

Housing Authority City of West Plains

302 Walnut Street, Apt. 1000
West Plains, Missouri 65775
Phone 417-256-6663
Fax 417-256-5176
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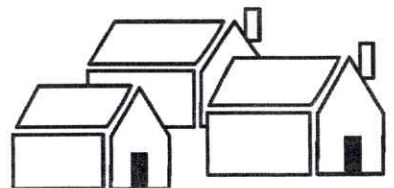
Application for Housing Assistance Public Housing and Section 8

The goal of the West Plains Housing Authority (WPHA) is to assist in providing affordable housing. We have two programs: **Public Housing** (leased from the WPHA) and **Section 8** (leased from a private landlord). The rent is based on 30% of the applicant's adjusted income, 10% of the applicant's non-adjusted income, Flat Rent, or Minimum Rent (\$50.00).

Instructions:

Please read the following information thoroughly before completing the application.

- You must complete the application using an ink pen only, ensuring that you print clearly and legibly. **All questions must be answered completely. Incomplete applications will not be accepted.**
- You must be at least eighteen (18) years of age to apply for housing with the West Plains Housing Authority (WPHA)- (exception being if you are an emancipated minor).
- Applications may be submitted at the WPHA office, located at 302 Walnut Street- Apt. 1000; West Plains, MO 65775. You may also mail your completed application to this address or email it to wphahome@gmail.com. Faxed applications may be sent to 417-256-5176.
- When you turn in your completed application, you will be placed on the requested waiting lists that you qualify for (pending final eligibility). Placement is in order of the date and time the application is received. The waiting list will then be sorted according to unit type and size. Once your name comes closer to the top of the waiting list, you will be scheduled for an application interview to determine final program eligibility.
- If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority Executive Director, Mandy Pitts, at 417-256-6663.



HOUSING AUTHORITY OF THE CITY OF WEST PLAINS

Requirements for all Housing Assistance Applicants

- ☐ Birth Certificate for each member of the family
- ☐ Social Security Cards for each member of the family
- ☐ Driver's License or Photo ID
- ☐ Vehicle License Number
- ☐ Marriage License
- ☐ Divorce decree or proof of custody arrangements
- ☐ Three personal references
- ☐ Military service dates and numbers, DD FORM 214
- ☐ Names and addresses of former landlords
- ☐ Employer name and complete mailing address
- ☐ Current bank statement
- ☐ Copy of SS/SSI letter (showing if you pay Medicare premium or not)
- ☐ Proof of pensions/VA
- ☐ Proof of TANF
- ☐ Child support printout with Case ID Number
- ☐ Proof of medical insurance
- ☐ Medicine printout from the pharmacy for the past full year (if you pay prescription copays)
- ☐ Other _____

I fully understand that if the above information is not returned to the office by the required deadline, my application will be CANCELLED.

Applicant's Signature

Date

WPHA Use Only:

Date and Time of Application Interview

Application for Housing Assistance

Public Housing and Section 8

(Completing this application does not entitle you to rental assistance or housing. Final determination of your eligibility will be completed at a later date.)

Please print clearly using an ink pen only. All sections must be completed or the application will not be accepted.

<u>Head of Household Information</u>		<u>Name & Address of Head of Household</u>	
Social Security Number _____ - _____ - _____ _____ Date of Birth (mm/dd/yy) (_____) _____ Area Code Telephone Number (_____) _____ Area Code Telephone Number (other)		_____ Last Name First Name MI _____ Mailing Address (street) _____ Apartment Number _____ City State Zip	
<u>Sex</u> ☐ Female ☐ Male	<u>Race</u> ☐ Black/African American ☐ Asian/Pacific Islander ☐ White ☐ Indian/Alaskan ☐ Other (please specify) _____	<u>Ethnicity</u> ☐ Hispanic ☐ Non-Hispanic	Years of School Completed _____ City and State of Birth: _____
The WPHA offers two programs, Public Housing and Section 8. In Public Housing, the WPHA owns the property and is your landlord. The Section 8 program provides rental assistance with a private landlord. The waiting lists differ for both programs. Please indicate below which program waiting list you would like to select. <u>An applicant may choose both programs, and will be offered the first available opening.</u> If you have questions about the program choices, please speak to a WPHA staff member when submitting your application. ☐ Public Housing Family Units ☐ Public Housing High Rises ☐ Section 8 Only ☐ All Waiting Lists			

Household Family Members (Please list all persons who will be living with you. Please include yourself on the top line.)

