

KIRKSVILLE HOUSING AUTHORITY APPLICATION



(Check each program/complex that you wish to apply for)

SECTION 8 HOUSING CHOICE VOUCHER

PUBLIC HOUSING:

DEVLIN PLACE COMPLEX

VILLAGE 76 COMPLEX

GENERAL INFORMATION

Head of Household: _____

Current Address: _____

City: _____, State: _____ Zip: _____

Home Phone # _____ Head Work # _____ Spouse Work # _____

Email Address: _____

List names, address and phone numbers of two relatives or friends who generally know how to contact you:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

HOUSEHOLD COMPOSITION & INFORMATION

	Full Name	Relationship	Date of Birth	Place of Birth	Sex M/F	Social Security No.
1		Head of Household				
2						
3						
4						
5						
6						
7						
8						

Racial or Ethnical designation of Head of Household *(please select one)*:

White

Black

Hispanic

American Indian/Alaskan

Asian/Pacific Islander

Bi-Racial

Other

Does anyone currently live with you who is not listed on your application?

Yes

No

Do you anticipate any changes in your family composition?

Yes

No

If yes, please explain: _____

List ALL previous names of head of household, spouse, or other adult, such as maiden name, previous marriages, etc.

If a family member has a disability or handicap (*per HUD definition*), this may qualify the family for additional deductions. Do you feel that you may qualify for the deductions allowed for disability or handicap status?

Yes No If yes, list family member(s) who would qualify? _____

Are all member of your household United States Citizens? Yes No

Does your household currently meet the definition of homelessness (lacking a fixed, regular, and adequate nighttime residence)? Yes No

Does your household qualify for housing preference due to displacement as a result of a natural disaster (such as a fire or flood), government action, domestic violence, hate crimes, inaccessibility of a unit, action of the housing owner beyond your control, or to avoid reprisal for providing information to law enforcement? Yes No

CURRENT HOUSEHOLD STATUS

How many people live in your rental unit now? _____ How many bedrooms do you have? _____

Do you wish to move? Yes No If yes, reason? _____

Are you being evicted? Yes No If yes, please explain: _____

What is your current rent amount? \$ _____ What utilities do you pay? _____

Are you presently living in a government subsidized unit? Yes No
(e.g. Public Housing, Section 8 Housing Choice Voucher, Section 236, or Section 221(d)(3) subsidized project)

Have you ever lived in Public Housing? Yes No If yes, where? _____

Have you ever participated in the Section 8 Existing Certificate or Voucher programs? Yes No

If yes, enter dates of participation: _____ to _____

Do you have a Guardian, Conservator or Payee? Yes No If yes, please provide the following:

Name: _____ Phone Number: _____

Address: _____

Does anyone have Power of Attorney over you? Yes No If yes, please provide the following:

Name: _____ Phone Number: _____

Address: _____

Do you require a Live-In Care Attendant? Yes No

INCOME INFORMATION

Complete each of the following questions. For each “yes” answer, provide the details in the space following the chart:

	YES	NO
1. Is any member of your household employed, full-time, part-time or seasonally?		
2. Does any member of your household expect to work for any period during the next 12 months?		
3. Does any member of your household work for someone who pays them in cash?		
4. Is any member of your household on leave of absence from work due to lay off, medical, maternity or military leave?		
5. Does any member of your household now receive, or expect to receive unemployment?		
6. Does any member of your family now receive or expect to receive child support?		
7. Is any member of your household entitled to child support that he/she is not now receiving?		
8. Does any member of your household now receive or expect to receive alimony?		
9. Is any member of your household entitled to alimony that he/she is not now receiving?		
10. Does any member of your household receive or expect to receive Welfare/AFDC/TANF?		
11. Does any member of your household receive or expect to receive Social Security?		
12. Does any member of your household receive or expect to receive income from a pension or annuity?		
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?		
14. Does any member of your household receive income from assets including interest on checking, savings, and dividends from CD’s, stocks or bonds?		
15. Does any member of your household receive income from rental property?		

List Details: _____

For ALL household income: List below the family member who receives/earns the income, the source or employer, and the anticipated amount of each income source that you expect to receive over the next 12-month period (*anticipated annual income*).

FAMILY MEMBER	EMPLOYER or SOURCE OF INCOME	ANTICIPATED ANNUAL INCOME

TOTAL ANTICIPATED ANNUAL INCOME FOR NEXT 12 MONTH PERIOD: \$ _____

Employer’s Information: Please provide the name of your employer. You must include mailing address and phone number.

Employers Name: _____ Phone Number: _____

Mailing Address: _____

Employers Name: _____ Phone Number: _____

Mailing Address: _____

ASSET INFORMATION

List below ALL assets, including checking & savings accounts, real estate, mobile homes, CDs, IRAs, stocks, bonds, etc. List all assets for ALL household members.

