

PULASKI COUNTY PHA

P.O. BOX 69
306 S. PINE
RICHLAND, MO 65556

Phone 573-765-4509

Fax 573-765-5624

Applicant;

Enclosed is the application for Section 8 Rental Assistance (Housing Choice Voucher) that you requested through our agency. The counties in our jurisdiction are Camden, Laclede, Miller, and Pulaski.

Please mail the completed application with copies of Social Security Cards for ALL household members to:

PULASKI COUNTY PHA
P.O. BOX 69
RICHLAND, MO 65556

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF COPIES OF SOCIAL SECURITY CARDS ARE NOT INCLUDED WITH APPLICATION. YOU WILL BE PUT ON THE WAITING LIST ONCE THE APPLICATION IS COMPLETED WITH COPIES OF SOCIAL SECURITY CARDS.

FAXED COPIES OF APPLICATION WILL NOT BE ACCEPTED!

****ALL ADDRESS CHANGES MUST BE REPORTED TO OUR OFFICE IN WRITING, IF WE DO NOT HAVE YOUR CORRECT ADDRESS AT THE TIME YOUR APPLICATION IS PULLED FROM THE WAITING LIST, YOUR TIME WILL EXPIRE AND YOU WILL NEED TO RE-APPLY.****

Estimated wait time to receive assistance could be 2 years from the application date. This time frame is subject to change at any time, without notice, based upon funding.

Pulaski County PHA

Revised 03/15/2017

HUD Application

This institution is an equal opportunity provider.

PULASKI COUNTY PUBLIC HOUSING AGENCY

APPLICATION FOR SECTION 8 RENTAL ASSISTANCE

Please complete the application carefully. Be sure to answer ALL questions.

County: _____

Date: _____

Time: _____

NAME: _____ (PREVIOUSLY USED NAMES) _____

MAILING ADDRESS _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK: _____

OTHER ADULT/OR SPOUSE WORK #: _____

LIST ALL PERSONS WHO WILL LIVE IN THE UNIT WHEN YOU BEGIN TO RECEIVE RENTAL ASSISTANCE PAYMENTS:

**Member #1
Head of Household**

Last Name: _____ First Name: _____

Middle Initial: _____ Sex: _____ Date of Birth _____ SS# _____

Birth City/State: _____ United States Citizen? (Circle One) Yes or No

Disabled? *(Circle One) Yes or No Race (Circle One) White Black Asian Mixed
(* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Education (Highest Grade Completed): _____

Ethnicity (Circle One) Hispanic Or Latino Not Hispanic or Latino

Please Circle One:

Member #2: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child
Live-In Aide Youth-Under 18

Last Name: _____ First Name: _____

Middle Initial: _____ Sex: _____ Date of Birth _____ SS# _____

Birth City/State: _____ United States Citizen? (Circle One) Yes or No

Disabled? *(Circle One) Yes or No Race (Circle One) White Black Asian Mixed
(* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic Or Latino Not Hispanic or Latino

Please Circle One:

Member #3: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child
Live-In Aide Youth-Under 18

Last Name: _____ First Name: _____

Middle Initial: _____ Sex: _____ Date of Birth _____ SS# _____

Birth City/State: _____ United States Citizen? (Circle One) Yes or No

Disabled? *(Circle One) Yes or No Race (Circle One) White Black Asian Mixed
(* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic Or Latino Not Hispanic or Latino

Please Circle One:

Member #4: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child
Live-In Aide Youth-Under 18

Last Name: _____ First Name: _____

Middle Initial: _____ Sex: _____ Date of Birth _____ SS# _____

Birth City/State: _____ United States Citizen? (Circle One) Yes or No

Disabled? *(Circle One) Yes or No Race (Circle One) White Black Asian Mixed
(* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic Or Latino Not Hispanic or Latino

Please Circle One:

Member #5: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child
Live-In Aide Youth-Under 18

Last Name: _____ First Name: _____

Middle Initial: _____ Sex: _____ Date of Birth _____ SS# _____

Birth City/State: _____ United States Citizen? (Circle One) Yes or No

Disabled? *(Circle One) Yes or No Race (Circle One) White Black Asian Mixed
(* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic Or Latino Not Hispanic or Latino

Does any member of the household have a disabling condition that requires reasonable accommodation?

_____ If yes, list their name(s): _____

Are there any children in the household with an elevated lead blood level? _____

If yes, you must provide documentation.

Has any adult household member been charged or convicted of a crime? _____ Year? _____

If so, please explain: _____

Is any member of the household subject to a lifetime registration requirement under a state sex offender Registration program? _____

If yes, give the person's name and location of Sex Offender: _____

List All Sources of Income

Source, Rate and Type of Income

Estimated Annual Income

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete the following if household members are employed:

Employer # 1

Employer #2

Name of Employer:	_____	_____
Address of Employer:	_____	_____
City, State, Zip Code:	_____	_____
Phone Number:	_____	_____
Family Member Employed:	_____	_____

Assets: Check and List All of the following your family has:

<u>Asset Description</u>	<u>Yes</u>	<u>No</u>	<u>Value</u>	<u>Income</u>
Checking Account	___	___	\$ _____	\$ _____
Savings Account	___	___	\$ _____	\$ _____
C.D.'s/Investments	___	___	\$ _____	\$ _____
Real Estate	___	___	\$ _____	\$ _____
Stocks/Bonds	___	___	\$ _____	\$ _____
Other	___	___	\$ _____	\$ _____
Total Net Family Assets			\$ _____	\$ _____

Is there any current income you have not reported for any household members? _____
If yes, Please explain : _____

Do you NOW own real estate? _____ If yes, what is the value: _____

Do you own vehicles? _____ If yes, list make, model and year: _____

Names and Phone numbers of two friends or relatives we may contact if we are unable to reach you at the phone numbers listed on this application.

Name: _____ Phone: _____

Name: _____ Phone: _____

Program Information:

How did you learn about the program? _____

Have you ever applied for or received rental assistance? _____

If yes, explain: _____

Are you in Federally Assisted Housing at this time? _____

Where? _____

Do you owe any money to Public Housing Authority or other Housing Agency? _____

If yes, list Housing Authority and approximately how much owed: _____

Release and Certification

I/We certify the information given to the Pulaski County Public Housing Agency in this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance payments and may result in a report to the Inspector General, investigation and prosecution for fraud, and future denial of assistance from federally funded housing assistance programs.

I/We further understand the Pulaski County Public Housing Agency will release the following information to properly identified potential landlords: Present Address, name and address of the current landlord, name and address of previous landlords; known information about tenancy, history of drug trafficking by household members, information obtained and confirmed from law enforcement agencies and other criminal record checks.

Head of Household

Date

Spouse/Co-Head

Date