

# Sikeston Housing Authority

360 Allen Boulevard PO Box 829

Sikeston, MO 63801

Phone: (573)471-3012

Fax: (573)471-2895

TDD: 1-800-545-1833 Ext. 890

## PUBLIC HOUSING FORMAL APPLICATION

**THIS FORMAL APPLICATION WITH ALL REQUIRED INFORMATION MUST BE HAND DELIVERED TO THE ABOVE ADDRESS.**

### THINGS TO KNOW (You may keep this top sheet for future reference)

1. **Incomplete applications cannot be accepted.** Incomplete application will not be accepted or processed. Please submit the following items with your application.
  - **Documentation of social security numbers** for all member of the applicant household. Example: social security cards or letters from the Social Security Administration with social security numbers.
  - **Green cards, I-94(white cards), passport or other immigration documents** for all non-citizen members of the household.
  - **Birth certificate** for all members of the household.
  - **Valid picture identification** for all household members 18 years of age and older.
  - **Proof of income** all income for entire family. Including but not limited to; employment, social security, child support, tanf, etc.
  - **Proof of Disability**, If you are claiming to be disabled you need a letter from the Social Security Administration that states you are disabled.
2. **Each applicant household member will be screened for tenant suitability** prior to being offered a unit. This screening consists of, but not limited to a **criminal background check** (including drug-related alcohol related, violent crimes against persons, or property and sexual offenders), and a landlord history screening. Three years of landlord history must be listed to be considered complete.
3. **We must have a current mailing address to contact you at all times.** If we are unable to contact you by mail, you may be removed from the waiting list without further notice. If you are removed from the waiting list for failure to respond to our request for information, you will be required to reapply for assistance. If you move while this application is pending-you must let us know of your new address.
4. **Family information**, List **EVERYONE** who will live with you including live-in aids and any unborn child should you be pregnant.
5. **Ethnicity and race**, The housing authority collects statistical data on ethnicity and race in accordance with fair housing federal regulations. This is for statistical purposes only. The information provided will **NOT** affect your application for assistance.
6. **False information is grounds for denial of this application or eviction.** The application will be denied if you misrepresent any information on this application. If the misrepresentation is found after a lease is signed, the lease may be terminated and the household evicted. You may also be charged with additional rent or with a criminal violation.

# Sikeston Housing Authority

PHA use only:

Date of Application: \_\_\_\_\_ Time of application: \_\_\_\_\_ Application # \_\_\_\_\_

## Public Housing Formal Application

**Housing Interview and Application:** Shortly before public housing is available you will be invited to a housing interview. It is important that you bring all the required documents to the interview. At the interview, staff will discuss your housing needs and options, go over your application and collect the information needed to determine final housing eligibility, resident suitability total household occupancy and income. You will be asked to provide detailed information on all members of your household, verify citizenship status, report current income and expense information, and provide updated landlord information. If you do not come to the housing interview you will be deleted from the waiting list. **You will not be offered housing until you complete this application, provide all documentation, and complete a housing interview.**

HEAD OF HOUSEHOLD

CO-HEAD OR OTHER ADULT

Name		
Mailing Address		
City, State Zip		
Phone Number		
Email Address		
Any other names used (maiden)		

This information is requested to comply with Equal Opportunity requirements and will not affect your application for housing assistance.

Race of Head:  Caucasian/White  African American/Black  Native American/Alaskan Native  Asian/Pacific Islander

Ethnicity of Head:  Non-Hispanic/Non-Latino  Hispanic/Latino

Race of Co-Head:  Caucasian/White  African American/Black  Native American/Alaskan Native  Asian/Pacific Islander

Ethnicity of Co-Head:  Non-Hispanic/Non-Latino  Hispanic/Latino

**Please submit social security cards, birth certificates for all members and picture ID for all members 18 and older.**

**Below list each person who will reside in your household when you are receiving assistance.**

	First & Last Name	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Yes/No	Birthplace City, State	Student Full/Part Time
H					Head			
2								
3								
4								
5								
6								
7								

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## FAMILY INCOME AND ASSET INFORMATION

### DOES ANY MEMBER OF YOUR HOUSEHOLD

Yes  No, Receive now or expect to receive VA or veteran's benefits? Name of member \_\_\_\_\_  
 Amount of income \_\_\_\_\_ How often paid \_\_\_\_\_. Veteran's benefit letters are required along  
 with this application.

