



KAW HOUSING AUTHORITY

#9 Kanza Lane / P.O. Box 371, Newkirk, OK 74647

Phone: (580)362-6264 / Fax (580)362-3986

INTERIM RECERTIFICATION APPLICATION FOR CONTINUED OCCUPANCY

Members of Household:

Head of Household: _____ Disabled or Handicapped: Y or N
Date of Birth: _____ SSN: _____
Spouse: _____ Disabled or handicapped: Y or N
Date of Birth: _____ SSN: _____
Address/City/State/Zip Code: _____

Current Members of Household (do not include head of household or spouse listed above)

Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____

New Members to be added to Occupancy

Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____
Name: _____ Date of Birth: _____ SSN: _____

* Any new members added to Occupancy must provide a copy of their Social Security Card, Drivers License or State Issued Photo ID, and Income if applicable. New adult members are subject to background screening and must be approved by the KHA Board of Commissioners.*

Income:

Head of Household Income:

Name of Employer: _____ Frequency of Pay: _____
Annual Gross Salary: \$ _____ Full or Part Time: _____

Spouses/Other Occupant Income:

Name of Employer: _____ Frequency of Pay: _____
Annual Gross Salary: \$ _____ Full or Part Time: _____

Other Occupant Income:

Name of Employer: _____ Frequency of Pay: _____
Annual Gross Salary: \$ _____ Full or Part Time: _____

Other Income (Child Support, SSI, Social Security, Disability or any other form of Fixed Income)

Child Support:\$ _____ SSI/Disability\$ _____ Social Security\$ _____
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Contact Information:

Phone/Cell Number: () _____ Cell Phone: () _____

Alternate Phone/Cell Number: () _____

*** Section 7F Page 24 of the Kaw Housing Authority Admissions and Occupancy Policy states;
Failure to comply or properly report information required

If a homebuyer/resident fails to provide information or provides false information for a required re-certification, it is considered a breach of the homebuyer agreement/lease and is grounds for termination of the agreement. Providing false information to or withholding information from the Kaw Housing Authority may be considered fraud, which is a crime punishable under the law. If a homebuyer/resident fails to respond to the letter requesting re-certification information, a written notice will be sent out with a deadline for submission of information. If the homebuyer/resident fails to meet the deadline, The Kaw Housing Authority shall notify the homebuyer/resident of the breach of the agreement and proceed with raising monthly payments to the ceiling amount in the agreement and The Kaw Housing Authority's Collection and Eviction Policy.

**The information given is true and complete to the best of my knowledge. I have no objection to inquiries for the purpose of verification. I understand that the information given on this Application for Continued Occupancy will become part of my Lease Agreement. Please sign below if you consent with Kaw Housing Authority's Admissions and Occupancy Agreement and HUD Regulations:

Signature of Head of Household

Date