



106 W. Fourth St., Appleton City, MO 64724  
 Phone: 660-476-2185 Fax: 660-476-5529 www.wcmcaa.org

Please check the property(s) you are interest in applying to:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> <b>Appleton Estates</b><br>Appleton City, MO<br>660-476-2185 | <input type="checkbox"/> <b>Greenleaf Estates</b><br>Belton, MO<br>816-331-4620  | <input type="checkbox"/> <b>Hickory Estates</b><br>Hermitage, MO<br>660-476-2185 | <input type="checkbox"/> <b>Maplewood Estates</b><br>Stockton, MO<br>417-276-3330 |
| <input type="checkbox"/> <b>Oaktree Villa</b><br>Warsaw, MO<br>660-438-5007           | <input type="checkbox"/> <b>Prairie Estates</b><br>Grandview, MO<br>816-767-1445 | <input type="checkbox"/> <b>Walnut Estates</b><br>Raymore, MO<br>816-331-2959    | <input type="checkbox"/> <b>Willow Estates</b><br>Kansas City, MO<br>816-350-3134 |

For Office  
Use Only:  
Received  
Date: \_\_\_\_\_  
Time \_\_\_\_\_  
Initials: \_\_\_\_\_

**Household Information**

List all individuals including yourself below:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	M/F	Social Security Number	Birth Date Month, Date, Year

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Has any individual listed above lived in another state other than Missouri Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of state(s): \_\_\_\_\_

- |                          |                          |   |                      |  |              |  |
|--------------------------|--------------------------|---|----------------------|--|--------------|--|
| <b>YES</b>               | <b>NO</b>                |   |                      |  |              |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. <b>Do you expect any additions to the household within the next twelve months?</b>   |                      |  |              |  |
|                          |                          | <table border="1"> <tr><td>Name &amp; Relationship:</td><td> </td></tr> <tr><td>Explanation:</td><td> </td></tr> </table>                             | Name & Relationship: |  | Explanation: |  |
| Name & Relationship:     |                          |   |                      |  |              |  |
| Explanation:             |                          |   |                      |  |              |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. <b>Are there any absent household members who under normal conditions would live With you? (For example, a spouse residing in a nursing home.)</b> |                      |  |              |  |
|                          |                          | <table border="1"> <tr><td>Explanation:</td><td> </td></tr> </table>  | Explanation:         |  |              |  |
| Explanation:             |                          |   |                      |  |              |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. <b>Does your household have or anticipate having any animals?</b>  |                      |  |              |  |
|                          |                          | <table border="1"> <tr><td>Explanation:</td><td> </td></tr> </table>  | Explanation:         |  |              |  |
| Explanation:             |                          |   |                      |  |              |  |



## Rental History

- |  |  |
|--|--|
| <p>YES<br/><input type="checkbox"/></p> <p>NO<br/><input type="checkbox"/></p> | <p>4. Have you or anyone else named on this application been charged or convicted of a felony?</p> <p>Explanation: <input type="text"/></p>  |
| <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                | <p>5. Have you or anyone else named on this application been charged, convicted or are required to register as a sex offender?</p> <p>Explanation: <input type="text"/></p>                            |
| <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                | <p>6. Have you or anyone else named on this application been charged or convicted for possession, dealing or manufacturing illegal drugs?</p> <p>Explanation: <input type="text"/></p>                 |
| <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                | <p>7. Have you or anyone else named on this application been convicted of property damage?</p> <p>Explanation: <input type="text"/></p>  |
| <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                | <p>8. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?</p> <p>Explanation: <input type="text"/></p> |

## Housing References

References **MUST** include the past THREE years for all household members over eighteen (18) years of age. Complete address and phone number of references is required. *(If additional space is required, use the back of this page.)*

Landlord's Name/Address	Your Address	Own/Rent	Dates
Name:		Own: <input type="checkbox"/>	From:
Address:			
		Rent: <input type="checkbox"/>	To:
Phone:			

Landlord's Name/Address	Your Address	Own/Rent	Dates
Name:		Own: <input type="checkbox"/>	From:
Address:			
		Rent: <input type="checkbox"/>	To:
Phone:			

Landlord's Name/Address	Your Address	Own/Rent	Dates
Name:		Own: <input type="checkbox"/>	From:
Address:			
		Rent: <input type="checkbox"/>	To:
Phone:			



## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive or expect to receive income from:**

**YES**

**NO**



9. **Employment wages or salaries?** (Include overtime, tips, bonuses, commissions and payments received in cash.)

