

Applicant/Resident Name: \_\_\_\_\_

Date: \_\_\_\_\_

The following items are necessary for us to complete the process of determining your eligibility:

- ☒ Birth Certificates for every household member.
- ☒ Social Security Cards for every household member.
- ☒ Picture ID for every adult household member (over 18).

You may also need to provide:

- ☐ The last 3 paystubs from your job. If you are unemployed and looking for work, you need to bring in paystubs from your last job or last year's tax return.
- ☐ Social Security Award letter.
- ☐ Most recent statement for your pension or retirement benefit award letter.
- ☐ Copy of your child support court order.
- ☐ Last six months of your bank statement for checking and/or savings accounts.
- ☐ Proof of TANF/Food Stamps
- ☐ Valuation of Real Estate.
- ☐ Child care expenses.
- ☐ Out of pocket medical expenses for the last 12 months if senior/disabled.

Additional items:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

Please return the above items as soon as possible, but no later than: \_\_\_\_\_

If you have trouble getting to the office during normal business hours, these can be placed in our drop box. We will make copies and return the originals to you. They may also be faxed to (660) 885-8377.

If you have questions please call (660) 885-5852.

## TENANT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

**NOTE TO TENANT:** In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program. *Providing false information may result in loss of your housing.*

Tenant Name:		Home Telephone Number: (     )
Building Address:	Apartment Number:	Alternate Telephone Number: (     )

### HOUSEHOLD COMPOSITION

*Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".*

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

*Please list household members starting with Head of household on line 1, then in order of oldest to youngest.*

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1.) Do you anticipate any changes in the size of your household *within the next 12 months*? (O-04) ☐ Yes ☐ No

(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: \_\_\_\_\_

2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? ☐ N/A ☐ Yes ☐ No  
(O-04)

If yes, please explain here: \_\_\_\_\_

3.) Does any member in your household have a disability and require a live-in care attendant? (O-01) ☐ Yes ☐ No

4.) Is any adult member of your household separated, but not divorced? (O-07) ☐ Yes ☐ No

5.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? ☐ Yes ☐ No



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

### STUDENT ELIGIBILITY QUESTIONS

- 6.) Are **ALL** members of your household full-time students? (S-03) ☐ Yes ☐ No
- 7.) Will **ALL** members of your household become full-time students during any 5 months of this year? (S-03) ☐ Yes ☐ No  
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)
- 8.) Will **ALL** members of your household be full-time students during any 5 months of next year? (S-03) ☐ Yes ☐ No
- 9.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? (S-01) ☐ Yes ☐ No

If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_

- 10.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? (S-03) ☐ Yes ☐ No  
If yes, who will be enrolling in school? \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

### ALIMONY / CHILD SUPPORT INFORMATION

- 11.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a) (Case id #) \_\_\_\_\_ ☐ Yes ☐ No

#### IF "NO", SKIP TO QUESTION 12

- a.) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
b.) Name of person(s) paying support / alimony: \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received? ☐ Yes ☐ No

If "NO", Are you making efforts to collect the amounts due? ☐ Yes ☐ No

If "YES", please explain the efforts you're making here:  
\_\_\_\_\_

- 12.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc) (I-07b)

☐ Yes ☐ No

#### IF "NO", SKIP TO NEXT SECTION

- a.) Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
b.) Name of person(s) paying support / alimony: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

## INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>13.) Is any member of the household employed?</b>	
(I-01)		<b>Job 1.)</b> Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<b>Job 2.)</b> Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> <b>Check if there are any additional jobs in the household</b> (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>14.) Are any household members self-employed?</b>	
(I-02 & 1040C)		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>15.) Are any adult members of your household unemployed?</b>	
(I-10)		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>16.) Does any household member receive pay from the military?</b>	
(I-03)		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>17.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>Other</b>	
(I-04)		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>18.) Does any household member receive severance pay or worker's compensation?</b>	
(I-09)		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>19.) Is any household member unemployed and receiving payments from an Unemployment Agency?</b>	
(I-05 & I-10)		Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)</b>	
(I-06)		Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____	AMT \$ _____ PER _____



## INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/> (I-12)	<input type="checkbox"/>	<b>21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</b> Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08)  Who receives these benefits? _____  What company pays this person? _____  Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (I-09)	<input type="checkbox"/>	<b>22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</b>  What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>23.) Is there any other source of income we haven't already asked about above that you receive?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (O-04)	<input type="checkbox"/>	<b>24.) Does your household expect any changes in their income <i>within the next 12 months</i>?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (I-09)	<input type="checkbox"/>	<b>25.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility?</b>  Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> (I-13)	<input type="checkbox"/>	<b>26.) Do any adult members of your household have zero income?</b> Which adult members have zero income? _____	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

## ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

### ACCOUNT INFORMATION

- ☐ ☐ 27.) Does any household member have a Checking, Savings, CD or Money Market account?
- (A-01) Bank 1.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market  
Bank 2.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market
- ☐ Check if there are additional accounts of these types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)
- ☐ ☐ 28.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?
- (A-02) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Whole Life Insurance
- ☐ ☐ 29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?
- (A-03) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other: \_\_\_\_\_
- ☐ ☐ 30.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?
- (A-06) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_
- ☐ ☐ 31.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)
- (A-04) Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_  
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc)  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- ☐ ☐ 32.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc)
- (O-04) Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_
- ☐ ☐ 33.) Does any household member have a Trust Account?
- Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Is this account a Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_
- ☐ ☐ 34.) Does any household member have any Treasury Bills or Government Savings Bonds? ([www.savingsbonds.gov](http://www.savingsbonds.gov))
- Which household member: \_\_\_\_\_  
Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- ☐ ☐ 35.) Does any household member have cash on hand?
- Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

### ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

#### ACCOUNT INFORMATION

- ☐ ☐ 36.) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? \_\_\_\_\_

What is the estimated value of this asset if you were to sell it today? \$ \_\_\_\_\_

- ☐ ☐ 37.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

(O-04)

What was the estimated value of this asset? \$ \_\_\_\_\_

### HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

**CERTIFICATION:** All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

#### MANAGEMENT SIGNATURE:

This application / questionnaire was accepted by:

\_\_\_\_\_  
Apartment Management / Owner's Agent

\_\_\_\_\_  
Date

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.



## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

### **CONSENT**

The undersigned, authorize and direct any Individual, Business, Organization, Federal, State or Local Agency to release and/or verify any information as deemed necessary for the purpose of verification of my eligibility or continued eligibility in the Section 42 – Low Income Housing Tax Credit Property program.

### **INFORMATION THAT MAY BE REQUESTED**

By my signature below, I understand that previous and/or current information regarding me may be necessary in order to determine my eligibility. Some examples of verification sources are listed below, however this is not a comprehensive list involving all possible verifications that may be requested. By your signature below, you are consenting verification of any source deemed necessary in determining your eligibility.

Identity and Marital Status  
Residences and Rental Activity  
Credit and Criminal Activity

Medical Allowances  
Employment, Income, and Assets  
Student Status

### **GROUP OR INDIVIDUAL THAT MAY BE ASKED**

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices  
Medical Providers  
Utility Companies  
Past and Present Employers  
State Unemployment Agencies  
Veterans Administration  
Previous Landlords (including Public Housing Agencies)

Law Enforcement Agencies  
Retirement Systems  
Credit Providers and Credit Bureaus  
Welfare Agencies  
Social Security Administration  
Banks and Other Financial Institutions

### **CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

### **SIGNATURES**

Printed Name: Head of Household

Signature: Head of Household

Date

Printed Name: Co-Head of Household

Signature: Co-Head of Household

Date

Printed Name: Other Household Member Over 18

Signature: Other Household Member Over 18

Date

Printed Name: Other Household Member Over 18

Signature: Other Household Member Over 18

Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for copy of tax form", must be prepared and signed separately.



