



**Antioch Hills**  
 1819 Gaines Dr.  
 Clinton, MO 64735



Managed by: West Central Missouri  
 Community Action Agency  
 106 W. 4<sup>th</sup> St., P.O. Box 125  
 Appleton City, MO 64724 660-476-2185

## Housing Credit Program Applicant Questionnaire

### Household Information

List all household members including yourself:

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

Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

YES      NO

- 1. Do you expect any additions to the household within the next twelve months?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- 2. Is there anyone living with you now who won't be living with you at this property?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- 3. Do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child{ren} will be living in unit.)*  
 Explanation: \_\_\_\_\_
- 4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*  
 Explanation: \_\_\_\_\_
- 5. Does your household have or anticipate having any service or assistance animals?  
 Explanation: \_\_\_\_\_

## Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?

Explanation: \_\_\_\_\_

7. Have you or any one else named on this application been charged or convicted of a felony?

Explanation: \_\_\_\_\_

8. Have you or any one else named on this application been charged or convicted for possession, dealing or manufacturing illegal drugs?

Explanation: \_\_\_\_\_

9. Have you or any one else named on this application been convicted of property damage?

Explanation: \_\_\_\_\_

10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: \_\_\_\_\_

## 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.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	( ) _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	( ) _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	( ) _____	_____		

## Personal Reference

List a personal reference other than a relative.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## 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:

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	11. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
<small>(EMC #01)</small>			<u>Household Member</u>	<u>Name of Company</u>
			<u>Amount</u>	
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	12. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
<small>(EMC #02)</small>			<u>Household Member</u>	<u>Type of Business</u>
			<u>Amount</u>	
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	13. Regular pay as a member of the Armed Forces/Military?		
<small>(EMC #03)</small>			<u>Household Member</u>	<u>Base Name &amp; Branch</u>
			<u>Amount</u>	
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	14. Unemployment benefits or workman's compensation?		
<small>(EMC #04)</small>			<u>Household Member</u>	<u>Case Worker</u>
			<u>Amount</u>	
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

(EMC #05)

15. Public Assistance (Foodstamps), General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?

*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: \_\_\_\_\_
- Court of Law Name of Court: \_\_\_\_\_
- Directly from Individual Name of Person: \_\_\_\_\_
- Other Explain: \_\_\_\_\_

(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

(EMC #07)

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

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

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

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

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

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

*(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

22. Regular payments from lottery winnings or inheritances?  
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
23. Regular payments from rental property or other types of real estate transactions?  
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
24. Any other income sources or types not listed?  
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
25. 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
26. Checking or savings account?  
(EMC #09)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____                   | _____                      | _____         |
| _____                   | _____                      | _____         |
27. CDs, money market accounts or treasury bills?  
(EMC #09)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____                   | _____                      | _____         |
| _____                   | _____                      | _____         |
28. Stocks, bonds or securities  
(EMC #10)
- | <u>Household Member</u> | <u>Company or Broker</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
29. Trust Funds  
(EMC #09)
- | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____                   | _____                      | _____         |
| _____                   | _____                      | _____         |

30. Pensions, IRAs, Keogh or other retirement accounts?  
(EMC #09)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

31. Whole life insurance policy?  
(EMC #09)

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?  
(EMC #10)  
*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

33. Personal property held as an investment?  
(EMC #10)  
*(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

34. A safe deposit box?  
(EMC #13)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

35. 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?  
(EMC #11)

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

<b>Deductions (Allowable)</b>
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**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 older or have a handicap or disability. I/We are qualified as an elderly family and anticipate incurring the following medical expenses over the next 12 months:

	<u>Anticipated Amount</u>	<u>Med. Care Paid</u>	<u>Insurance Paid</u>	<u>I/We Paid</u>
Doctor	\$ _____	\$ _____	\$ _____	\$ _____
Hospital	\$ _____	\$ _____	\$ _____	\$ _____
Dental	\$ _____	\$ _____	\$ _____	\$ _____

Medicare Premiums	\$ _____	\$ _____	\$ _____	\$ _____
Health Ins. Premiums	\$ _____	\$ _____	\$ _____	\$ _____
Eye Glasses	\$ _____	\$ _____	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____	\$ _____	\$ _____
Hearing Aids	\$ _____	\$ _____	\$ _____	\$ _____
Hearing Aid Batteries	\$ _____	\$ _____	\$ _____	\$ _____
Handicap Assistance*	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____

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

**CHILDCARE** – Deductions may be given for the care of children under 13 years of age and only to the extent such expenses are not reimbursed. Deductions for these expenses are permitted only when such care is necessary to enable a family member to further his or her education or be gainfully employed. I/We qualify for this deduction and anticipate the following expenses:

Child	Age	Amount Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**OTHER DEDUCTIONS:**

To qualify for a deduction of \$400 from annual income, the tenant or co-tenant must be at least 62 years old, disabled, or handicapped. Do you want to be considered for this deduction? \_\_\_\_\_ If yes, we will need information to document the basis for this deduction.