Name	Age	City and State of Birth	Date of Birth	Social Security #	SEX	Race

Do you have a legal right to be in the United States?

- ☐ Yes, because I am a US Citizen.
- ☐ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services.
- ☐ No

Drivers License or State ID Number Applicant: _____ Co-Applicant: _____
 Automobile: Year _____ Make _____ Model _____
 License Plate Number: _____

Is the applicant family displaced by domestic violence? Yes _____ No _____

Family Income Information:

YES NO Do you (head of household or other family members):

- ___ ___ Work full time, part time, or seasonally?
- ___ ___ An adult family member is in a job training program, including one required under welfare?
- ___ ___ Is any adult family member enrolled in a full-time educational program?
- ___ ___ Expect to work for any period during the year?
- ___ ___ Work for someone who pays you cash?
- ___ ___ Expect a leave of absence from work due to layoff, medical leave, or military leave?
- ___ ___ Now receive or expect to receive unemployment benefits?
- ___ ___ Now receive or expect to receive child support?
- ___ ___ Have an entitlement to receive child support that you are not currently receiving?
- ___ ___ Now receive or expect to receive alimony?
- ___ ___ Have an entitlement to receive alimony that you are not currently receiving?
- ___ ___ Now receive or expect to receive public assistance (TANF)?
- ___ ___ Now receive or expect to receive Social Security benefits (SS or SSI)?
- ___ ___ Now receive or expect to receive income from a pension or annuity?
- ___ ___ Now receive or expect to receive regular contributions from groups or individuals outside the unit?
- ___ ___ Receive income from assets, including: interest on checking or savings accounts, interest and dividends from certificates of deposit or investments, stocks or bonds, or income from rental property?
- ___ ___ Currently own real estate?

YES NO

Have you sold or given away real property or other assets (including cash) in the past 2 years? If yes, please explain:

Type of Asset	Date Disposed of	Value	Net Amount Realized
_____	_____	_____	_____
_____	_____	_____	_____

Sources of all family income (please complete all applicable sources, and provide monthly amounts):

Social Security:

SSI/SSDI	\$ _____	Name of Recipient: _____
SS	\$ _____	Name of Recipient: _____

Public Assistance:

TANF	\$ _____	Food Stamps	\$ _____
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Wages:

Name of Person Working: _____
Name of Employer: _____
Address of Employer: _____
Hours per week: _____ Hourly Wage: \$ _____ Date Started: _____

Name of Person Working: _____
Name of Employer: _____
Address of Employer: _____
Hours per week: _____ Hourly Wage: \$ _____ Date Started: _____

Child Support:

Court Order # _____
Amount: \$ _____ weekly/biweekly/monthly (circle one)

Pension/Retirement Benefits:

Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

School Loans or Grants:

Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

Unemployment:

Amount: \$ _____ per week

Other:

Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$ _____ weekly/monthly (circle one)

Received from: Name _____

Address _____

City, State, Zip _____

Assets: List all accounts (checking, savings, IRA, Certificates of Deposit, Keogh accounts) of all household members.

Household Member	Bank Name and Address	Value	Type of Account
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Qualifying for deductions in calculating rent:

1. Is the head of household or spouse age 62 or older, or a person with a disability? ____ Yes ____ No
2. Do you have Medicare? ____ Yes ____ No If yes, what is your monthly premium? \$ _____
3. Do you have another kind of medical insurance? ____ Yes ____ No If yes, provide the name of carrier and premium amount: _____
4. Monthly medical expense: \$ _____ Please provide the name, address, and phone number of someone who can verify the expense: _____

5. Do you have outstanding medical bills which you are making payments on? If yes, list them below:

Household Member	Amount Paid Monthly	Provider's Name and Address
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6. If you are elderly or disabled, please list disability or medical expenses which you would like to be considered when figuring your annual adjusted income. Part or all of these expenses could reduce your annual income and affect how much rent you will pay.