## EXHIBIT M – LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Property Name: Katy Trail Estates

Property Number: 09-033

Applicant/Resident: \_\_\_\_\_

Unit Number: \_\_\_\_\_

### DEFINITION OF FULL-TIME STUDENT

For the purpose of this form, a full-time student is defined as one who is, has or will be attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year. Verification of "Full time" status must be verified by the educational institution.

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

To qualify under the Section 42 program rules, any low income tax credit household that is made up of all Full time Students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221).

#### CHECK ONE

1) ☐ This household is NOT comprised ENTIRELY of full-time students as defined above.

☐ The qualifying household member is a verified part-time student.

2) ☐ This household is comprised of ALL full-time students, but the following exemption applies:

#### ALL members of this household:

☐ The entire household is composed of a Head of Household who is a single parent with minor children; the parent is not a dependent and the minor child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third party tax return, other than a parent of the minor child(ren) in the household.

☐ The entire household is composed of individuals who are married that are eligible to file or file a joint tax return.

#### ANY member of this household:

☐ A member of this household is receiving assistance under Title IV of the Social Security Act (TANF).

☐ A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar Federal, State, or Local government agency funded programs.

☐ A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act (HR3221; effective date 7/30/2008)

**NOTE: Any student household exemption marked above must be verified and qualification documented in the property household file for review.**

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

_____ APPLICANT / RESIDENT	_____ DATE	_____ APPLICANT / RESIDENT	_____ DATE
_____ APPLICANT / RESIDENT	_____ DATE	_____ APPLICANT / RESIDENT	_____ DATE

## EXHIBIT D - UNDER \$5,000 ASSET CERTIFICATION

For households whose combined NET assets DO NOT exceed \$5,000.  
Complete one form per household, include assets from children of the household

Property Name: Katy Trail Estates Property Number: 09-033  
Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

**1. My/Our household assets include:**

(A) Cash Value*	(B) Int. Rate*	(AxB) Annual Income	Source	(A) Cash Value*	(B) Int. Rate*	(AxB) Annual Income	Source
\$		\$	Savings Account	\$		\$	Checking Account
\$		\$	Cash on Hand	\$		\$	Safety Deposit Box
\$		\$	Certificates of Deposits	\$		\$	Money Market Funds
\$		\$	Stocks	\$		\$	Bonds
\$		\$	IRA Accounts	\$		\$	401K Accounts
\$		\$	Keogh Accounts	\$		\$	Trust Funds
\$		\$	Equity in Real Estate	\$		\$	Land Contracts
\$		\$	Lump Sum Receipts	\$		\$	Capital Investments
\$		\$	Life Insurance Policies (Excluding Term):				
\$		\$	Other Retirement/Pension Funds				
\$		\$	Not named above:				
\$		\$	Personal Property held				
\$		\$	As an investment**:				
\$		\$	Other (List):				

**PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:**

\*Cash Value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of disabled.

2. ☐ Within the past 2 years, I/We have sold or given away assets (including cash, real estate, etc.) for more than \$1,000. below the fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$\_\_\_\_, the difference between Fair Market Value (FMV) and the amount received, for each asset on which this occurred.
3. ☐ I/We have NOT sold or given away any assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past (2) years.
4. ☐ I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CFR813.102) above do not exceed \$5,000. AND the Annual Income from the Net Family Assets is \_\_\_\_\_. This Amount is included in the total Gross Annual Income.

Under penalty and perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>											
<b>Mailing Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used for HUD's assisted housing programs.



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**Clinton Housing Authority**  
7 Bradshaw Drive  
Clinton, MO 64735

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name

# APPLICATION FOR OCCUPANCY

HOUSING AUTHORITY OF THE CITY OF CLINTON, MO

#7 Bradshaw Drive

Clinton, MO 64735 PHONE: (660) 885-5852

Date	____/____/____
Time	____:____
Bedroom Size	____ x ____
For Office Use Only	

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## PLEASE PRINT!

