

WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY

106 W. 4th Street | Appleton City, MO 64724 | Phone: 660.476.2185 | Fax: 660.476.5529

Dear Applicant:

Thank you for inquiring about Antioch Hills in Clinton, Missouri. In order to be accepted as a resident of Antioch Hills, all applicants must meet the following requirements:

- ✓ Complete an application.
- ✓ Meet all screening qualifications that include, but are not limited to:
 - Criminal background check
 - Credit check
 - Prior landlord references
 - Income verifications
- ✓ Meet all income and program qualifications.

2022 Maximum Income limits are as follows:

1 person	28,080 gross annual income
2 person	32,100 gross annual income
3 person	36,120 gross annual income
4 person	40,080 gross annual income

Occupancy not to exceed a four (4) person household.

Attached you will find an application and checklist for your convenience. Please complete the application and return it to Antioch Hills, 1819 Gaines Drive, Clinton, Missouri 64735. You may also email it to antiochhills@wcmca.org or fax it to 660-885-3089.

If you have any questions or need additional information, feel free to contact Melissa Hillier, Property Management Coordinator at 660-885-8200. You may also call or write to Housing Division, West Central Missouri Community Action Agency, P.O. Box 125, 106 W. 4th Street, Appleton City, Missouri 64724, telephone 660-476-2185.

Equal Housing Opportunity.



"This institution is an equal opportunity provider and employer."

Antioch Hill's Applicant Check List

- Recommended Items to Return with Completed Application.

- Copy of all household members Social Security Cards.
- Copy of State Issued Birth Certificate.

- Items Needed Prior to Move In:

- All social security cards and birth certificates (proof of age) for each person in the household.

- All Residents must provide proof that the electric, gas and water utilities have been turned into their name prior to move in at Antioch Hills. If proof is not provided, Antioch Hills will not be able to process the applicants move in.

- Evergy Electric 1-888-471-5275 (Confirmation or account number required)

- Liberty Utilities/ Empire District Gas 1-800-424-0427 (Account number required)

- Henry County Water 660-885-2157 (\$150.00 deposit required - bring receipt to AH on move in day)

