

MEXICO HOUSING AUTHORITY

828 Garfield • PO Box 484
Mexico, MO 65265
(573) 581-2294 • Fax (573) 581-6636
www.mexicoha.com

Thank you for your interest in Mexico Housing Authority. We know you are eager to find affordable housing and we understand the urgency of your request. However, **approximately 2—4 weeks** is necessary to process your application and you will be notified in writing of your eligibility status when processing is complete. Please print clearly, complete, sign, and date all shaded sections.

Please be sure to inform us if you change addresses or phone numbers

Federal law requires the Housing Authority to verify the Social Security number and U.S. Citizenship of all household members. Therefore, we require the applicant to provide the following original or certified documents when their housing assistance application is submitted for processing. Photo copies will be made by MHA staff.

Applications will not be processed without the following three (3) items:

1. **PHOTO IDs** for all adults, 18 years and older, listed on the application (driver's license or government issued IDs only)
2. **SOCIAL SECURITY CARDS** for all individuals listed on the application
3. **BIRTH CERTIFICATES** for all individuals listed on the application

If you receive any of the following benefits, please provide current benefit summaries when you submit your housing assistance application. Failure to provide requested information may delay your application processing time.

- Child support through a child enforcement agency
- Food Stamps
- TANF
- Retirement pension
- Unemployment compensation
- Banking Statements (Checking and/or Savings); including name, transaction history, and account balance.
- Social Security, Social Security Disability Insurance, Social Security Insurance.
Please provide an award letter from Social Security showing the amount of money you receive each month in Social Security benefits. You may request a Proof of Income letter from Social Security by visiting their website at www.socialsecurity.gov, or by calling SSA's toll free # 800-772-1213. Please note, it may take 10 business days to receive your Proof of Income letter.

THE SECTION BELOW IS FOR OFFICE USE ONLY

Intake Person: _____

Public Housing _____

Date Received: _____

By Mail

By Fax

Section 8 _____

Time Received: _____

of Bedrooms _____

*****PLEASE PRINT CLEARLY!*****

Applicant Information

Applicant Name	
Applicant Maiden or Alias Name(s)	
Applicant Social Security #	
Applicant Mailing Address	
City, State, Zip	
Applicant Email Address	
Applicant Phone Number	Home <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Work <input type="checkbox"/>
Applicant Alternative Phone #	Home <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Work <input type="checkbox"/>

Co-Applicant Information

Co-Applicant Name	
Co-Applicant Maiden or Alias Name(s)	
Co-Applicant Social Security #	
Co-Applicant Mailing Address	
City, State, Zip	
Co-Applicant Email Address	
Co-Applicant Phone Number	Home <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Work <input type="checkbox"/>
Co-Applicant Alternative Phone #	Home <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Work <input type="checkbox"/>

*****PLEASE PRINT CLEARLY!!*****

Beginning with the Head of Household, list each person who will be living with you in a Public Housing or Section 8 Unit.

<u>Name</u> (Last, First, Middle Initial)	<u>Sex</u>	<u>Relation-ship</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Birth City & State</u>	<u>Disabled?</u> Yes or No	This information is for statistical purposes only.	
							<u>Race</u>	<u>Ethnicity</u>
		Head of household						Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>

List the names of people that have lived with you during the past 12 months, but are not listed above.

<u>Name</u>	<u>Relationship</u>	<u>Current Address</u>	<u>Date of Birth</u>

Monthly Income

Current Income: List all income earned or received by everyone who will be living in your household. This includes money received from the following sources:

Alimony	Gift Contributions	Social Security	Veterans Benefits
Child Support	Rental Property Income	Stock Dividends	Wages
Disability Payments	Retirement Benefits	TANF	Food Stamps
Self Employment	Unemployment	Workers Compensation	<u>ALL</u> other sources

*****Please provide an award letter from Social Security showing the amount of money you receive each month in Social Security benefits. You may request a Proof of Income letter from Social Security by visiting their website at www.socialsecurity.gov, or by calling SSA's toll free # 800-772-1213. Please note, it may take 10 business days to receive your Proof of Income letter.*****

Please Complete **ALL** Sections Below, and Please Print Clearly

<u>Current Source of Income</u>	<u>Family Member Receiving Income</u>	<u>Employer or Source of Income Address and Phone #</u>	<u>Amount Received</u>	<u>How Often</u>

Previous Income: Please list all employers or sources of income received during the past 12 months, if different from what is listed above.

