



Hawthorn Estates
1900 Jenkins Dr.
Harrisonville, MO 64701
816-380-6833



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

Housing Credit Program Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment with you.

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

Current 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 pets other than those used as service animals?**



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 convicted of a felony?

Explanation: _____

8. Have you or any one else named on this application been convicted for 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

List the past THREE years of housing references. (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>		
(EMC #01)			<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>		
(EMC #02)			<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?		
(EMC #03)			<u>Household Member</u>	<u>Base Name & Branch</u>
			<u>Amount</u>	
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	14. Unemployment benefits or workman's compensation?		
(EMC #04)			<u>Household Member</u>	<u>Case Worker</u>
			<u>Amount</u>	
		_____	_____	_____
		_____	_____	_____

(EMC #05)

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

Household Member

Case Worker

Amount

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.)

Household Member

Payor

Amount

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

- Child Support Enforcement Agency
- Court of Law
- Directly from Individual
- Other

Name of Agency: _____

Name of Court: _____

Name of Person: _____

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?

Household Member

SSA Office

Amount

(EMC #08)

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

Household Member

Source of Benefit

Amount

(EMC #08)

19. Regular payments from a severance package?

Household Member

Source of Benefit

Amount

(EMC #08)

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

Household Member

Source of Benefit

Amount

(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.)

Household Member

Source of Benefit

Amount

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:

26. Checking or savings account?
 YES NO
 (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>
_____	_____	_____
_____	_____	_____

(EMC #09)

30. Pensions, IRAs, Keogh or other retirement accounts?

Household Member

Financial Institute

Amount

(EMC #09)

31. Whole life insurance policy?

Household Member

Insurance Carrier

Amount

(EMC #10)

32. 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

(EMC #10)

33. Personal property held as an investment?

(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.)

Household Member

Item

Amount

(EMC #13)

34. A safe deposit box?

Household Member

Financial Institute

Amount

(EMC #11)

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?

Household Member: _____ Amount: _____

Explanation: _____

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 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:

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

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

* 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 DEDUCTION:

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 full-time student or expect to be one in the next 12 months?

Household Member(s): _____

(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): _____

39. Do you currently hold a Section 8 Housing voucher? Do you plan to apply for a Section 8 Housing voucher?

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

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.

Race _____ National Origin _____ Sex _____

For Office Use Only

Date of Interview: _____ **Desired Apt. #:** _____ **Desired Move-in Date:** _____