



Housing Authority of the City of Fulton Missouri

350 Sycamore St.—P.O. Box 814—Fulton, Missouri 65251

Tel (573) 642-7611—Fax (573) 642-4260

ALL FHA PROPERTIES ARE SMOKE-FREE

EFFECTIVE DECEMBER 1, 2017

***** **FHA IS CONDUCTING **INTERVIEWS BY TELEPHONE**** *****

COMPLETED APPLICATIONS ARE ACCEPTED DAILY

MONDAY THRU FRIDAY 8AM TO 5PM.

ALONG WITH YOUR COMPLETED APPLICATION, PLEASE BRING COPIES OF THE FOLLOWING DOCUMENTS:

- **SOCIAL SECURITY CARD (ADULTS & CHILDREN)**
- **CURRENT PHOTO ID (OVER 18)**
- **BIRTH CERTIFICATE (ADULTS & CHILDREN)**
- **PROOF OF INCOME**
- **PROOF OF FOODSTAMPS, TANF**
- **CHILD SUPPORT WITH CASE NUMBER**
- **PROOF OF CHECKING ACCOUNT AND/OR SAVINGS ACCOUNT**

ALL ADULTS ON THE APPLICATION MUST BE PRESENT FOR THE INTERVIEW

OMITTING ANY INFORMATION, ESPECIALLY INCOME OR PRIOR LANDLORD HISTORY, WILL DELAY THE APPLICATION PROCESS.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ANY FALSE INFORMATION, GIVEN KNOWINGLY OR UNKNOWINGLY, CAN AND WILL RESULT IN YOUR APPLICATION BEING NULLIFIED.

THIS SECTION IS FOR OFFICE USE ONLY

PICK UP DATE _____ INTERVIEW DATE _____

PICK UP TIME _____ INTERVIEW TIME _____

APPLICATION NUMBER _____ PH _____ S8 _____

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We will provide assistance to individuals with a handicap or disability to ensure equal access to this document. If you require assistance or help in understanding this document we will provide assistance. You must notify this office to arrange for assistance.

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy. Do not leave blank any section of the application. **IF A SECTION DOES NOT APPLY TO YOU ENTER "N/A"**

Name of Head of Household: _____

Physical Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Apt #: _____

In Care Of: _____ City: _____ State: _____ Zip: _____

Phone: _____ Message Phone: _____ Email Address: _____

REQUIRED: ORIGINAL SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS AND STATE PICTURE ID FOR ALL ADULTS 18 OR OVER MUST BE SUBMITTED WITH THIS APPLICATION. FHA WILL MAKE COPIES FOR YOU IF NEEDED. ORIGINAL BIRTH CERTIFICATE FOR EACH HOUSEHOLD MEMBER IS REQUIRED AT TIME OF LEASING SIGNING.

If applying for Public Housing:

Fulton Housing Authority's Public Housing Program shall be **Smoke-Free** property wide community effective December 1, 2017 as required by HUD referred to in CFR 24 Part 965 Subpart G section 965-651, 965.653 and 965.655. Also, CFR 24 Part 966.4 for required revisions in FHA lease.

All Housing Authority programs involve waiting lists and therefore we do not have emergency housing.

I am applying for the following program(s): **PLEASE CHECK ONE**

- Public Housing Only** (Federally-Assisted Housing: rental program based on income, family composition and eligibility. The apartments are owned and operated by FHA, the landlord.)
- Section 8 Only** (Housing Choice Voucher Program: income based rent payment assistance program managed by FHA. If found eligible for this program and you have an eligible voucher, you are required to find a private landlord willing to participate in the program and rent to you a property located within the city limits of Fulton, that meets HUD requirements.)
- Public Housing & Section 8**

Violence Against Women Act (VAWA): The FHA will not deny you housing based on any adult listed on this application being a victim of VAWA issues involving domestic violence, dating violence, stalking or sexual assault. All information provided to FHA regarding VAWA issues will be retained in confidence and may neither be entered into any shared database 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.

Are you or any person listed on this application in an issue pertaining to "Violence Against Women Act 2013" (VAWA)?

Yes No

HOUSEHOLD COMPOSITION

Please list everyone who will be living in your home on a full-time basis including a live-in aide if required. **Only list children that are in your legal custody.** All immigrants or anyone not born in the United State of America must provide INS documentation of legal U.S. status.

Race of Family Members (choose all that apply for each member)

- 1= White
- 2= Asian
- 3= Native Hawaiian/Other Pacific Islander
- 4= Black/African American
- 5= American Indian/Alaskan Native
- 6= Choose Not to Answer

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino
- Choose Not to Answer

Adults (age 18 & over) Full Legal Name - Last, First, MI	Relation to Head	Race #	Sex M/F	Age	Date of Birth	State of Birth	SSN	Elderly/ Disabled
	Self							

Children (under age 18) Legal Name - Last, First, MI	Relation To Head	Race #	Sex M/F	Age	Date of Birth	State of Birth	SSN	Disabled	Name & State of Absent Parent (Not living w/Child)

Is anyone in the household currently expecting a baby? Yes No Due Date _____

LIST ANY ALIASES (OTHER LAST NAMES YOU HAVE USED)

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____ Phone _____
 Street City State Zip

Name _____ Relationship _____

Address _____ Phone _____
 Street City State Zip

Does anyone in your household require special accommodation due to a disability? Yes No

If yes, specify requirements: _____

TOTAL HOUSEHOLD INCOME

List all money earned or received by **everyone** living in the household. This includes, but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker’s Compensation, Unemployment benefits, retirement benefits, TANF, Veteran’s benefits, alimony, babysitting, rental property income. Also, income from banks such as interest on savings bonds, checking accounts, and CD’s. Also include any regular contributions to the household from any person outside the household. **IF YOU RECEIVE CHILD SUPPORT PLEASE INCLUDE YOUR CASE NUMBER.**

Name of Household Member Who Receives Income	Source or Type of Income- Name of Employer, Company, Absent Parent, TANF, SS, SSI, BA, Bank, Individual, Child Support w/case number	How often? Monthly, Weekly, Bi-weekly	Gross Income – Cash or Check before Deductions	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? Yes No

Does anyone help you pay bills regularly? Yes No

If yes, who? _____ How often? _____ How much? _____

ASSETS

Do any household members have or receive income from assets: (check all that apply)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Savings Accounts |
| <input type="checkbox"/> Company Retirement | <input type="checkbox"/> Pension Fund | <input type="checkbox"/> Insurance Settlements |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Trusts | <input type="checkbox"/> Checking Accounts |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> None |

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years?

Yes No

If Yes, what? _____ What was its market value? _____

How much did you actually receive? _____

CHILDCARE AND MEDICAL INFORMATION

Do you pay for childcare for children age 12 or younger while you work or attend school? Yes No

If yes, Name of childcare provider: _____

Address of childcare provider: _____
Street City State Zip

Which children attend? _____

How much per month? _____

If the Head of Household or Spouse are age 62 or older **OR** disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes, but is not limited to: prescriptions, physicians’ bills, hospital bills, insurance premiums and over-the-counter medications)

DOCUMENTATION REQUIRED

Medical Expense	Yearly Total	Medical Expense	Yearly Total

GENERAL INFORMATION

Have you or any household member ever made application for or lived in public housing **OR** made application for **OR** received Section 8 payments? [] Yes [] No

If yes, under whose name and where? _____

Dates you lived there: From _____ To _____

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? [] Yes [] No

If yes, where? _____ How much? _____

Does any household member 18 yrs or older have a debt with the City of Fulton Utilities Department? [] Yes [] No

Does any household member 18 yrs old or older have a debt with a previous landlord? [] Yes [] No

If yes, with whom? _____ How much? _____

References **TWO PER ADULT ON APPLICATION** (List friends or people that know you, **DO NOT LIST RELATIVES**)
You may use a separate sheet of paper or the back of this page.

Name _____ Telephone# _____

Address _____

Name _____ Telephone# _____

Address _____

Name _____ Telephone# _____

Address _____

Name _____ Telephone# _____

Address _____

Have you or any member of your household been convicted of any criminal offenses within the past five years?
[] Yes [] No

Have you or any member of your household plead guilty to any criminal offense within the past five years?
[] Yes [] No

PLEASE INCLUDE TRAFFIC VIOLATIONS

Crime Involved _____

Month/Year Conviction _____

Crime Involved _____

Month/Year Conviction _____

Crime Involved _____

Month/Year Conviction _____

Crime Involved _____

Month/Year Conviction _____

Are you or any member of your household currently on Probation/Parole? [] Yes [] No

Name and phone number of Probation/Parole Officer: _____

Are you or any member of your household required to register on any Offender's Lists? [] Yes [] No

PRIVACY ACT STATEMENT

The information on this form is being collected by the Department of HUD to determine the applicant's eligibility, the recommended unit size, and the amount of tenant/participant contribution. HUD also uses the information to monitor compliance with Federal requirements on eligibility and reports to the President and Congress.

Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters. The Privacy Act restricts HUD's disclosure of information on individuals and families, but does not restrict the FHA from releasing such information. There may be State and local laws or regulations that govern disclosure by a public housing agency. You must provide all of the information requested by the public housing agency/Indian housing agency, including all social security numbers you and all other household members have and use. Giving the Social Security numbers of all household members is mandatory and not providing the security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval. The U.S. Housing act of 1937, Title VI of the Civil Rights of 1964 and Title VIII of the Civil Rights Act of 1968 and the Housing and Community Development Act of 1987 requires applicants and residents to submit the Social Security Numbers of all household members.

STAFF CERTIFICATION

I certify that I have completed this application in accordance with HUD requirements and FHA policies and procedures.

Staff Signature & Title _____ Date _____

The Housing Authority of the City of Fulton does not discriminate against anyone because of race, creed, color, sex, age, religion, national origin, familial status, sexual orientation, or handicap in the application process, leasing, rental or other disposition of housing or related facilities (including land) included in any development or project under its jurisdiction by a contract for annual contributions under the United States Housing Act of 1937. Legal Name: Housing Authority of the City of Fulton, Missouri.

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 1-800-424-8590.

Warning: Title 18, Section 1001 of the United States Code of Federal Regulations, provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing a 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.

APPLICANT/TENANT AUTHORIZATION AND CERTIFICATION

SIGNATURE OF HEAD OF HOUSEHOLD _____ **DATE** _____

SIGNATURE OF SPOUSE/COHEAD _____ **DATE** _____

APPENDIX 6
MODEL DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S.

Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions 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 am lawfully within the United States because (please check the appropriate box):

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. Attach evidence of proof of age;

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA);

Permanent residence under 249 of INA;

Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA;

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

Threat to life or freedom under 243(h) of the INA;

Amnesty under 245A, of the INA.

(Signature of Family Member)

(Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

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

ATTACHMENT 3

APPLICATION/TENANT CERTIFICATION

APPLICANT(S)/TENANT STATEMENT

I/We certify that the information given to the Fulton 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 the false statements or information are punishable under Federal and or State Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 1-800-424-8590.

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for information about its use.

ATTACHMENT 4

PHA OFFICIAL'S CERTIFICATION FOR TENANT'S FILE

PHA OFFICIAL'S STATEMENT

I certify that:

1. The information given to the Fulton Housing Authority by the household of _____ on household composition, income, net family assets, allowances and deductions has been verified as required by Federal Law;
2. The family was eligible at admission;
3. The family has certified that it has given our agency accurate and complete information

Signature of PHA Official or Representative

Date

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of the City of Fulton, Missouri any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8, Public Housing and/or other housing programs. I understand and agree that this authorization or the information with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Fulton Housing Authority to release information from my file about my past and/or present rental history to HUD, credit bureaus, collection agencies, state or local welfare agencies or future landlords. This includes records on my payment history and any violations of my lease or Fulton Housing Authority policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries may be requested, include but are not limited to:

Identity & Marital Status	Employment, Income & Assets	Residences
Medical or Child Care Allowances	Credit & Criminal Activity	Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE CONSULTED

The groups or individuals that may be asked to release information include but are not limited to:

Previous Landlords	Past & Present Employers	Retirement Systems
Previous Housing Agencies	Welfare Agencies	Banks
Courts & Post Offices	State Employment Agencies	Finance Institutions
Schools & Colleges	Social Security Administration	Credit Providers
Law Enforcement Agencies	Medical & Child Care Providers	Credit Bureaus
Veterans Administration	Alimony & Support Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD and/or the Fulton Housing Authority may conduct matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found. I also understand that I have the opportunity to disprove any such adverse information.

HUD or the Fulton Housing Authority may, in the course of its duties, exchange such information with other Federal, State Department of Defense, Office of Personnel Management, U.S. Postal Service, Social Security Administration, State Welfare and food stamp programs.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Fulton Housing Authority. I understand I have the right to review my file and will be given the opportunity to correct any information that I can prove is incorrect.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

**COMPLETION OF THIS PAGE IS REQUIRED BEFORE THE INTERVIEW
TAKE TO UTILITY DEPARTMENT , FULTON CITY HALL**

**NOTICE TO BOARD OF PUBLIC WORKS
CITY OF FULTON UTILITIES OFFICE**

TO BE COMPLETED BY APPLICANT:

DATE: _____

NAME: _____

ADDRESS: _____

Street Apt

City State Zip

SSN: _____

PREVIOUS ADDRESS: _____

Street Apt

City State Zip

PREVIOUS NAMES: _____

TO BE COMPLETED BY THE CITY OF FULTON:

OWES BALANCE: YES [] NO []

BALANCE OWED: \$ _____

HAS PAYMENT AGREEMENT: YES [] NO [] N/A []

MAKING TIMELY PAYMENTS: YES [] NO [] N/A []

COMMENTS: _____

SIGNATURE DATE

TITLE