Applicant must provide Proof of all Household Income, Picture ID for anyone 18 & older, birth certificates & copies of all Social Security Cards for all household members prior to any move-in.

Is any one in the home disabled yes/ no \_\_\_\_\_ If yes whom \_\_\_\_\_

### AUTOMOBILES:

#1 \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

#2 \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

PETS:  
Type \_\_\_\_\_ Breed \_\_\_\_\_ SIZE \_\_\_\_\_

Current on shots \_\_\_\_\_ Spayed or Neutered \_\_\_\_\_

Elderly/Disabled List Medical Expense: This includes but is not limited to Medical Insurance premiums, Medicare supplement, Prescriptions, Co pays, Dr. bills, hospital bills, Some over the counter expenses.		
Source		Annual Amt
Medicare		
Rx		
Other Ins.		
Doctor bills		

### PREVIOUS RENTAL HISTORY: (for the last 10 years starting with current)

Rental Address	Name of Landlord/Owner	Owner's Address (Street Address, City, State, ZIP)	Owner's Phone #

### DECLARATION OF CITIZENSHIP / NON-CITIZENSHIP WITH IMMIGRATION STATUS

I Attest under penalty of perjury that I/ we are:

1. A Citizen of the United States
2. A non-citizen, who is 62 years of age or older, with a signed declaration of eligible immigration and proof of age document
3. Other non-citizen: with signed declaration of US Citizenship, specified INS documents of immigration status, signed certification of consent.

Print Name of Household Member

Number of Status

Print Name of Household Member Number of Status

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YES / NO

Have you or any household member ever lived in Low Income or Public Housing Before?		
If so: Where	When	
Have you or any household member ever been evicted?		
Have you or any household member ever been convicted, pled guilty or been placed on probation for any crime?		
If so what offense, when, county & state?		
Are there any criminal charges pending against you or any household member? If so What?		
Is there a parent absent from the household? If so, provide name and address of absent parent.		

**EMERGENCY CONTACT** – (Parent, Brother/Sister, Grandparent, Aunt/Uncle,) – FOR EMERGENCY – Must provide three contacts.

Name	Street Address	City, State, ZIP	Phone #	Relationship to you

**FAMILY DOCTOR:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Additional Comments:**

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**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

**I certify that all information provided is true and complete to the best of my knowledge:**

X \_\_\_\_\_  
Applicant Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CLINTON PUBLIC HOUSING AUTHORITY**  
**#7 BRADSHAW DRIVE CLINTON, MO 64735**  
Phone: 660-885-5852 \* Fax: 660-885-8377 \* TTY 800-735-2966

**REQUEST FOR CRIMINAL BACKGROUND CHECK  
CONSENT FORM**

Please Print or Type For Each Member of Household over 18 years of age.

1. Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden/Alias)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_

Address \_\_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Signature \_\_\_\_\_

**\*\* In signing this consent form, you are authorizing the Clinton Housing Authority to request information from the City of Clinton Police Department and/or the Henry County Sheriff's Department or the State of Missouri Highway Patrol and First Advantage/Safe Rent Internet service. This information will be used to determine eligibility/suitability in federally assisted housing programs and subsidized housing. With emphasis on Violent crimes, Drug and/or Alcohol convictions.**

Each member of the household who is 18 years of age or older must sign this consent form. Additional signatures will be required for each new member joining the household. And for those of the household who become 18 years of age. The Housing Authority will keep this information confidential. Private owners may not request or receive information authorized by this form.

Failure to sign this consent form may result in the denial of eligibility or termination of assisted housing benefits or both. Denial of eligibility or termination of benefits is subject to HA's grievance procedures.

**CONSENT:** I consent to allow HUD or the HA to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility under HUD's assisted housing programs.

**DO NOT WRITE IN THE AREA BELOW.**

For purpose of Criminal Background check.

A criminal background check was done on the individual listed above. Our records indicate that this person.

1. DOES HAVE ☐ DOES NOT HAVE ☐

a criminal record.  
Date \_\_\_\_\_ Background checked by \_\_\_\_\_

