

## 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](mailto: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
- Divorce decree (only for proof of custody arrangements or child support)
- 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.*

<p style="text-align: center;"><b><u>Head of Household Information</u></b></p> <p style="text-align: center;"><b>Social Security Number</b></p> <p style="text-align: center;">_____ - _____ - _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date of Birth (mm/dd/yy)</p> <p style="text-align: center;">(____) _____</p> <p style="text-align: center;">Area Code Telephone Number</p> <p style="text-align: center;">(____) _____</p> <p style="text-align: center;">Area Code Telephone Number (other)</p>		<p style="text-align: center;"><b><u>Name &amp; Address of Head of Household</u></b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Last Name                      First Name                      MI</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Mailing Address (street)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Apartment Number</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">City    State    Zip</p>	
<p><b><u>Sex</u></b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p><b><u>Race</u></b></p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Indian/Alaskan</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p><b><u>Ethnicity</u></b></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p>	<p>Years of School Completed _____</p> <p>City and State of Birth: _____</p>
<p>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. <b><u>An applicant may choose both programs, and will be offered the first available opening.</u></b> If you have questions about the program choices, please speak to a WPHA staff member when submitting your application.</p> <p style="text-align: center;"><input type="checkbox"/> Public Housing Family Units <input type="checkbox"/> Public Housing High Rises <input type="checkbox"/> Section 8 Only <input type="checkbox"/> All Waiting Lists</p>			

**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 \$ \_\_\_\_\_

**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
_____	_____ _____		
_____	_____ _____		
_____	_____ _____		
_____	_____ _____		

**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
_____		_____ _____
_____		_____ _____

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
		_____		
		_____		
		_____		
		_____		
		_____		
		_____		

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: