WEST CENTRAL
MISSOURI COMMUNITY ACTION AGENCY

For Office Use Only
Date Received:
Time:
Initials:

Grant Park Villas
112 W. Fourth St., Appleton City, MO 64724
Phone: 816-322-0291 ○ Email: grantparkvillas@wcmcaa.org ○ fax:816-892-5026 ○www.wcmcaa.org

Household Information

List all individuals including yourself below:

Name *First, Middle Initial, Last*	**Relationship to Head of Household**	**Marital Status**	**Sex (optional)**	**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**

☐ ☐ 1. **Do you expect any additions to the household within the next twelve months?**

Name & Relationship:	
Explanation:	

☐ ☐ 2. **Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit)*

Name & Relationship:	
Explanation:	

☐ ☐ 3. **Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse residing in a nursing home.)*

Explanation:	

☐ ☐ 4. **Does your household have or anticipate having any animals?**

Explanation:	

Rental History

YES **NO**

☐ ☐ 5. **Have you or anyone else named on this application been charged or convicted of a felony?**

Explanation:	

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☐ ☐ 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:** ☐	**From:**
Address:				
			Rent: ☐	**To:**
Phone:				

	Landlord's Name/Address	**Your Address**	**Own/Rent**	**Dates**
Name:			**Own:** ☐	**From:**
Address:				
			Rent: ☐	**To:**
Phone:				

	Landlord's Name/Address	**Your Address**	**Own/Rent**	**Dates**
Name:			**Own:** ☐	**From:**
Address:				
			Rent: ☐	**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
		$
		$

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☐ ☐ 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
		$
		$

☐ ☐ 29. **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
		$
		$

☐ ☐ 30. **Personal property held as an investment?**

Household Member	Item	Amount
		$
		$

YES NO

☐ ☐ 31. **A safe deposit box?**

Household Member	Financial Institute	Amount
		$
		$

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☐ ☐ 32. **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**

☐ ☐ 33. **Are you or any other ADULT household members claiming zero income?**

Household Member:	
Explanation:	

☐ ☐ 34. **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):	

☐ ☐ 35. **Do you or any other household members currently receive rental assistance?** (Project based rental assistance or a HUD Housing Choice Voucher)

☐ ☐ 36. **Are you or any other household member a veteran of the U.S. Military?**

Household Member(s):	
Branch:	

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

Please describe: _____

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**

How did you hear about this property?

Social Media	
Website	

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Radio	
Newspaper	
Referral/Friend	
Other	

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