

# Application Checklist

Please be advised that all the following need to be provided before we can process your application.

**There will be NO EXEPTIONS!!!**

- \_\_\_\_\_ Completed Application (this means all addresses are complete and all adults have signed the authorization for release of information and Criminal Background check.
- \_\_\_\_\_ Copies of identification cards (driver license, picture ID) for all adults in the household.
- \_\_\_\_\_ Copies of Social Security Cards and Birth Certificate for everyone in household.
- \_\_\_\_\_ Proof of income, (paystubs 6, TANF, SS or SSI, Pensions)
- \_\_\_\_\_ Proof of banking accounts and assets (6 months)
- \_\_\_\_\_ Copy of Child Support Court Order (guardianship if parents are not in the home)
- \_\_\_\_\_ **Complete** rental history including any addresses applicants have been associated with

I verify that all documents have been provided to process this application.

\_\_\_\_\_  
Signature of Housing Authority Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

## 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)
7.) Will ALL members of your household become full-time students during any 5 months of this year? (S-03)
8.) Will ALL members of your household be full-time students during any 5 months of next year? (S-03)
9.) Is ANY ADULT member of your household a part or full time student in an institute of higher education? (S-01)

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)
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 #)

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?
If "NO", Are you making efforts to collect the amounts due?.

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)

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"/>	13.) Is any member of the household employed?	
(1-01)		Job 1.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Job 2.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	14.) Are any household members self-employed?	
(1-02 & 1040C)		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	15.) Are any adult members of your household unemployed?	
(1-10)		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	16.) Does any household member receive pay from the military?	
(1-03)		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	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	
(1-04)		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	18.) Does any household member receive severance pay or worker's compensation?	
(1-09)		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	19.) Is any household member unemployed and receiving payments from an Unemployment Agency?	
(1-05 & 1-10)		Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
(1-06)		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"/>	<input type="checkbox"/>	21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? 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"/>	<input type="checkbox"/>	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? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	23.) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	24.) Does your household expect any changes in their income <i>within the next 12 months</i> ? Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	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? 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"/>	<input type="checkbox"/>	26.) Do any adult members of your household have zero income? 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)  
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.



## EXHIBIT Q – NON-EMPLOYMENT CERTIFICATION

Property Name: Katy Trail Estates Property Number: MO09-033  
Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

### THIS SECTION MUST BE COMPLETED BY ADULT APPLICANT / RESIDENT

I confirm that (check which applies):

- I am not currently employed in any capacity.
- I have no intention of becoming employed in the next 12 months.
- I do not currently receive unemployment compensation or other benefits as a result of my non-employment status.
- I have applied to receive unemployment compensation or other benefits.
- I do intend to become employed in the next 12 months.

This information must be completed by the Applicant/Resident at the time of application.

My anticipated employment as a \_\_\_\_\_ has a start date of \_\_\_\_\_, 20\_\_  
Position  
and I anticipate earning \$ \_\_\_\_\_ per hour working \_\_\_\_\_ hours per week.

This information is supported by the following provided documentation.

- Written confirmation from new employer
- Previous tax return
- Previous job pay stub /salary history
- Other \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date



### Exhibit M – LIHTC Certification of Student Eligibility

Property Information	
Property Name: Katy Trail Estate / Clinton Housing Authority	Property Number: 09-033
Applicant/Resident:	Unit Number:

#### DEFINITION OF FULL-TIME STUDENT

A full-time student is defined as one who is, has or will be carrying a full-time subject load or 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. Please note a student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online or mechanical schools, but does not include those attending on-the-job training courses.

This section is 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 dependent children; the parent is not a dependent and the dependent 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 dependent 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 Signature	Date
Applicant / Resident Signature	Date

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.



**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:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

**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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**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 or such other period consistent with State Law.

**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, subject to 24 CFR Part 16.
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?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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  
 Katy Trail Estate  
 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

## VERIFICATION OF BANK ASSETS

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Head of Household: \_\_\_\_\_  
 Unit #: \_\_\_\_\_  
 RE: \_\_\_\_\_  
 SS#: \_\_\_\_\_

**Authorization by applicant / tenant to release information:**

I hereby authorize the release of my account information for the purpose of determining my eligibility or continued eligibility in the Section 42 Housing Program.

Applicant / Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

The individual named directly above is an applicant / tenant of a housing program that requires the verification of assets. The information provided on this form will remain confidential to that stated purpose only.

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

Date \_\_\_\_\_

### UPON COMPLETION, PLEASE RETURN FORM TO

Clinton Housing Authority  
 Katy Trail Estate  
 7 Bradshaw Drive  
 Clinton, MO 64735

Phone Number 660-885-5852  
 Fax Number 660-885-8371  
 Email [cristiecha@earthlink.net](mailto:cristiecha@earthlink.net)

### THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

CHECKING Account Information				
Account Number	Name(s) on Account	6 Month Average Balance	Annual Percentage Rate	
		\$	%	
		\$	%	
		\$	%	
SAVINGS, CD's or Other Account Information				
Account Number	Account Type	Name(s) on Account	Current Balance	Annual Percentage Rate
			\$	%
			\$	%
			\$	%
			\$	%
Name of Representative Completing This Form:			Signature:	
Title of Representative Completing This Form:	Contact Number:		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.