Household Member	Name of Company	Amount
		\$
		\$



10. **Self-employment?** (Include overtime, tips, bonuses, commissions and payments received in cash.)

Household Member	Type of Business	Amount
		\$
		\$



11. **Regular pay as a member of the Armed Forces/Military?**

Household Member	Name of Company	Amount
		\$
		\$



12. **Unemployment benefits or workman's compensation?**

Household Member	Base Name & Branch	Amount
		\$
		\$



13. **Child Support or Alimony?**

Household Member	Payer	Amount
		\$
		\$



14. **Social Security, SSI or any other payments from the Social Security Administration?**

Household Member	SSA Office	Amount
		\$
		\$



15. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

Household Member	Source of Benefit	Amount
		\$
		\$



16. **Regular payments from any type of settlement?** (For example, insurance settlements.)

Household Member	Source of Benefit	Amount
		\$
		\$

YES NO

- 17. **Regular gifts or payments from anyone outside of the household?** (This includes anyone supplementing your income or paying any of your bills.)

Household Member	Source of Benefit	Amount
		\$
		\$

- 18. **Regular payments from lottery winnings or inheritances?**

Household Member	Source of Benefit	Amount
		\$
		\$

- 19. **Regular payments from rental property or other types of real estate transactions?**

Household Member	Source of Benefit	Amount
		\$
		\$

- 20. **Any other income sources or types not listed?**

Household Member	Source of Benefit	Amount
		\$
		\$

- 21. **Do you or any other household members expect any changes to your income in the next 12 months?**

Explanation:	

### Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

- 22. **Checking or savings Account?**

Household Member	Financial Institute	Amount
		\$
		\$

- 23. **CDs, money market accounts or treasury bills?**

Household Member	Financial Institute	Amount
		\$
		\$

- 24. **Stocks bonds or securities?**

Household Member	Company or Broker	Amount
		\$
		\$

- 25. **Trust Funds?**

Household Member	Financial Institute	Amount
		\$
		\$



YES  NO

26. **Pensions, IRAS, Keogh or other retirement accounts?**

Household Member	Financial Institute	Amount
		\$
		\$

27.

**Whole life insurance policy?**

Household Member	Insurance Carrier	Amount
		\$
		\$

28.

**Real estate, rental property, land contracts/contract for deeds or other real estate holdings?** (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member	Address of Property	Amount
		\$
		\$

29.

**Personal property held as an investment?**

Household Member	Item	Amount
		\$
		\$

30.

**A safe deposit box?**

Household Member	Financial Institute	Amount
		\$
		\$

31.

**Have you or any other household members disposed of or given away any asset(s) for LESS than Fair-Market value within the past 2 years?**

Household Member:		Amount:	\$
Explanation:			

### Applicant Status

YES  NO

32. **Are you or any other ADULT household members claiming zero income?**

Household Member:	
Explanation:	

33.

**Are you or any other household members (including minors) currently a student or expect to be one in the next 12 months?**

Household Member(s):	
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34.

**Do you or any other household members currently receive rental assistance?** (Project based rental assistance or a HUD Housing Choice Voucher)

35.

**Are you or any other household member a veteran of the U.S. Military?**

Household Member(s):	
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## Deductions (Allowable)

Medical – Total medical expenses in excess of 3 percent of annual income may be deducted for any elderly family. To qualify as an “Elderly” family, the tenant or co-tenant must be of 62 years of age or have a disability. I/We are qualified as an elderly family and anticipate incurring the following medical expenses over the next 12 months:

Type of Medical Expense	Paid for Expense Out of Pocket?*	
Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicare Premiums	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance Premiums	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescriptions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Aid Batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Assistance*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Over-the-Counter Medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Please note that all out of pocket medical expenses must be third party verified in order for the expense to count as a deduction.

\*Disability assistance includes reasonable attendant care and auxiliary apparatus expenses for each member with disabilities of the family to the extent needed to enable any family member (including such member with disability) to be employed. (e.g. attendant care, wheelchairs, oxygen equipment, etc.)

### Other Deduction:

To qualify for a deduction of \$400 from annual income, the tenant or co-tenant must be at least 62 years old or disabled. Do you want to be considered for this deduction:  Yes  No If yes, we will need information to document the basis for this deduction.

## Signature Clause

I understand that management is relying on this information to prove my household’s eligibility for the property and its programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and the program requirements.

I also certify that the apartment that I will occupy in this project will be my permanent residence.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

