Telephone: () _____ ☐ Home ☐ Work ☐ Cell

HOUSEHOLD COMPOSITION

Legal Last Name	First	M.I.	Date of Birth	Place of Birth City, State	Sex M/F	Social Security Number	Marital Status	Race

RACE/ETHNIC CODES: (for statistical purposes only) Circle one.

White -1 Black/African American -2 Asian -3 American Indian/Alaska Native -4

Native Hawaiian/Other Pacific Islander -5 American Indian/Alaska Native & White -6

Asian and White -7 Black/African American & White - 8 Other -9

(Select one that best applies: 1 2 3 4 5 6 7 8 9)

ETHNIC: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No

DISABLED? ☐ Yes ☐ No

LIST ANY SPECIAL ACCOMODATIONS NEEDED: _____

TOTAL HOUSEHOLD INCOME:

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, Social Security/SSI, Workers Compensation, retirement benefits, TANF, Veteran's benefits, stock dividends, interest from bank accounts, alimony, and all other sources.

Household Member	Source of Income	Amount	Weekly / Monthly / Annually

What bedroom size would you prefer?

☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom

Are any occupants in the household a student or plan to be a student within the next year?

☐ Yes ☐ No Who? _____ ☐ Full Time ☐ Part time

Have you ever been required to register as a sex offender?

☐ Yes ☐ No If yes, in what state? _____

Have you ever been arrested or convicted of any crime?

☐ Yes ☐ No If yes, please explain: _____

Have you ever been evicted?

☐ Yes ☐ No If yes, please explain: _____

This is an application for our waiting list. Once we have a unit available, you will be contacted to complete the full application, provide landlord references and pay the fee for the background check. The background check will include criminal and eviction history. MAHP does not discriminate based on race, color, ancestry, religion, gender, disability, sexual orientation, gender identity, familial status or national origin.

By signing, I certify that all information I have provided is true and correct to the best of my knowledge. I understand that providing false information is unlawful and subject to prosecution and is a cause for denial of assistance and/or termination. I also understand that it is my responsibility to notify the Manhattan Area Housing Partnership Inc. in writing of any change that may affect my application for assistance.

APPLICANT SIGNATURE: _____ **DATE:** _____

CO-APPLICANT SIGNATURE: _____ **DATE:** _____

Please fill out and mail or return to MAHP P. O. Box 831, Manhattan Kansas 66505. If the office is closed, place in drop box.

8/5/2020 Updated