Household Member	Amount Paid Monthly	Provider's Name and Address
------------------	---------------------	-----------------------------

_____		_____

_____		_____

7. Do you have any expenses on behalf of a household member with disabilities which enable an adult in the family to work? ☐ Yes ☐ No If yes, describe the nature of the expense and the monthly amount paid: _____

Please provide the name, address, and phone number of someone who can verify the expense:

8. Do you have child care expenses for children under age 13 that allow an adult family member to work, attend school, or attend job training? ☐ Yes ☐ No If yes, provide the following details:

Child's Name	Total Expense	Provider's Name and Address	You Pay	DFS Pays
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_____		_____		

_____		_____		

_____		_____		

9. Is any member of the household, age 18 or older (other than the family head or spouse), a full-time student or a person with a disability? ☐ Yes ☐ No If yes, name of family member: _____

_____ Please provide the name, address, and phone number of someone who can verify this information:

Screening Questions: Please note that a "yes" answer will not necessarily disqualify you for admission.

1. Have you applied for housing at the WPHA before? ☐ Yes ☐ No ☐ If yes, please list name used and the date when you applied: _____

2. Have you ever been a resident of **any** Housing Authority or received Section 8 or Shelter Plus care assistance? ☐ Yes ☐ No If yes, please identify what Program and provide **location and dates of residency**. _____

3. Have you ever been evicted from Public Housing or Section 8 Housing? ☐ Yes ☐ No
If **yes**, please provide **date** of eviction, **address** and **reason** for eviction. _____

4. Do you have any past-due utility bills? ☐ Yes ☐ No If yes, please list provider and amount owed:

5. Have you or any other person/s listed on this Pre-Application ever been arrested for a felony, misdemeanor, or drug-related crime? ☐ Yes ☐ No
Year of Arrest: _____ Arrested for: _____
City, State, and County where arrested: _____
6. Have you, or any member of the applicant household, ever been convicted of a felony, misdemeanor, or drug-related crime? ☐ Yes ☐ No
Year of Conviction: _____ Convicted of: _____
City, State, and County where convicted: _____
7. Is anyone in your household currently on parole or probation? ☐ Yes ☐ No If yes, please explain:

8. Do you have a pet? ☐ Yes ☐ No If yes, what kind? _____
9. Do you or any other person/s listed on this Pre-Application owe money to a Public Housing Authority or any other Landlord (including Section 8 Landlords)? ☐ Yes ☐ No If yes, please provide the name of the specific **Housing Authority and/or Landlord's name and the complete address for which you owe**.

10. Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program, or service? If so, please list necessary features or accommodations: _____

If you answer "yes" to this question, you will be provided with the "Verification of Disability and Need for Reasonable Accommodation" form that must be completed by you and a third party professional, such as a doctor, nurse, social worker, or service agency counselor.
11. Does a household member require a live-in aide? ☐ Yes ☐ No If you answer "yes" to this question, you will be provided with the live-in aide policy, as well as the "Verification of Disability and Need for Reasonable Accommodation" form that must be completed by you and your physician.

Residential History (where you have lived during the past 5 years):

Current Address:	From	To	Rent \$	Utilities \$	Landlord Name and Address

Next Prior Address:	From	To	Rent \$	Utilities \$	Landlord Name and Address

Next Prior Address:					_____

Next Prior Address:					_____

Next Prior Address:					_____

Contacts and Personal References:

List 2 relatives or friends who generally know how to contact you:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

List 3 personal References:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian Information: If you have a guardian, he/she must attend your application interview.

Please complete if you have a Guardian or payee:

Name _____ Phone Number: _____

Address _____

Should paperwork be sent to you, your guardian, or your payee? _____

In case of emergency, please notify (Required):

Name _____ Relationship _____

Address _____

Phone Number _____

NOTE: I understand that this is not a contract and does not bind either party. I have no objections to inquiries for the purpose of verifying the facts stated herein.