<u>Current Source of Income</u>	<u>Family Member Receiving Income</u>	<u>Employer or Source of Income Address and Phone #</u>	<u>Amount Received</u>	<u>How Often</u>

Current Monthly Expenses

Current Monthly Expense Worksheet Sample: Use this sample worksheet as a guide to complete the monthly income and expense worksheet below.

<u>Current Expense</u>	<u>Amount</u>	<u>Who Pays This Expense?</u>	<u>Amount Paid</u>	<u>Source of Income</u>
Clothing	\$100	Self	\$100	Wages
Communication	\$60	My Mother	\$60	Mother
Entertainment	\$100	Self	\$100	Wages
Food	\$250	Self	\$250	Food Stamps
Medical	\$60	Self	\$60	Medicaid
Paper Products	\$100	Self	\$100	Wages
Shelter	\$350	My Father	\$350	Father
Tobacco	\$60	Self	\$60	Wages
Transportation	\$25	Self	\$25	Wages
Utilities	\$150	Self	\$150	Wages
Other Expenses	\$100	My Father	\$100	Father
TOTALS	\$1355		\$1355	

Current Monthly Income and Expense Worksheet: Use the sample worksheet above as a guide to complete the Monthly Income and Expense Worksheet below.

<u>Current Expense</u>	<u>Amount</u>	<u>Who Pays This Expense?</u>	<u>Amount Paid</u>	<u>Source of Income</u>
Clothing				
Communication				
Entertainment				
Food				
Medical				
Paper Products				
Shelter				
Tobacco				
Transportation				
Utilities				
Other Expenses				
TOTALS				

Childcare Expenses: List childcare expenses if you are a full or part time student or employed.

<u>Expense</u>	<u>Amount Paid</u>	<u>How Often</u>	<u>Name, Address and Phone Number of Source</u>
<u>Childcare</u>			
<u>Childcare Transportation</u>			

Monthly Medical Expenses: List medical expenses if you receive SSDI, SSI, or are over 62 years of age.

*****Please supply proof of medical expenses such as medical bills, pharmacy summary, etc.*****

<u>Expense</u>	<u>Amount Paid</u>	<u>How Often</u>	<u>Name, Address and Phone Number of Source</u>
<u>Medical</u>			
<u>Handicap Transportation</u>			

Assets

Current Assets: List all assets you currently have, even if your accounts have negative balances

*****Please provide a copies of your most recent banking statements*****

<u>Type of Asset</u>	<u>Account Balance</u>	<u>Interest Rate</u>	<u>Bank or Credit Union Name, Address and Phone Number</u>
<u>Checking</u>			
<u>Savings</u>			
<u>Bonds</u>			
<u>IRA's</u>			
<u>Certificates of Deposit</u>			

Property and Assets: List property and any other assets you sold within the past two years or currently own, even if you do not live there or if it is in foreclosure. Some examples of assets are boats, ATV's, coin collection, etc.

<u>Asset information or Property Address</u>	<u>Mortgage Amount or Value of Property/Assets</u>	<u>Have you sold the property or assets within the past 2 years?</u>		<u>Mortgage Company or Real Estate Agent's Name and Address</u>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Automobiles: Please list all automobiles you currently own

<u>Titled in the Name of</u>	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Plate Number</u>

Five Year Address History

List **ALL** addresses of where you have lived or used for mailing purposes in the **last five years** (2006-2011), regardless of who you lived with.

*****Incomplete information will result in the *denial* of your housing application.*****

Current Address					
City, State, Zip					
Landlord/Owner's Name					
Landlord/Owner's Address					
City, State, Zip					
Phone Number			Fax Number		
Is this a friend or relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship		
Move In Date			Move Out Date		
Was this unit federally funded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please select Public Housing or Section 8	Public Housing <input type="checkbox"/>	Section 8 <input type="checkbox"/>

Current Address					
City, State, Zip					
Landlord/Owner's Name					
Landlord/Owner's Address					
City, State, Zip					
Phone Number			Fax Number		
Is this a friend or relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship		
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Was this unit federally funded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please select Public Housing or Section 8	Public Housing <input type="checkbox"/>	Section 8 <input type="checkbox"/>