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	CURRENT VALUE

Enter total value of all assets (*combined total for all household members*): \$ _____

Do you own a home or other real estate? Yes No If yes, enter value: \$ _____

Have you sold, transferred or given away real estate, property or other assets in the past two years?
Yes No

EXPENSES

Do you pay for childcare which enables you or another family member to work or go to school? Yes No

If yes, enter name and address of child care provider, weekly cost, and name of family member enabled to work: _____

Household with a family member who has a disability or handicap Only:

Do you pay for a care attendant, or for any equipment necessary to permit the person or someone else in the family to work? Yes No If yes, describe expense: _____

Elderly Families Only:

Do you have Medicare? Yes No Premium Amount: \$ _____

Do you have Medicaid? Yes No Spenddown Amount: \$ _____

Do you have any other kind of medical insurance? Yes No Premium Amount: \$ _____

If yes, give policy number and agent's name: _____

Do you have any outstanding medical bills on which you are paying? Yes No

If yes, please explain _____

Do you expect to incur any medical expenses during the next 12 months? Yes No

If yes, please explain _____

OTHER INFORMATION

Have you or any member of your household committed illegal drug-related or violent criminal activity in the last five years? Yes No If yes, list which household member(s): _____

Have you or any household member been convicted of a crime: ? Yes No If yes, list which household member(s): _____

In what State: _____, County: _____,
City: _____

Are you or any member of your household on parole? Yes No Household member(s): _____

Are you or any member of your household presently using, in possession of, or manufacturing narcotics or illegal drugs? Yes No

Are all members of your household United States Citizens? Yes No

HOUSING HISTORY

HUD considers anyone who lacks a fixed, regular, and adequate nighttime residence, residing in an emergency shelter or other place not meant for human habitation, or exiting an institution where one has temporarily resided, as being homeless. Do you meet the definition homeless? Yes No

Housing References: List ALL landlords of the past five years. Include any locations you stayed at even if you were not the leaseholder. This application is unacceptable if not completed in-full. If extra space is needed, please attach a separate sheet of paper. KHA may contact prior landlords for references. Your signature on this application gives KHA permission to request references from landlords.

Current street address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

From (month/year): _____ to (month/year): _____ Rent per month: \$ _____

Current Landlord's Name: _____ Phone Number: _____

Current Landlord's Street Address: _____ Apartment #: _____

Current Landlord's City: _____ State: _____ Zip Code: _____

Former street address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

From (month/year): _____ to (month/year): _____ Rent per month: \$ _____

Former Landlord's Name: _____ Phone Number: _____

Former Landlord's Street Address: _____ Apartment #: _____

Former Landlord's City: _____ State: _____ Zip Code: _____

Former street address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

From (month/year): _____ to (month/year): _____ Rent per month: \$ _____

Former Landlord's Name: _____ Phone Number: _____

Former Landlord's Street Address: _____ Apartment #: _____

Former Landlord's City: _____ State: _____ Zip Code: _____

Former street address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

From (month/year): _____ to (month/year): _____ Rent per month: \$ _____

Former Landlord's Name: _____ Phone Number: _____

Former Landlord's Street Address: _____ Apartment #: _____

Former Landlord's City: _____ State: _____ Zip Code: _____

Former street address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

From (month/year): _____ to (month/year): _____ Rent per month: \$ _____

Former Landlord's Name: _____ Phone Number: _____

Former Landlord's Street Address: _____ Apartment #: _____

Former Landlord's City: _____ State: _____ Zip Code: _____

APPLICANT CERTIFICATION

VIOLENCE AGAINST WOMEN ACT (VAWA): All information provided to the Kirksville Housing Authority regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure, (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

REASONABLE ACCOMMODATIONS: It is the policy of KHA to provide reasonable accommodations to tenants with disabilities in order for them to take full advantage of programs and services offered by our agency.

VIOLENCE AND DRUG-FREE ZONES: It is the goal of the Kirksville Housing Authority to ensure that our programs maintain communities that are violence and drug-free zones. The use, possession, manufacture and /or sale of controlled substances will not be tolerated.

APPLICANT CERTIFICATION: I/We hereby certify that all information given to the City of Kirksville Housing Authority and the U.S. Department of Housing and Urban Development including household composition, income, assets, and illegal drug and violent criminal activity, is true, accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are considered fraud and punishable under Federal and State laws, grounds for termination of a public housing lease and/or public housing assistance.

I/We understand that we must provide social security number and citizenship verification(s) before this application can be accepted as a completed application.

I/We hereby certify that all information given to the Housing Authority of The City of Kirksville and the U. S. Department of Housing and Urban Development, including household composition, income, assets, and illegal drug and violent criminal activity, is true, accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are considered fraud and punishable under Federal and State laws, grounds for termination of a public housing lease and/or public housing assistance.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Other Adult: _____ Date: _____

AGENCY USE ONLY

Date completed application received: _____

Time completed application received: _____

Completed application received by: _____