

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.

2023 Maximum Income limits are as follows:

1 person	29,700 gross annual income
2 person	33,960 gross annual income
3 person	38,220 gross annual income
4 person	42,420 gross annual income

Occupancy not to exceed 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@wcmcaa.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 REQUIRED 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** / 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)
- **Clinton Post Office** –660-885-5221 (\$25 refundable deposit to get mailbox keys with copy of lease)
- 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.
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112 W. Fourth St., Appleton City, MO 64724

Phone: 660-476-2185 • Email: ForRent@wcmcaa.org • Fax: 660-476-6027 • www.wcmcaa.org

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

- | | | | | | |
|--|---|---|--|---|---|
| <input type="checkbox"/> Antioch Hills
Clinton, MO
660-885-8200 | <input type="checkbox"/> Appleton Estates
Appleton City, MO
660-476-2185 | <input type="checkbox"/> Greenleaf Estates
Belton, MO
816-331-4620 | <input type="checkbox"/> Greyhound Apt.
Windsor, MO
660-476-2185 | <input type="checkbox"/> Hawthorn Estates
Harrisonville, MO
816-380-6833 | |
| <input type="checkbox"/> Hickory Estates
Hermitage, MO
417-745-0131 | <input type="checkbox"/> Maplewood Estates
Stockton, MO
417-276-3330 | <input type="checkbox"/> Oaktree Villa
Warsaw, MO
660-438-5007 | <input type="checkbox"/> Prairie Estates
Grandview, MO
816-767-1445 | <input type="checkbox"/> Walnut Estates
Raymore, MO
816-331-2959 | <input type="checkbox"/> Willow Estates
Kansas City, MO
816-350-3134 |

Household Information

List all individuals including yourself below:

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

Street Address: _____

Mailing Address: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

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

If yes, name of state(s): _____

YES **NO**

- | | | | | | | | |
|--------------------------|--------------------------|----|---|----------------------|--|--------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Do you expect any additions to the household within the next twelve months? | | | | |
| | | | <table border="1"> <tr><td>Name & 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. | Do you have full custody of your child(ren)? <i>(If no, obtain proof of amount of time child(ren) will be living in unit)</i> | | | | |
| | | | <table border="1"> <tr><td>Name & 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"/> | 3. | Are there any absent household members who under normal conditions would live with you? <i>(For example, a spouse residing in a nursing home.)</i> | | | | |
| | | | <table border="1"> <tr><td>Explanation:</td><td> </td></tr> </table> | Explanation: | | | |
| Explanation: | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Does your household have or anticipate having any animals? | | | | |
| | | | <table border="1"> <tr><td>Explanation:</td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | Explanation: | | | |
| Explanation: | | | | | | | |
| | | | | | | | |

Rental History

YES NO

5. Have you or anyone else named on this application been charged or convicted of a felony?
Explanation:
6. Have you or anyone else named on this application been charged, convicted or are required to register as a sex offender?
Explanation:
7. Have you or anyone else named on this application been charged or convicted for possession, dealing or manufacturing illegal drugs?
Explanation:
8. Have you or anyone else named on this application been convicted of property damage?
Explanation:
9. 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?
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.)*

	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

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

Household Member	Name of Company	Amount
		\$
		\$

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

Household Member	Type of Business	Amount
		\$
		\$

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

Household Member	Base Name & Branch	Amount
		\$
		\$

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

Household Member	Unemployment Office	Amount
		\$
		\$

14. **Child Support or Alimony?**

Household Member	Payer	Amount
		\$
		\$

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

Household Member	SSA Office	Amount
		\$
		\$

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

Household Member	Source of Benefit	Amount
		\$
		\$

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

Household Member	Source of Benefit	Amount
		\$
		\$

18. **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
		\$
		\$

19. **Regular payments from lottery winnings or inheritances?**

Household Member	Source of Benefit	Amount
		\$
		\$

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

Household Member	Source of Benefit	Amount
		\$
		\$



YES NO

21. **Any other income sources or types not listed?**

Household Member	Source of Benefit	Amount
		\$
		\$

22. **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

23. **Checking or savings Account?**

Household Member	Financial Institute	Amount
		\$
		\$

24. **CDs, money market accounts or treasury bills?**

Household Member	Financial Institute	Amount
		\$
		\$

25. **Stocks bonds or securities?**

Household Member	Company or Broker	Amount
		\$
		\$

26. **Trust Funds?**

Household Member	Financial Institute	Amount
		\$
		\$

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

Household Member	Financial Institute	Amount
		\$
		\$

28. **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
		\$
		\$



YES NO

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):	
Branch:	

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 Deductions:

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.

Do you or any member of your household need special accommodations: Yes No

Please describe: _____



Child Care – 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's Name	Age	Amount Paid

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

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government 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 _____

How did you hear about this property?

Social Media	
Website	
Radio	
Newspaper	
Referral/Friend	
Other	



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

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