I understand that by completing and submitting this application, that it is not an offer for housing and/or housing assistance and that I should not make any plans to move or end my present tenancy based on this form. I also understand that it is my responsibility to inform the West Plains Housing Authority of any change in address, phone number, household income, household composition, and/or disability/elderly status, and that failure to comply may affect my placement on the waiting list/s or result in my application being withdrawn. I do hereby certify that all

information that I have provided on this application is complete and accurate to the best of my knowledge and belief. I understand that the information will be verified and understand that any false statements or misrepresentations on this application will be just cause to disqualify my application for housing assistance. I am also aware that submitting false information is fraud and may result in loss of current/future housing assistance, assessment of fines, and/or imprisonment.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Additional Adult Signature _____

Date _____

Additional Adult Signature _____

Date _____

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

This Section is for WHPA use only

Interview Completed by: _____

CERTIFICATION: On the basis of the information contained and verified herein, the above named applicant has been found to be:

_____ Eligible for Admission

_____ Ineligible for Admission

_____ Title _____ Date _____

Remarks: _____

Number of bedrooms needed: _____ Type of Housing Needed: _____ Elderly/Disabled _____ Family (1 or more persons, elderly or disabled)

Interviewer remarks:

U.S. Department of Housing and Urban Development Office of Inspector General

Things you Should Know

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

Penalties for Committing Fraud

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:

- 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.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is. When you give your answers to application questions, you must include the following information:

INCOME

All sources of money you and any member of your family receive (Wages, welfare payments, alimony, social security, pension, etc.)
Any money you receive on behalf of your children (Child Support, Social Security for your children, etc.)
Any other income

Assets

All bank accounts, savings bonds, certificates of deposit, stocks, real estate, Etc., that are owned by you and any adult member of your family/household Who will be living with you.

Family/Household Members

The names of all 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 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 pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.

Any family/household member who has moved in or out.

All assets that you or your family/household members own and any asset 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.

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 project or PHA. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Was If you cannot report to the manager, call the local HUD office or the HUD HOTLINE ON (202) 472-4200. Washington D.C. 20410.

APPLICANTS SIGNATURE

OTHER ADULT SIGNATURE

HUD Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are 18 and over must provide the Housing Owner with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD and a Public Housing Agency (PHA) may verify the information you provide by checking with the records kept by certain public agencies (IRS, Social Security Administration, and the State agency that keeps wage and unemployment compensation claim information).

You give your consent to the release of this information by signing form HUD-9887.

Only HUD and the PHA can receive information authorized by this form.

2. The Owner must verify the information that is used to determine your eligibility and the amount of rent you pay.

You give your consent to the release of this information by signing the form HUD-9887-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the Owner can receive about you.

Example: The amount of income you receive helps to determine the amount of rent you will pay. The owner will verify all of the sources of income that you report.

Example: There are certain allowances that reduce the income used in determining tenant rents. Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the owner is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the owner cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the PHA or the Owner is subject to State privacy laws. Employees of HUD, the PHA, and the Owner are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887 or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The Owner will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the Owner shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the Owner may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The Owner must tell you, or a third party which you choose, of the findings made as a result of the Owner verifications authorized by your consent. The Owner must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3. However, for information received under the form HUD-9887, HUD, the PHA, or the Owner may inform you of these findings.

Owners must keep tenant files in a location that ensures confidentiality.

Any employee of the Owner who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD requires the Owner to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. The fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the Owner must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the Owner must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the Owner. See paragraph 17 of your Lease.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs
(administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Owners must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Personal Declaration

THIS FORM MUST BE COMPLETED **IN INK AND IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION. PLEASE READ EACH QUESTION CAREFULLY.

Street Address: _____ Home Phone: _____
City, State, and Zip: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Emergency Contact: _____ Contact Phone: _____

This is an application/declaration for a federally subsidized rental assistance or public housing program that is based on income and household composition. Intentional misrepresentation is considered FRAUD and is punishable by fines and/or imprisonment. I/We, the undersigned, authorize release or verification for the information supplied on this application. By signing this application, I agree that a criminal background check may be obtained on all adult members of by household, which includes records on Felonies, Misdemeanors, Arrests, Charges, Citations, or Convictions.

