



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203

Office: (573) 443-2556 ♦ TTY: (573) 875-5161 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

APPLICATION FOR McBaine Townhomes

Welcome to the Columbia Housing Authority. In order to be considered for an apartment in the McBaine Townhomes community, a completed application with required documentation must be submitted. Applications for McBaine Townhomes may be picked up at 201 Switzler St. Monday through Friday from 8:00 a.m. to 5:00 p.m.

What do you need to have?

Bring in a completed application with a \$35.00 non-refundable processing fee.

- You must have the ability to get utilities turned on in your name immediately when offered a townhome to rent.
- You must pass the criminal background check.
- You must pass the credit reference check.

Be ready for an interview where you will provide:

- Complete rental history for the last 5 years (whether you have lived with someone or rented in your own name): list where you lived, who paid the rent, who was the landlord, what is their address/phone number, and whether you were helped with the payment through a program like Section 8 or Public Housing
- Full information about the persons who will be living with you: Birth certificates, social security cards, picture identification for everyone 18 and older. Birth certificates and social security cards for everyone 17 and under.
- Full information about the income in your household: all forms of money coming into your household—employment wages, unemployment, TANF, gifts, Social Security, pensions, retirement, disability payments, veterans checks, interest from bank accounts, etc.

To better serve our clientele, **completed applications** for McBaine Townhomes will be accepted only by McBaine Townhomes Manager Lee Radtke, at the Administration Building at 201 Switzler Street, Columbia, Missouri 65203.

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.

Thank you for your interest in housing opportunities with the Columbia Housing Authority. Please contact the Director of Housing Programs listed above, with any questions or concerns. We look forward to serving you!

DOCUMENTS NEEDED

ALL the documents listed below must accompany the completed application. Applications submitted without the required documents will **not** be accepted.

Photo Identification

Driver's License, State Identification Card, Veterans Administration Card, EBT Card, Passport, and/or Green Card.

Social Security Card

If the Social Security card is not available, a letter from the Social Security Administration will be accepted.

Income Verification

Including, but not limited to, all Social Security, Temporary Assistance to Needy Families (TANF), wages/employment income, child support, unemployment and/or retirement benefits.

Birth Certificates and Social Security cards must be provided for everyone 17 and younger.

PERSONAL REFERENCES

I understand this is an application for a federally-subsidized housing unit. The following names and addresses are of individuals who can attest to my ability live up to the obligations of a lease, and who can serve as personal references for me and/or my family. Full addresses are required for this application to be complete.

My signature gives permission to CHA to research and investigate any statement I make on this application.

Applicant Signature _____ **Date** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

City/State _____ **# of Years Known** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

City/State _____ **# of Years Known** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

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<PLEASE PRINT and USE BLACK OR BLUE INK>

APPLICATION FOR SERVICES

FOR PHA Use Only: Pre-App Full App S8 PH S+C TBRA Other McBaine Townhomes
Date: _____ Time: _____ AM/PM BDRMs: _____ Application #: _____

Name of Head of Household: _____

Name of adult Co-head of Household: _____

Current address, Street, Apt. #: _____

Current City, State, and Zip: _____

Current Area Code, Home & Work Phone #s: _____

For Statistical Purposes Only

Race of Head: Caucasian/White African-American/Black Asian
 Native American/Alaskan Native Hawaiian/Other Pacific Islander
Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with you, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those persons listed on this form may live in the unit.

	First Name & Last Name (if different from Head's)	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: City/State or Country	Race
1					Head			
2								
3								
4								
5								
6								
7								
8								

Please use additional sheets, if necessary, to list all persons who will live in the unit.

Does anyone live with you now who is not listed above? Yes No

Does anyone plan to live with you in the future who is not listed above? Yes No Explain if you answered yes to either question:

How many people live in your unit now? _____ How many bedrooms do you have? _____

Do you wish to move? Yes No If yes, why? _____

Are you separated but not yet divorced from your spouse? Yes No

Please identify any special housing needs your household has:

Do you have the right to legally enter into a lease? Yes No

Do you have a payee, a guardian, or a conservator? Yes No If yes, please put name, address, and phone information here:

Does anyone have power of attorney for you? If yes, name, address & phone: _____

Do you own any pets? (Restrictions may apply) Yes No

****Acceptance of this application does not approve a pet.**

Do you require a live-in care attendant? Yes No

Do you carry renters' insurance? Yes No

Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this? Please give name, address, and phone number: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts on the next page.

