

St. Clair County Public Housing Agency (PHA)
Administered by the Housing Unit of
WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY
 106 West Fourth St., Appleton City, MO 64724
 Fax: 660-476-0175 Email: intake@wcmcaa.org

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: (if different than physical address):				

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:** _____