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Landlord/Owner's Name					
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Phone Number			Fax Number		
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Move In Date			Move Out Date		
Was this unit federally funded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please select Public Housing or Section 8	Public Housing <input type="checkbox"/>	Section 8 <input type="checkbox"/>

Current Address					
City, State, Zip					
Landlord/Owner's Name					
Landlord/Owner's Address					
City, State, Zip					
Phone Number			Fax Number		
Is this a friend or relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship		
Move In Date			Move Out Date		
Was this unit federally funded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please select Public Housing or Section 8	Public Housing <input type="checkbox"/>	Section 8 <input type="checkbox"/>

Current Address					
City, State, Zip					
Landlord/Owner's Name					
Landlord/Owner's Address					
City, State, Zip					
Phone Number			Fax Number		
Is this a friend or relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship		
Move In Date			Move Out Date		
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Current Address					
City, State, Zip					
Landlord/Owner's Name					
Landlord/Owner's Address					
City, State, Zip					
Phone Number			Fax Number		
Is this a friend or relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship		
Move In Date			Move Out Date		
Was this unit federally funded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please select Public Housing or Section 8	Public Housing <input type="checkbox"/>	Section 8 <input type="checkbox"/>

Personal Declaration

1. Are you currently delinquent on your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever been evicted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date _____ Where _____	
Date _____ Where _____	
3. Do you anticipate receiving any lump sum payments in the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Explain _____ _____	
4. Do you plan on having anyone live with you in your housing unit that is not listed on page 2?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Explain _____ _____	
5. Are you married?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If you are married will your spouse be living with you in your housing unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Explain _____ _____	
7. Have you or any adult member(s) in your household ever used any names or social security numbers other than the one you are currently using?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Explain _____ _____	
8. Is the applicant family displaced by domestic violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Explain _____ _____	
9. Have you or anyone in your household ever lived in Public Housing, participated in Section 8, or lived in federally funded housing anywhere in the U.S?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date _____	Where _____
Date _____	Where _____
10. Do you owe Mexico Housing Authority any debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you ever committed fraud in a federally funded housing program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Explain _____ _____	
12. Have you ever been required to repay money for misrepresenting information in any federally assisted housing program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date _____	Where _____

13. Have you or anyone in your household been <u>arrested</u> or <u>convicted</u> within the past three (3) years of a felony or misdemeanor in/or outside of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date _____	Charges _____				
Date _____	Charges _____				
14. Have you or anyone in your household been <u>arrested</u> or <u>convicted</u> within the past three (3) years of possession, manufacture, sale, or distribution of a controlled substance (illegal drug)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date _____	Charges _____				
Date _____	Charges _____				
15. If you answered yes to question # 14, have you participated in a drug rehabilitation program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date _____	Where _____				
Date _____	Where _____				
16. Are you currently on Parole?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
In what city and state?	City _____	State _____			
17. Please list any pets you may currently own:					
1.	Breed _____	Male <input type="checkbox"/>	Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Breed _____	Male <input type="checkbox"/>	Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Breed _____	Male <input type="checkbox"/>	Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Other _____				
5.	Other _____				

Emergency Contact Information

Emergency Contact Name	_____
Relationship	_____
Address	_____
City, State, Zip	_____
Phone Number	_____

How did you hear about Mexico Housing Authority? Please check all that apply.					
Radio <input type="checkbox"/>	Newspaper <input type="checkbox"/>	TV <input type="checkbox"/>	Friend/Family <input type="checkbox"/>	Agency Referral <input type="checkbox"/>	Other <input type="checkbox"/>

If you are determined INELIGIBLE for housing assistance, you will have the right to request an informal hearing. You must request a hearing IN WRITING within ten (10) days of the date of your Notice of Ineligibility. If you do not request a hearing within the ten (10) day period, you WILL NOT be entitled to a hearing at a later date. Your rights at the informal hearing, should you request one, are as follows:

- The right to present oral or written evidence on your behalf
- The right to call witnesses on your behalf
- The right to question witnesses against you
- The right to review your file by prior arrangement any time up to thirty minutes before the hearing
- The right to be represented or assisted by an attorney or any other person of your choice
- The right to written notice of the hearing officer’s decision within ten (10) working days of the date of the hearing.

The right to have the hearing recorded on tape and the right to receive a copy of this tape.