Household Members- List Head of Household First

Name as it Appears on SS Card	Date of Birth	Age	Relationship	Race	Sex	SS Number
#1:			Head			
#2:						
#3:						
#4:						
#5:						
#6:						
#7:						
#8:						
#9:						

General Information (Check all that apply)

_____ You (or a household member) have been evicted from or owe money to another Public Housing Authority.
_____ You (or a household member) have been convicted as a sex offender or of manufacturing methamphetamines.
_____ You (or a household member, or anyone else) has moved in or out of your home in the past 12 months.
_____ You (or a household member) have a social/caseworker or other person that helps you with your housing paperwork.
Name: _____ Phone: _____ Organization: _____

VERIFICATION OF CHILD SUPPORT, FOOD STAMPS, AND TANF THROUGH THE STATE OF MISSOURI, CAN BE ACCESSED WITH AN ONLINE ACCOUNT.

_____ You (or a household member) have an online account. The case number(s) are:

**Report ALL changes in income and household composition, in writing, within TEN DAYS.
If you do not report all income, housing assistance will end, and you must repay. It's the law!**

HOUSEHOLD INCOME AND ASSETS- Please read each statement and all questions carefully!

Documentation must be provided, and must be less than 60 days old.

Do you or any household member receive income? ☐ **Yes** ☐ **No** Examples include but are not limited to:
Employment/Wages/Earnings, Unemployment, Worker's Compensation, Social Security (SS), Supplemental Security Income (SSI),
Disability Income (other than SS or SSI), Alimony, Retirement/Pensions, Child Support, TANF.

Family Member	Source of Income	Gross Amount (before taxes/deductions)	How often paid
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If you reported income from an employer, where are you employed? _____
How many hours per week? _____ Hourly Wage? _____

Check all that apply

☐ Someone pays any family bills or expenses, gives you or a family member money, or helps contribute financially in some way. If CHECKED, a statement from the provider must be given to the WPHA. This should include the provider's name, address, phone number, how often they contribute, and the dollar value they contribute. This includes voluntary child support or help from absent parents.

- ☐ You (or a family member) receive Child support (court-ordered or voluntary). Amount: _____
- ☐ You (or a family member) receive TANF. Amount: _____
- ☐ You (or a family member) are required to attend education or work programs.
- ☐ You (or a family member) receive food stamps. Amount: _____
- ☐ You (or a family member), age 18 or older, attends school. Provide school schedule.
- ☐ You (or a family member) are involved in a Work Study or job training program. Type: _____
- ☐ You (or a financial member) receive Financial Aid (Pell Grant, Student Loans, etc.). Amount and Type: _____

Asset Information (check all that apply):

- ☐ You (or a family member) have sold or purchased any real estate in the past 12 months.
- ☐ You (or a family member) have total assets of \$5,000 or more (bank accounts, CD's, Stocks, Bonds, Trusts, Investments, Real Estate, Boat, Motor, or Mobile Home)
- ☐ You (or a family member) have a checking or savings account.
- ☐ You (or a family member) own a vehicle. Make: _____ Model: _____ Year: _____ License Number: _____
- Second Vehicle: Make: _____ Model: _____ Year: _____ License Number: _____

Expenses (check all that apply):

- ☐ Medical Expenses- the head of household or spouse is elderly, handicapped, or disabled.
- ☐ Medical Expenses- You or a family member pay for prescriptions and have included a pharmacy printout.
- ☐ Medical Expenses- I or a family member pay for a prescription drug plan and have included proof of cost.
- ☐ Medical Expenses- I or a family member have other medical expenses and have included proof of expenses/costs.
- ☐ I understand that I may not claim medical expenses for which I receive reimbursement.
- ☐ A family member under 13 years old is in child care.
You must provide a statement from the provider with name, address, phone number, how often childcare is paid, and how much is paid.
- ☐ The family receives childcare assistance. Please provide printout.

I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from admission or participation. It may also be grounds for denial or termination of assistance. I also understand that ANY CHANGES in the household income, assets, or composition must be reported to the West Plains Housing Authority IN WRITING WITHIN 10 DAYS. I understand that all materials furnished become the proper of the WPHA. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Signature of Head and Date: _____

Signature of Spouse and Date: _____

Signature of Other Adult and Date: _____

Signature of Other Adult and Date: _____

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.