

# 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: \_\_\_\_\_

**WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. § 287, 1001, 1010, 1012; 31 U.S.C. § 3279, 3802).

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***

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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 health and medical care expenses during the next 12 months?  Yes  No

If yes, please explain \_\_\_\_\_

***OTHER INFORMATION***

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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***

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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 of homeless?  Yes  No

**Housing References:** Please list your five (5) most recent landlords. 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 if you are applying for the Public Housing program. 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***

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**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 understand that we must provide **original** social security number and citizenship verification documentation before this application can be processed as a complete application. Photocopies and unoriginal documents will **not** be accepted.

I/We hereby certify that all information given to the Housing Authority of the City of Kirksville, Missouri, and the U.S. Department of Housing and Urban Development (HUD), 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 grounds for termination of a public housing lease, Section 8/Housing Choice Voucher (HCV) assistance, and/or public housing assistance.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my/our knowledge and recollection. **WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).

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: \_\_\_\_\_