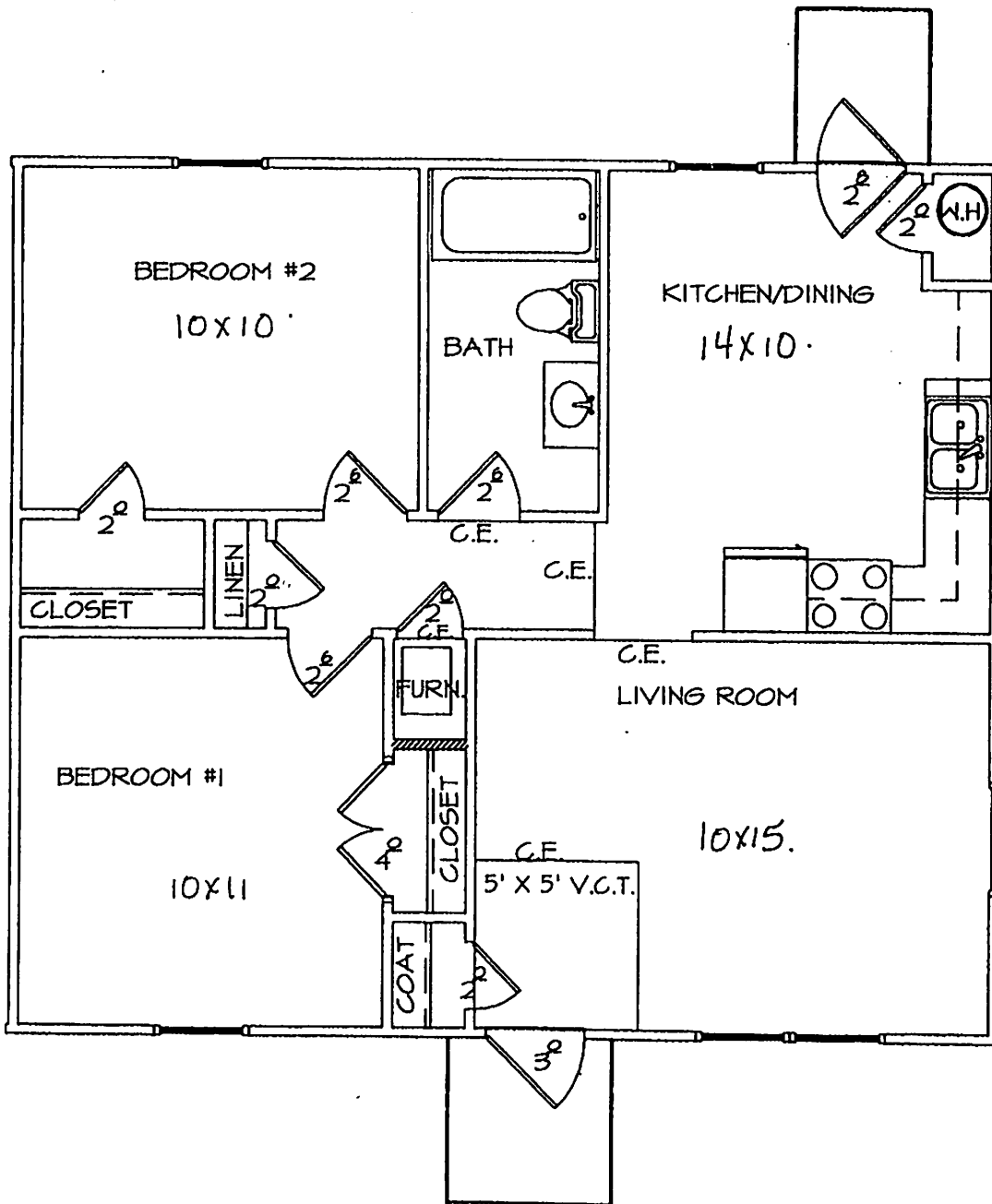
- Charter/ Spectrum Cable 1-888-438-2427 (Optional)

- Century Link 1-800-788-3500 (Optional)

- Security Deposit Payment Requirements:

Security Deposit is \$540.00 in full or a payment of \$270.00 at move-in and payments of \$135.00 for the next consecutive two (2) months by the 10th of each month. Security Deposits are to be separate from rent in a check or money order ONLY. NO cash or card payments will be accepted.

- Address: _____



REMODELED TYP. 2-BR APT.

SCALE: 3/16" = 1'-0"

780 SQ. FT.



Antioch Hills
 1819 Gaines Dr.
 Clinton, MO 64735



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 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="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
Phone: () _____	_____		
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
Phone: () _____	_____		
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	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:

YES NO
(EMC #01)

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

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO
(EMC #02)

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

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO
(EMC #03)

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

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO
(EMC #04)

14. Unemployment benefits or workman's compensation?

<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>
_____	_____	_____
_____	_____	_____

(EMC #06) (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>
_____	_____	_____
_____	_____	_____

(EMC #08)

22. Regular payments from lottery winnings or inheritances?

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

(EMC #08)

23. Regular payments from rental property or other types of real estate transactions?

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

(EMC #08)

24. Any other income sources or types not listed?

<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

(EMC #09)

26. Checking or savings account?

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

(EMC #09)

27. CDs, money market accounts or treasury bills?

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

(EMC #10)

28. Stocks, bonds or securities

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09)

29. Trust Funds

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

(EMC #09)

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

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

 (EMC #09)

31. Whole life insurance policy?

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

 (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.)

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

 (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.)

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

 (EMC #13)

34. A safe deposit box?

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

 (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 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 & #10)

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): _____

#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. 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): _____

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

The PHA's jurisdiction is Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair, and Vernon Counties.

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>				
Email Address:				

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, you MUST report the change, IN WRITING, WITHIN THIRTY (30) 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 thirty (30) 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: _____



Application for Waiting List 03.22.2022

For office use only:

Date Received	Time Received