Any member of the family residing in the household (other than tenant or co-tenant) who is under 18 years of age, or who is 18 years of age or older and is disabled, handicapped or a full-time student may qualify for a \$480 deduction from my/our income. I/We have \_\_\_\_\_ number in our household which may qualify for this deduction.

**Applicant Status**

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

**YES**      **NO**

       
(EMC #20)

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

Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

       
(EMC #12 & #18)

37. 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): \_\_\_\_\_

o o  
(EMC #15 & #21)

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

o o

39. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

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

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Signature Clause**

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. 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, account numbers where applicable and any other information required for expediting this process. I authorize you to contact any reference herein listed and/or other inquiries that management feels necessary in determining eligibility. (i.e., checks with credit bureau, inquiries with law enforcement, etc.) I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

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

I also certify that I do not and will not maintain a separate subsidized rental unit in a different location.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This institution is an equal opportunity provider**

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**Ethnicity:** Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

**Race:** (Mark one or more)

- 1. American Indian/Alaska Native \_\_\_\_\_
- 2. Asian \_\_\_\_\_
- 3. Black or African American \_\_\_\_\_
- 4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_
- 5. White \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**\*\*\*\*\* HANDICAP OR DISABILITY INFORMATION \*\*\*\*\***

Handicap or Disability Information: This information is voluntary. However, there are certain program benefits which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits or they do not apply to you, please enter N/A below and initial here \_\_\_\_\_.

Do you or any member of your household need special accommodations? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**How did you hear about Antioch Hills?**

**Radio:** \_\_\_\_\_

**Newspaper:** \_\_\_\_\_

**Drove by:** \_\_\_\_\_

**Referral (who?):** \_\_\_\_\_

**Other (specify):** \_\_\_\_\_

**Application for Waiting List Placement**

For office use only:

Date	Time	BR Need	PHA Staff	Outreach Center

To receive residency preference, the family must currently reside, be employed, or have been hired in the area of the PHA's jurisdiction (Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair, and Vernon Counties). Proof of residency will be verified when your name reaches the top of the waiting list.

**Applicant Information:** *Please print clearly with ink.*

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of birth:	SEX: M F Telephone #:
Current Address:		County:
City:	State:	Zip Code:
Enter Mailing Address: <i>(if different than physical address):</i>		

**Employment Information:** *For residency, complete if you (or a household member) are employed or have been hired in the PHA's jurisdiction.*

Name:	Relationship to Applicant:
Name of Employer:	
Address of where you work:	

**Family Composition:**

**Disability:**

___ Total number of people who will live in the unit, including yourself.	YES NO Do any household members, who will live in the unit, have a disability? YES NO If so, will special accommodations be required?
---	--

**Source(s) of Family Income:** *Identify monthly amount of gross household income for ALL family members.*

Wages \$	Social Security \$	Child Support \$
per month	per month	per month
SSI \$	TANF \$	Other \$
per month	per month	per month

**For HUD Statistical Purposes Only:** *Both race and ethnicity must be completed.*

RACE	ETHNICITY
Please identify your race by checking the box(es) below: <input type="checkbox"/> 1) White <input type="checkbox"/> 2) Black / African American <input type="checkbox"/> 3) American Indian / Alaska Native <input type="checkbox"/> 4) Asian <input type="checkbox"/> 5) Native Hawaiian / Other Pacific Islander	Please identify your ethnicity by checking one box below: <input type="checkbox"/> 1) Hispanic or Latino <input type="checkbox"/> 2) Not Hispanic or Latino

**Note:** Additional information will be required for program participation once your name reaches the top of the waiting list.

**If you have a change of address, family income and/or composition, you MUST report the change. IN WRITING, WITHIN TEN (10) DAYS to the PHA Central Office.** Once rental assistance becomes available, you will receive a letter from the PHA. If you cannot be reached by mail within ten (10) days, your name will be removed from the waiting list.

**Warning – Title 18, Section 1001** of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States government.

I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility for participation in the Housing Choice Voucher Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

