



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203
Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051 ♦ www.ColumbiaHA.com

Important Information

Applying for a Housing Choice (Section 8) Voucher

The Columbia Housing Authority (CHA) will accept pre-applications for placement on the Housing Choice (Section 8) Voucher Program Waiting List as follows:

- Beginning:** Monday, September 20, 2021 @ 8:00 AM Central Time
- Ending:** The waiting list will remain open as long as it is manageable
- Place:** Columbia Housing Authority's Administration Building
201 Switzler St, Columbia, MO 65203

Pre-Applications must be submitted in person and the applicant will be assigned to the Waiting List according to the date and time the application is received.

DO NOT FAX OR MAIL YOUR PRE-APPLICATION

Application Preferences: CHA gives preference to applicants who meet the following qualifications:

The Head, Co-Head, Spouse or Co-Habitant of the Household...

- Is a person with a disability, or
- Is elderly, (62 years of age or older)

If you wish to claim a preference on your pre-application form, you must provide verification that you qualify for the preference and you will be placed on the Waiting List first by preference and then by the date and time the application is accepted.

Applications Must Be Complete: It is the responsibility of the applicant to provide all required information and answer all questions completely on the pre-application form. The following documents **MUST** be included with your pre-application for every household member:

Social Security Card, Birth Certificate

For household members 18 and older, you must also provide a **Photo ID**

If your pre-application form is incomplete, not signed, or does not contain all the required information and documents, it will not be accepted. There will be no exceptions.

Contact Information: Please note that it is your responsibility to notify CHA in writing of any changes in your mailing address or preferences. If you fail to do so and we are unable to contact you by mail, your name will be removed from the waiting list.

Checking Your Name on the Waiting List: Your application may take a few weeks to be processed and placed on the waiting list. To check your position on the waiting list, you may call (573) 443-2556 and press "0". You must provide the last four of your SSN and the address listed on the application in order to receive this information.

Eligibility: Applicants must be determined eligible and qualify within the regulations of the U.S. Department of Housing and Urban Development and CHA policies. Being placed on the Housing Choice (Section 8) Voucher Waiting List **does not guarantee that you will receive rental assistance.** When your name reaches the top of the list, all household members 18 years of age or older, will be screened in accordance with CHA policies.

CHA does not discriminate on the basis of race, color, national origin, ancestry, sex, religion, disability, marital status, sexual orientation, gender identity, age, and familial status. 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 Columbia Housing Authority.





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Pre-Application
Section 8
Housing Choice Voucher

PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK, OR TYPE ANSWERS

Date and Time Stamp

1. Fill in your correct full name, and current address (including apt number), city, state, ZIP code, & telephone number.

Name: _____ (last) _____ (maiden name) _____ (first) _____ (middle) _____ Date: _____

Address: _____ (Street Address & Apartment Number) _____ (State) _____ (ZIP code)

Telephone: _____ (If you have no phone number, please give phone number of nearest relative or friend)

2. List all members of your family that will be living with you and complete the table.

Member's Full Name	Relationship to Head	Date of Birth	Place of Birth (city/state)	Gender	Race	Hispanic Yes/No	SSN
1. _____	Self / Head	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____

2A. Do you or your spouse receive disability income? Yes No If Yes, please list who: _____

3. Check all sources of income that apply to your family and indicate the GROSS amount received per month.

Source	Monthly Amount Received	Name:	Hours Worked/Week:
<input type="checkbox"/> Public Aid, TANF, Food Stamps	_____	_____	_____
<input type="checkbox"/> Social Security or SSI (Circle which one applies)	_____	Name of Employer: _____	Phone: _____
<input type="checkbox"/> Pension	_____	Employer Address: _____	_____
<input type="checkbox"/> Employment	_____	Name: _____	Hours Worked/Week: _____
<input type="checkbox"/> Unemployment	_____	Name of Employer: _____	Phone: _____
<input type="checkbox"/> Child Support	_____	Employer Address: _____	_____
<input type="checkbox"/> Other	_____	Name: _____	Hours Worked/Week: _____

4. Have you or has anyone in your household ever been HELPED WITH RENT by any program in the past? Yes No

If Yes:

- a. With which Public Housing Authority? _____
b. Under what program? Section 8 Certificate or Voucher
 Public Housing
 Any Other (please specify): _____

5. Do you or does anyone in your household owe money to any housing authority or HUD program? Yes No

If Yes, which Public Housing Authority or HUD program? _____

6. Is anyone in your household disabled? Yes No

7. Are you experiencing homelessness? If so, Please Describe: _____

Signatures

All information above must be verified when your application is processed. You are required to notify the Housing Authority in writing should your family size, income, telephone number or address change. If we cannot contact you at the address above, your name will be removed from the waiting list and you will have to reapply when the waiting list re-opens.

I/We certify that the information provided is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are 1) punishable under federal law, 2) grounds to deny eligibility for assisted housing, and/or 3) cause for termination of tenancy. We understand that we are giving permission for a criminal background check to be performed by signing this application.

PLEASE SIGN/DATE HERE → _____ (Signature of Applicant) _____ (Printed Name) _____ (Date)

If non-citizen, please give Alien Identification Number: _____

PLEASE SIGN/DATE HERE → _____ (Signature of Spouse/Other Adult Household Member) _____ (Printed Name) _____ (Date)

If non-citizen, please give Alien Identification Number: _____

I/We certify that we are providing this application to the Columbia Housing Authority upon the request of the individual who is listed and has signed as the Applicant above.

PLEASE SIGN/DATE HERE → _____ (Signature of Person/Agency Delivering Application) _____ (Printed Name) _____ (Date)

Application reviewed by _____		FOR OFFICE USE ONLY	
Employment verification provided and reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by: _____	Posted Date _____
Exited Institution: <input type="checkbox"/> Yes <input type="checkbox"/> No			