



HAS PROPERTIES—PUBLIC HOUSING: HIGH-RISE APPLICATION
 421 W. Madison St., Springfield, MO 65806-2999
 (417) 866-4329 TTY: (800) 735-2966 Relay Missouri



Housing Authority's program involves waiting lists and therefore does NOT have emergency housing.

<PLEASE PRINT and USE BLACK OR BLUE INK> <DO NOT USE WHITE OUT> <DO NOT FAX>

Head of Household Name _____
 Physical Address _____ Apt # _____
 City _____ State _____ Zip code _____
 Mailing Address _____ Apt # _____ Check if same as above
 City _____ State _____ Zip code _____
 Phone _____ Message Phone _____ Business/Cell Phone _____

REQUIRED: READABLE COPY OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS AND STATE PICTURE ID FOR ALL ADULTS 17 ½ OR OVER MUST BE SUBMITTED WITH THIS APPLICATION. WE WILL MAKE THE COPIES FOR YOU IF NEEDED. COPY OF THE BIRTH CERTIFICATE FOR EACH HOUSEHOLD MEMBER IS REQUIRED BEFORE A LEASE CAN BE SIGNED.

Yes No

- Has any adult listed on this application ever been convicted of **Arson, a Sexual Offense, Murder, Manufacturing Methamphetamine, or a Terroristic Threat?** If yes, you are **NOT ELIGIBLE** for our housing program.
- Has any adult listed on this application recently been released from prison (in the last 3 years)?
- Do you have a **court-ordered legal guardian?** If yes, your guardian **must** complete this application, sign all forms and provide a copy of the legal guardian paperwork. Guardian's Name _____ Phone # _____
- Do you have a caseworker that is able to assist you with this application?
 Name _____ Agency: _____ Phone# _____
- Do you have a pet? How many? _____ Type _____ Weight _____ lbs. Height _____ inches

Public Housing has a strict Pet Policy for small common household pets; dogs or cats must be spayed/neutered and a \$200.00 pet deposit paid before pet is permitted on property; **dog weight limit of 30 pounds and height limit of 15 inches**; must have all State required vaccinations verified on Veterinary Certification form by licensed Veterinarian. If you have a pet, you may request a copy of the HA Pet Policy before deciding if you want to apply.

Violence Against Women Act (VAWA): The HA will not deny your housing based on any adult on this application being a victim of VAWA issues involving domestic violence, dating violence, stalking or sexual assault. All information provided to the HA regarding VAWA issues will 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.

Yes No

- Are you or any person listed on this application involved in an issue pertaining to "Violence Against Women Act of 2013" (**VAWA**)? **If yes, fill out VAWA form included in the information sheets.**
- Are any adults listed on this application a US military veteran? **If claiming this as a preference, you must provide a copy of DD-214.**
- Are any adults listed on this application the spouse of a deceased military veteran? **If claiming this preference, you must provide a copy of DD-214 and copy of the marriage and death certificates.**

OFFICE USE ONLY

DATE OF COMPLETION: _____ TIME: _____ CLERK: _____

FAMILY MEMBERS INFORMATION

Please list everyone who will be living in your home on a **full-time** basis including a live-in aide if required. **All Immigrants or anyone not born in the United States of America must provide INS Documentation of legal US status.**

Family Member #	Full Legal Name	Member	Age	Sex	Date of Birth	State of Birth	Social Security Number	Race Code	Check if Hispanic	US Citizen Yes / No
1		SELF								
2										

HUD Race Codes: 1-White 2-Black 3-American Indian/Alaska Native 4-Asian 5-Native Hawaiian/Other Pacific Islander

YES NO

- Do you expect any changes in the number of family members? If yes, explain: _____
- Is the Head of Household or Spouse Elderly (62 or older) or Disabled?** We provide a deduction for **ADULTS** who can prove by SS, SSI or a doctor’s statement that they have a disability which can be expected to last at least 12 months.
- Do you or anyone else listed on this application require an accommodation / special need due to a disability?
Explain _____

Household Income

For each type of income that your household receives, list the source of income and the monthly gross amount (before taxes and deductions). Income sources include Wages from a job, Self-Employment, Child Support, SSI, SSD, VA, Pensions, TANF, Food Stamps, Unemployment, Workman’s Compensation, Alimony, Cash from friends/relatives, etc.
If none, please State “NONE.”

SCREENING QUESTIONS

Yes No

1. Has any person 17½ years and older listed on this application **EVER** been ticketed, issued summons, arrested, charged or convicted of a crime in their life? **Include even if it was dismissed, closed, or a SIS.**
If yes, Who? _____ Explain _____

Name of Person Receiving Income	Source of income	Monthly Amount (Before taxes/deduction)

2. Is there at least one **U.S. Citizen** or an eligible immigrant that is listed on this application?
3. Are any **adults** listed on this application a full time student? If yes, Who? _____
Where do they attend? _____
4. Have you or any adult listed on this application ever had your name changed by a judge?
If yes, Who? _____ List other name(s) _____ Explain: _____
5. Please list any Maiden Name (name at birth) for any adult listed on this application? _____
6. Have you or any adult listed on this application ever been married? If yes, Who? _____

