

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 # _____

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		<i>Head of Household</i>				
2						
3						
4						
5						
6						
7						
8						

Racial or Ethnical designation of Head of Household (*please check 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, 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 the circumstances _____

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 before? Yes, No. If yes, where? _____

Have you ever participated in the Section 8 Existing Certificate or Voucher Programs before? Yes, No.

If yes, enter dates of participation: _____

Do you have a Guardian, Conservator or a Payee? Yes, No. If yes, please provide the following information: Name: _____ Phone Number: _____

Address: _____

Does anyone have Power of Attorney over you? Yes, No. If yes, please provide the following information: 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: \$ _____

Employers 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, CD's, IRA, 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 handicapped "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.

Do you have any other kind of medical insurance? Yes, No.

If yes, give policy number and agents 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: _____

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 will 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 data base 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.

APPLICANT CERTIFICATION: I/We hereby certify that all information given to the City of Kirksville Housing Authority and the U.S. Department of Housing & Urban Development including household composition, income, assets, illegal drug & 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.

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.

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, 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: _____

Application Received by: _____