



PLEASE DO NOT RETURN AN INCOMPLETE APPLICATION

WAIT UNTIL YOU HAVE THE APPLICATION COMPLETELY FILLED OUT AND YOU HAVE THE FOLLOWING DOCUMENTS COPIED.

- **BIRTH CERTIFICATES FOR ALL FAMILY MEMBERS**
- **SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS**
- **VALID STATE ISSUED ID OR DRIVERS LICENSE**
- **ANY PROOF OF INCOME VERIFICATION – NEEDS TO BE WITHIN THE LAST 60 DAYS.**

WE CANNOT PROCESS THE APPLICATION UNLESS WE HAVE ALL DOCUMENTS

IF YOU HAVE QUESTIONS ABOUT WHAT TO INCLUDE WITH YOUR APPLICATION PLEASE CALL 816-236-8200

**THANK YOU,
HOUSING AUTHORITY OF ST JOSEPH**

DATE: _____

ST. JOSEPH HOUSING AUTHORITY APPLICATION

CLIENT # _____

TIME: _____

HOME CHOICE VOUCHER PROGRAM

HAP # _____

List the head of household and all other members who will be living in the assisted unit. Provide the Relationship of each family member to the head of household. Include all persons considered to be permanently residing in the unit, including friends and/or medically required staff assistants.

MEMBER FULL NAME	RELATIONSHIP	SEX	SOCIAL SECURITY #	BIRTH DATE	BIRTH PLACE	AGE
1.						
2.						
3.						
4.						
5.						
6.						

YOUR CURRENT ADDRESS _____ PHONE: _____

List names, addresses, relationship, and phone numbers of two relatives or friends who will always know how to contact you.

- A. _____ Address _____ Relationship _____ Phone _____
 B. _____ Address _____ Relationship _____ Phone _____

RACIAL IDENTIFIER, Head of House: White ___ Black ___ American/Alaskan Native ___ Asian/Pacific Islander ___

ETHNICITY: Hispanic ___ Non-Hispanic ___

Does anyone claim a disability? (Y) (N) If yes, are any special accommodations needed? _____

Elderly / Disabled, do you have (Out of Pocket) medical expenses to claim? _____

INCOME AND ASSET REPORTING SOURCE OF INCOME	MONTHLY INCOME	BANK ACCT. NAME & NUMBER	BALANCE

List by name and value all Stocks, Bonds, Trusts, Real Estate, or other assets not listed above. _____

Are you under 24 years old and a fulltime student? Y ___ N ___

Is any adult member of your household employed or earning any type of income in any way that is not listed above? _____

Does anyone in your household receive any form of child support or alimony payments not listed above? _____

Does anyone in the household receive any form of payment from a pension, annuity, trust-fund; receive welfare assistance, unemployment benefits, or any type of income or assistance not listed above? _____

Has anyone in the household been arrested for a violent crime or drug activity? _____ When and Where? _____

Is any member of the household subject to a lifetime registration requirement under a State sex offender registration program? ___ Yes ___ No
If yes, who: _____

Do you pay for childcare which enables a family member to work or go to school? _____ If yes, provide name and address of child care provider. _____

Have you disposed of any assets for less than fair market value in the past two years? _____ What, if any, have you disposed of and what was/were the sale price(s)? _____

Have you ever applied for housing assistance before? _____ Where? _____

Have you ever lived in public housing or lived in rent assisted housing as an adult? _____ Where? _____

Has any member of your family been tested for EBL (Elevated Blood Levels) due to lead based paint in the past year? _____

In filling out, by signing my/our signature(s) to, and submitting this application for the Housing Authority program, I/we acknowledge full understanding of the following conditions and agree it is my/our responsibility to remain in compliance with them at all times:

I/we must report all income from all sources and the names of all persons who will be living in the unit while the lease is in effect, and that if anyone moves in or out I/we must report it to the Housing Authority immediately.

If there is absolutely no income from any source coming in to the family unit I/we understand that I/we must provide to the Housing Authority a written statement to that effect, in person each and every month. I/we further understand that to not meet this requirement may be cause for the lease to be canceled.

If at any time during the lease there is a change in "source or amount of income" I/we will report it immediately to the Housing Authority. This includes a change of jobs, going from part time to full time, losing a job and now receiving unemployment benefits, ANYTING changing the amount or income source.