Yes  No, Receive now or expect to receive Social security benefits? Name of member \_\_\_\_\_  
 Amount of income \_\_\_\_\_ How often paid \_\_\_\_\_. Social security benefit letters are required along  
 with this application.

Yes  No, receive now or expect to receive income from pension or annuity? Name of member \_\_\_\_\_  
 Amount of income \_\_\_\_\_ How often paid \_\_\_\_\_. Pension and annuity letters are required along with this  
 application.

Yes  No, Is any adult member 18 or older enrolled in a job training program, including one required under the welfare program?  
 If yes which member: \_\_\_\_\_ Program name, address, and phone number \_\_\_\_\_

Yes  No, Is any adult member enrolled in an educational program full time? If yes, Member name \_\_\_\_\_ School  
 name, address and phone number: \_\_\_\_\_

### Does any household member have any of the following?

Yes or No	Household Member	Where	Value
___ Yes ___ No	Checking Account		
___ Yes ___ No	Savings Account		
___ Yes ___ No	Trust Fund		
___ Yes ___ No	Certificates of Deposit		
___ Yes ___ No	Mutual Funds		
___ Yes ___ No	Stocks or Bonds		
___ Yes ___ No	Savings Bonds		
___ Yes ___ No	Annuities		
___ Yes ___ No	Cash on Hand		
___ Yes ___ No	Life insurance (whole)		
___ Yes ___ No	Real estate		
___ Yes ___ No	Have you or any member disposed of any assets in the last 2 years for less than fair market value? (Do not include clothing, cars, or household goods)		

### FAMILY EXPENSE DEDUCTION:

**MEDICAL ONLY IF HEAD OF HOUSEHOLD IS AGE 62 OR OLDER OR DISABLED REGARDLESS OF AGE.**

(Prescriptions, Doctor Visits, Hospital Bills, Health Insurance, Medical Supplies, Medicare, Other medical deductions)

**Receipts are required for all medical expenses.**

MEMBER	TYPE OF EXPENSE	PAID TO WHO	YEARLY TOTAL	STATE PAID Y OR N

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Does the applicant(s) have any past due utility bills?  Yes  No Where? \_\_\_\_\_

Has the applicant(s) been convicted of fraud in a federally subsidized housing program?  Yes  No,  
If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Has the applicant(s) ever lived in Public Housing, Section 8 or any other subsidized housing?  Yes  No

If yes, Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name and address of other Housing Authority/Other Housing Agency \_\_\_\_\_

Does the applicant(s) owe any money to another Housing Authority/Other Housing Agency?  Yes  No, If yes  
name and address of Agency \_\_\_\_\_

Has the applicant(s) been arrested or convicted of a crime other than a traffic violation?  Yes  No, If yes,  
explain the incident and who was involved. \_\_\_\_\_

Has the applicant(s) ever been arrested for illegal use of a controlled substance, activities related to abuse of alcohol,  
or violent crimes against persons or property?  Yes  No, If yes explain the nature of the problem and who was involved:  
\_\_\_\_\_

Are any of the applicant(s) **currently** charged with any crime (misdemeanor or felony)?  Yes  No, If yes,  
explain the nature of the problem and who is involved: \_\_\_\_\_

Is any applicant(s) currently subject to a lifetime registration requirement under any state sex offender registration program?  
 Yes  No, If yes, give name and state: \_\_\_\_\_

Is any applicant(s) currently on parole or probation?  Yes  No, If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_

Is any applicant(s) required to wear an electronic monitoring device (bracelet)?  Yes  No, If yes, give name and explain  
fully: \_\_\_\_\_  
\_\_\_\_\_

### Please list information on vehicles

DRIVER LICENSE NUMBER	HEAD	CO HEAD	OTHER ADULT

VEHICLES	YEAR	MAKE	MODEL	PLATE NUMBER
Vehicle 1				
Vehicle 2				

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Sikeston Housing Authority of the City of Sikeston  
360 Allen Blvd  
Sikeston, Mo 63801

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

XX

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.