I am aware that falsification of any information in this application will deem me ineligible for housing assistance. I am aware that the penalty for committing fraud is a federal felony with a penalty of up to and may include:

- A fine of up to \$10,000
- Imprisonment for up to 5 years
- Eviction from my rental unit
- Requirement to repay all overpaid assistance
- Prohibition from receiving future assistance

WARNING! Section 1001 Title 18 of the U.S. Code provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.

Applicant Signature	Date
Co-Applicant or Other Adult Member Signature	Date

SECTION 8 APPLICANTS

1. Section 8 applicants are not allowed to rent from immediate family unless reasonable accommodations are approved by the Mexico Housing Authority for disabled residents.
2. Porting your voucher to another jurisdiction is not allowed unless you have been a resident of our jurisdiction for one full year.
3. If you enter a lease with your landlord prior to receiving your voucher from Mexico Housing Authority, you will be responsible for that rent and we will not subsidize that property until it has been approved for your tenancy.
4. If you enter into a lease with your landlord after you have received a voucher by the Mexico Housing Authority, but before your unit has been inspected and approved, **YOUR VOUCHER WILL BE TERMINATED.**

Applicant Signature	Date
Co-Applicant or Other Adult Member Signature	Date

Housing Authority of the City of Mexico, Missouri

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 lawfully reside within the United States. Please read the Declaration statement carefully, 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.

DECLARATION OF SECTION 214 STATUS

I, _____, certify under penalty or perjury (1), that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box below):

- I am a citizen by birth, a naturalized citizen or a national of the United States
- I have eligible immigration status as checked below
- I have eligible immigration status and I am 62 years of age or older
 - Immigrant status under §§ 101 (a) (15) pr 101 (a) (20) of the immigration and nationality act (INA) (3)
 - Permanent residence under § 249 of the INA
 - Refugee, asylum, or conditional entry status under §§ 207, 208, or 203, or the INA (5)
 - Parole status under §§ 212 (d) (5) of the INA (6)
 - Threaten to life or freedom under § 245 A of the INA (8)
 - Amnesty under § 245 A of the INA (8)

Also, I certify to the best of my knowledge, current family members who will be living in the unit, that are listed on page 2 of the application, are lawfully within the United States.

Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain
Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain
Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain
Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain
Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain
Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain
Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain
Name	_____	<input type="checkbox"/> Citizen by Birth <input type="checkbox"/> Other	_____	Explain

Applicant Signature	_____	Date	_____
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Release of Information Authorization

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 Mexico, 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, Moderate Rehabilitation, Public Housing and/or other housing programs. I understand and agree that this authorization or the information obtained 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 of the PHA 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 PHA policies.

Information Obtained

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

Identity and Marital Status	Residences	Credit History
Employment	Medical Care	Criminal History
Income and Assets	Child Care	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 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:

Banks and Credit Unions	Utility Companies	Past & Present Employers
Child Care Providers	Schools and Colleges	Social Security Administration
Credit Bureaus	Post Offices	Support & Alimony Providers
Previous Housing Agencies	Credit Providers	Veteran's Administration
Judicial Courts	Previous Landlords	Welfare Agencies
Law Enforcement Agencies	Retirement Systems	Medical Providers

Computer Matching Notice and Consent

I understand and agree that HUD and/or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application and/or re-certification. 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 PHA may in the course of its duties, exchange such information with other Federal, State and/or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Administration, State welfare and food stamp agencies.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above and that facsimile transmission may be used if necessary. The original of this authorization is on file with the PHA. 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.

Applicant Signature	Date
Co-Applicant or Other Adult Member Signature	Date

Request for LOCAL Criminal Record Check

Please Print Clearly

Applicant Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Maiden or Alias Name(s)	Birth Date	
Social Security #		
Street Address		
City, State, Zip		
Race		
Applicant Signature	Date	

Applicant Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Maiden or Alias Name(s)	Birth Date	
Social Security #		
Street Address		
City, State, Zip		
Race		
Co-Applicant or Other Adult Member Signature	Date	

I authorize and direct any federal, state, or local agency, organization, business or individual to release to the Housing Authority of Mexico, 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 moderate rehabilitation, Public Housing and/or housing programs. I understand and agree that this authorization or the information obtained 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.

Please fax reply to: 573-581-6636

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