**Exhibit D - Under \$5000 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 / Clinton Housing	Property Number: 0906-33
Household Name:	Unit Number:

**This Section to be Completed by Applicant/Resident**

Do you or others living in the household currently hold any assets?

<input type="checkbox"/> Yes	If you answered Yes, proceed to next question.
<input type="checkbox"/> No	If you answered No, please answer questions on page 2 then sign and date.

1. Current household assets include:

Source	(A) Cash Value*	(B) Int. Rate*	(A x B) Annual Income	Source	(A) Cash Value	(B) Int. Rate*	(A x B) Annual Income
Savings Account:	\$		\$	Checking Account:	\$		\$
Cash on hand:	\$		\$	Safety Deposit Box:	\$		\$
Certificates of Deposit:	\$		\$	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.



**LIHTC/HUD – AUTHORIZATION FOR RELEASE OF INFORMATION**

Property Name: Katy Trail Estates Property Number: 09-033

Applicant/Resident: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC Tax Credit, HOME, and/or Tax-Exempt Bond Programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our Leasing Office, at 660-885-5852 or email to [cristiecha@earthlink.net](mailto:cristiecha@earthlink.net).

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

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_, for purposes of verifying information on my/our housing rental application.

**TERMS AND CONDITIONS**

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

*The groups or individuals that may be asked to release the above information include, but are not limited to:*

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we will review and execute the Tenant Income Certification (Exhibit B) upon completion of qualification or on the initial move in date.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).\*\*

2. Within the past 2 years, have you or others living in the household sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below the Fair Market Value (FMV)?	
<input type="checkbox"/> Yes	If you answered Yes, the 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.
<input type="checkbox"/> No	
3. Have you or others living in the household sold or given away any assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past 2 years?	
<input type="checkbox"/> Yes	Please explain any items sold for less than fair market value or given away.
<input type="checkbox"/> No	
4. Do you or others living in the household have any additional assets at this time?	
<input type="checkbox"/> Yes	Please list any additional assets not included on this form.
<input type="checkbox"/> No	
The Net Family Assets (as defined in CFR 813.102) 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

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.



**Exhibit C - Employment Verification**

Property Name: Katy Trail Estate / Clinton Housing Authority	Property Number: 09033
Address and Unit Number:	Date:

This section is to be completed by the management company and executed by application/resident.

Employer Information	Please Return Form To
To/Attn:	To/Attn: Clinton Housing Authority
Address:	7 Bradshaw Drive Address: Clinton, MO 64735
Phone:	Phone: 660-885-5852
Fax:	Fax: 660-885-8377
Email:	Email: cristiecha@earthlink.net

Applicant Name:	Last 4 Digits of SS#:
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**Release:** I hereby authorize the release of the requested information. Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. **For HUD Section 8 use:** Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant Signature:	Date:
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The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature:	Date:
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If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <https://veteranbenefits.mo.gov/> or call (573) 751-3779 to learn about available resources.



**This section is to be completed by the applicants' employer.**

Employer, please fill in ALL blanks. Enter N/A if an item is not applicable to the employee.

Employee Name:	Job Title:
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Employment Status		
Are they presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date First Employed	Last Day of Employment

Wages/Salary Information							
Current Wages/Salary:	Hourly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Semi-Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	Other:
Average # of regular hours (per week):				Commissions, bonuses, tips, other:			
Average # of overtime hours (per week):				Overtime Rate (per hour):			
Average # of shift differential hours (per week):				Shift Differential Rate (per hour):			
Complete this line <u>ONLY</u> if wage data is unavailable. ->		Year-to-date earnings:		From:		Thru:	
Does this employee have a 401k, 403b or other retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, can the employee withdraw funds from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No							
List any anticipated change in the employee's rate of pay within the next 12 months:							
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):							
Additional remarks:							

Employer's Signature:	Date:
Printed Name of Signatory:	
Signatory Title:	Signatory Phone Number:
Employer [Company] Name and Address:	

**Penalties For Misusing This Consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).

# 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.

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

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

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

Current Address \_\_\_\_\_  
\_\_\_\_\_

\*\* 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. 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 BELOW THIS AREA.

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 \_\_\_\_\_

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>	
<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**

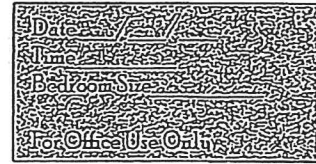
**Date**

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 by HUD to protect disbursement data from fraudulent actions.

# APPLICATION FOR OCCUPANCY

HOUSING AUTHORITY OF THE CITY OF CLINTON, MO  
 #7 Bradshaw Drive  
 Clinton, MO 64735 PHONE: (660) 885-5852



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