Yes or No Does any member of your household:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Work full-time, part-time, or seasonally? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expect to work for any period during the next year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Work for someone who pays them cash? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive child support? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have a court order to receive child support that he/she is not receiving? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive alimony? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have a court order to receive alimony that is not currently being received? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive public assistance/welfare/TANF/food stamps/cash benefits? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive Social Security benefits? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive VA or veteran's benefits? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? |

Is any adult family member employed? Yes No If yes, which family member and the name, address & phone # of employer:

Family member _____ Employer Info _____

Family member _____ Employer Info _____

Is any adult family member enrolled in a job training program, including one required under the welfare program? Yes No If yes, which family member? Please give program name, address, and phone #:

Family member _____ Training Program Info _____

Is any adult family member enrolled in an education program full-time? Yes No If yes, what program? Please give which family member, and program name, address and phone #:

Family member _____ Education Program Info _____

TOTAL HOUSEHOLD INCOME CHART			
	HH Member First & Last Name	Source/Type of Income	Annual Income
1			
2			
3			
4			
5			
6			
7			
8			

Please use additional sheets, if necessary, to list income sources of all persons who will live in the unit.

Please answer each of the following questions.

Yes or No Does any member of your household have any of the following:

- Yes No Checking account? Where? _____ Value \$ _____
- Yes No Savings account? Where? _____ Value \$ _____
- Yes No Trust? Where? _____ Value \$ _____
- Yes No CD (Certificate of Deposit) Where? _____ Value \$ _____
- Yes No Mutual Fund Where? _____ Value \$ _____
- Yes No Stocks Where? _____ Value \$ _____
- Yes No Savings Bonds Where? _____ Value \$ _____
- Yes No Annuities Where? _____ Value \$ _____
- Yes No Cash on hand? Where? _____ Value \$ _____
- Yes No Life Insurance with a cash value? (This does not include term insurance.)
Company _____ Value \$ _____
- Yes No Do you own any Real Estate (residence, farm, vacation home, land, mobile home or rental property)? Where? _____ Value \$ _____
- Yes No Have you disposed of any assets in the last 2 years for less than fair market value? Do not include clothing, cars, or household goods unless they are part of a collection or collectibles with value. What? _____ When? _____

HOUSING HISTORY

Housing References: List ALL landlords in the past five years. Include **any locations you stayed** at even if you were not the leaseholder. This application is unacceptable if not completed in full. If extra space is needed, please attach a separate sheet of paper. CHA will contact prior landlords for references. Your signature on this application gives CHA permission to request references from landlords.

Present address, street, apartment # _____

Present city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Current landlord's name and phone # _____

Current landlord's address, street, apartment # _____

Current landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

SCREENING QUESTIONS

A "yes" answer will not necessarily disqualify you for admission.

Have you or any household member ever been convicted of fraud in a housing program?

Yes No If yes, where _____ When? _____

Have you ever been evicted from housing? Yes No If yes, Why? _____

Do you owe any money to any housing authority? Yes No

If yes, where: _____

Do you have any past due utility bills? Yes No If yes, please describe and give amount owed and to whom:

Have you or any member of the household ever been arrested or convicted of a crime?
 Yes No If yes, please explain the nature of the problem and who was involved:

Have you ever lived in public housing before? Yes No

If yes, What agency (Name, city, state, and zip) _____

Where was your residence? Street, Apt #, city, state, zip _____

Whose name was the Head of Household? _____

Dates: From _____ To _____

Have you ever received Section 8 assistance before? Yes No

If yes, What agency (Name, city, state, and zip) _____

Where was your residence? Street, Apt #, city, state, zip _____

Whose name was the Head of Household? _____

Dates: From _____ To _____

Have you or any household member ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol? Yes No

If yes, please explain the nature of the problem and who was involved:

Are you or any household member **currently** charged with any crime (misdemeanor or felony)? Yes No

If yes, please explain the nature of the problem and who was involved:

Are you or any household member currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No

Is anyone in your household currently on parole or probation? Yes No If yes, please explain:

Is anyone in your household currently wearing or required to wear an electronic monitoring device (bracelet)?

Yes No If yes, please explain: _____

Is any household member a veteran of the armed forces? Yes No If yes, what branch of service?

_____ Honorable discharge? Yes No

Dates of service: From _____ To _____

Drivers License or State ID #:

Applicant: _____ Co-Applicant: _____

Vehicle: Year _____ Make _____ Model _____ License# _____

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.

NOTE to Applicants: 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.

Violence Against Women Act of 2005 (VAWA): All information provided to CHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

Discrimination: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Toll-Free Hotline at 1(800) 743-5323.

This application is not a rental agreement, contract or rental lease agreement. All applications are subject to the approval of the Columbia Housing Authority.

VIOLENCE- and DRUG-FREE ZONES: It is our aim to ensure that our programs maintain communities that are violence- and drug-free zones. The use, possession, manufacture and/or sale of controlled substances will not be tolerated. By signing this application form, I verify my support for this policy.

CRIMINAL HISTORY: By signing this application, I understand that CHA will be conducting criminal background checks on all household members age 18 and over. I give complete authorization to CHA to make such checks.

REFERENCES: By signing this application, I understand that any and all persons listed herein may be contacted for reference as it pertains to my housing. I give complete authorization to CHA to make such contacts.

Applicant Signature Date

Spouse or Co-Head or Other Adult Date

Other Adult Date

Other Adult Date

Staff Signature/Position Date