I/we are aware and I/we fully understand that failure to report changes in income, if judged to be intentional, could be cause for me to become ineligible for housing assistance. I/we fully understand that I/we will be responsible for repayment of housing assistance as a result of any under reported income. I/we understand that cases deemed serious by the Housing Authority will be turned over to the Regional HUD Office for investigation.

I/we acknowledge that I/we must provide written notification of any changes by email, mail or in person within 30 days of the change to the Housing Authority.

Once I/we have a lease in effect through the Housing Authority, with an established rent payment, the amount to pay to the landlord must not be more than the amount stated in the lease (that was established by the Housing Authority). If the landlord requires or asks you to pay additional rent or monthly fees **YOU MUST REPORT THIS TO THE HOUSING AUTHORITY IMMEDIATELY.**

ALL APPLICANTS: I/we certify the information given the St Joseph Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law. I/we further understand that false statements or information are grounds for termination of housing assistance. I/we acknowledge it is my/our responsibility, as tenants receiving Housing Assistance, to remain compliance with housing rules and regulations, and all provisions of my/our lease.

I/we give permission to the Housing Authority to release information concerning my family, rental assistance and utility reimbursements to the Division of Family Services.

Head of Household Date

Spouse or other Adult Signature Date

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the **ST. JOSEPH HOUSING AUTHORITY** at application and re-examination. HUD will collect the information on Form -50058. The data that will be collected includes name, sex, birth date, Social Security number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD may use this information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give this information to Federal, State and local agencies where it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents to give the Authority the SSN(s) of all household members. If you are an applicant and you have been issued or use an SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 ets. eq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat.,348, 408 require applicants and residents to provide other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

SIGNATURE: I have read the Federal Privacy Act Statement on _____
Date

Head of Household

Spouse or other Adult

FAMILY OBLIGATIONS

When the family's unit is approved and the HAP contract executed; the family **MUST** follow the rules listed below.

Failure to do so will result in the loss of the family's benefits for 3 to 5 years. _____

THE FAMILY MUST:

- Supply all information that the HA or HUD determines to be necessary.
- Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Supply any information requested by the HA to verify that the family is living in the unit or information related to family absences from the unit.
- Promptly inform the HA when the family is away from the unit for an extended period of time in accordance with HA policies. HA policy is two (2) consecutive weeks.
- Allow the HA to inspect the unit at reasonable times and after reasonable notice.
- Notify the HA and the owner in writing 30 days in advance before moving out of the unit or terminating the lease. Notice must be given on or before the 1st of the month.
- Use the assisted unit for residence by the family. The unit must be the family's only residence.
- Promptly notify the HA in writing of the birth, adoption, or court awarded custody of a child.
- Request written approval to add any other person as an occupant of the unit prior to them moving in.
- Give the HA a copy of any owner eviction notice.
- Pay utility bills and supply appliances that the owner is not requested to supply under the lease.
- Provide only **TRUE** and **ACCURATE** information. Report **ALL** changes immediately.

THE FAMILY (INCLUDING EACH FAMILY MEMBER) MUST NOT:

- **Allow anyone to use your address to receive mail.**
- Own or have any interest in the unit *other* than in a cooperative, or the owner of a manufactured home leasing a manufactured *home* space.
- **Commit any serious or repeated violations of the lease.**
- Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- **Participate in illegal drug or violent criminal activity.**
- Sublease or let the unit or assign the lease or transfer the unit.
- Receive Section 8 Tenant-Based Program housing assistance while receiving another housing subsidy, for the same unit or a different unit under other federal, state, or local housing assistance programs.
- Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
- Engage in or threaten abusive behavior toward housing authority personnel.

I have read the above family obligations and I understand my obligations under the programs. I also understand any violation of my family obligations may result in my family's termination from the program.

Tenant Signature

Date

Tenant Signature

Date



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
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Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">• Evicted from your apartment or house:• Required to repay all overpaid rental assistance you received:• Fined up to \$ 10,000:• Imprisoned for up to 5 years; and/or• Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
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Asking Questions	When you meet with the representative about your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
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Completing the Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">◦ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):• Any money you receive on behalf of your children (child support, social security for children, etc.);• Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.):• Earnings from second job or part time job;• Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 204 10.

I/We acknowledge I/We have read and understand the above information

Signature

Date

Signature

Date

NON-DISCRIMINATION POLICY

The Housing Authority of the City of St. Joseph, Missouri has adopted a policy of non-discrimination practices, which prohibits discrimination in the services and facilities provided by the agency, due to race, color, religion, sex, handicap, familial status or national origin.

The Housing Authority of the City of St. Joseph, Missouri further agrees that it will not:

- 1 Engage in any conduct relating to the provision of housing which otherwise makes unavailable or denies dwellings to persons because of race, color, religion, sex, handicap, familial status, or national origin.
- 2 Deny access to or participation in, or to discriminate against any person in his or her access to or participation in, and service, or facility relating to the business of renting a dwelling, or receiving a Home Choice Voucher (HCV) (Section 8), certification and eligibility because of race, color, religion, sex, handicap, familial status or national origin.
- 3 Refuse to negotiate with a person for the rental of a dwelling because of race, color, religion, sex, familial status, or national origin, or to discriminate against any person in the sale or rental of a dwelling because of handicap.
- 4 Using different qualification criteria or applications, or rental standards or procedures, such as income standards, applications requirements, applications fees, credit analysis or rental approval procedures or other requirements, because of race, color religion, sex, handicap, familial status, or national origin.
- 5 Make, print or publish, or cause to be made, printed or published, any notice, statement or advertisement with respect to the rental of a dwelling or issuance of a Home Choice Voucher (HCV) (Section 8) that indicates any preference, limitation or discrimination because of race, color, religion, sex, handicap, familial status or national origin.

Tenant Signature(s)

Date

Tenant Signature(s)

Date

Landlord Signature(s)

Date

Declaration of Section 214 (Citizen or Immigrant} Status

Notice to applicants and tenants: In order to be eligible to receive housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully sign and return to the Housing Authority's Admission Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I _____ certify, under penalty of perjury that to the best of my knowledge I
lawfully reside within the United States because. (Please check the appropriate line below)

Print First Middle Last
 I am a citizen by birth, a naturalized citizen or a National of the United States, or

I have eligible immigration status and I am 62 years of age or older. Attached is evidence of proof of age or

I have eligible immigration status as checked below. (Attach INS document(s) evidencing eligible immigration status and signed verification consent form.)

Immigration status under 101 (a) (15) or 101 (a) (20) of the Immigration and Nationality Act (INS) or

Permanent residence under 249 of INA. or

Refugee, asylum, or conditional entry status under 207, 205, or 203 of the INS or

Parole status under 212 (d) (5) of the INA or

Threat of life or Freedom under 243 (h) of the INA. or

Amnesty under 245 of the INA

Signature of Family Member

Date

Check here if signature is that of an adult residing in the unit *who is* responsible for a minor child named on this statement.

Instructions to Family Member for Completing Form. Print or Type First, Middle, and Last Name. Place an "X" or "✓" in the box below the signature line if the signature is that of an adult residing in the unit and who is responsible for the child named at the top of the form.

FOOTNOTE: 1/Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both

HA: Enter INS/SAVE Primary Verification # _____ Date: _____

HOUSING AUTHORITY OF THE CITY OF ST JOSEPH
P O BOX 1153, 2902 S. 36TH ST.
ST. JOSEPH, MO 64502
PHONE (816) 236-8200, FAX (816) 236-8214

DATE _____

To Whom It May Concern:

_____, Social Security Number ___-__-____ was recently in our office to apply for Home Choice Voucher Assistance. According to the information they gave us, they have received some form of rental assistance from your agency.

In compliance with HUD Regulations, we are verifying that this applicant is in good standing with your agency before allowing them to participate in our program.

Please complete and return this letter at your earliest convenience. Thank you in advance for your cooperation.

Applicant's signature _____

Applicant's signature _____

By signing this, tenant is giving permission to release all information regarding their participation.

HOUSING AUTHORITY REPRESENTATIVE

DATE

Did this applicant participate in a Section 8 program with your agency? YES__NO__

Did this applicant participate in a public housing program? YES__NO__

If public housing. were they evicted? YES__NO__

Were there any violations of Family Obligations rules? YES__NO__

Did the assistance terminate due to violations? YES__NO__

If so, is there a penalty period?_____ If yes, how long? _____

Do they owe any rent money to a Section 8 landlord? YES__NO__

Do they owe any money to your office? YES__NO__

Notes or Comments:

Signature _____ Title _____ Date _____

Name Company / Complex _____ Phone _____

