



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203

Office: (573) 443-2556 ♦ TTY Relay: 800-735-2966 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

PROJECT-BASED VOUCHER HOUSING APPLICATION

Welcome to the Columbia Housing Authority. In order to be considered for an apartment in a Columbia Housing Authority Project-Based Voucher community, a completed application with all the required documentation must be submitted. Applications for project based voucher housing may be picked up at the CHA administration offices, Monday through Friday from 8:00 a.m. to 5:00 p.m. To better serve our clientele, completed applications for a Project Based Voucher apartment may be submitted at the administration office located at 201 Switzler Street, Columbia, Missouri.

- **Stuart Parker Family Site**
201 Switzler Street Columbia, MO 65203
Stuart Parker Manager, ext. 7019 (573) 443- 2556
- **Bear Creek Family Site**
1109 Elleta Boulevard, Columbia, MO 65202
Bear Creek Manager, ext. 1215 (573) 443-2556
- **Bryant Walkway I & Bryant Walkway II Family Site 211**
Boone Drive, Columbia, MO 65203
Bryant Walkway I & II Manager, ext. 1210 (573) 443-2556
- **Paquin Tower (Persons with Disabilities and Elderly)**
1201 Paquin Street Columbia, MO 65201 Paquin Tower
Manager, ext. 1214 (573) 443-2556
- **Oak Towers (Elderly and Near Elderly)**
700 N. Garth Ave., Columbia, MO 65203
Oak Towers Manager, ext. 1216 (573) 443-2556

Thank you for your interest in housing opportunities with the Columbia Housing Authority. Please contact the Intake Department, listed above, with any questions or concerns. We look forward to serving you!

DOCUMENTS NEEDED

ALL the documents listed below must accompany the **completed application**. Applications submitted without the required documents will **not** be accepted.

Listed below are the documents required, before your application is complete:

- **Photo ID and Social Security Cards** (for all household members 18 years and older)
- **Birth Certificates and Social Security Card** (for all household members 17 years and younger)
- **Verification of Citizenship** (I-94, Naturalization papers, Permanent Resident Card, etc.)
- **Verification of household Income** (Pay Stubs, TANF, SSI, Social Security, etc)

Rental References: Include any location you have stayed at even if you were not the leaseholder. This application is unacceptable if not completed in full.

The process from submitted application to move-in could take from 60 days to 6 months or longer depending on which waiting list you are on. **Start saving for your security deposit and 1st month's rent.**

Application Process

1. Submit your completed application along with the required documents.
2. Bring in any required, additional information when notified.
3. Attend Pre-Occupancy interview .
Pay security deposit. Get the utilities turned on in your name.
4. Meet housing manager, sign lease, pay 1st month's rent, submit verification that utilities are on
in your name.

How to speed up the process

- Be sure application is completely filled out, especially 5 year rental history.
- Supply all required documents.
- Respond to request for information as quickly as possible.
- Have security deposit and 1st month's rent.
- Clear up any old utility bills.
- Notify us right away of any change of address.



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203
Office: (573) 443-2556 ♦ TTY: (800) 735-2966 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

PROJECT-BASED VOUCHER HOUSING ADD TO WAITLIST OPTIONS

Please select all housing options that you qualify for. In order to be placed on the waitlist, all required documents must be submitted.

_____ OAK TOWERS

- 55 years of age and older.

_____ PAQUIN TOWERS

- 62 years of age and older.
- Documented disability- provide a doctor's verification that you are disabled or award letter for the current year from Social Security Administration Office.

_____ Affordable Family Housing

- 2, 3 and 4-bedroom units.

Signature _____ Date _____



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203

Office: (573) 443-2556 ♦ TTY RELAY 800-735-2966 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

<PLEASE PRINT>

APPLICATION FOR SERVICES

FOR PHA Use Only: PBV

Date: _____ Time: _____ AM/PM BDRMs: _____ Application #: _____

Name of Head of Household: _____

Name of adult Co-head of Household: _____

Current address, Street, Apt. #: _____

Current City, State, and Zip: _____

Current Area Code, Phone #s: (H) _____ (W) _____ (C) _____

For Statistical Purposes Only

Race of Head: Caucasian/White African-American/Black Asian Other
 Native American/Alaskan Native Hawaiian/Other Pacific Islander

Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with you, list all persons who will live in the home, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those persons listed on this form may live in the home.

	First Name & Last Name	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: City/State or Country	Race
1					Head			
2								
3								
4								
5								
6								
7								
8								

How many people live in your home now? _____ How many bedrooms do you have? _____

Are you separated but not yet divorced from your spouse? Yes No

Please identify any special housing needs your household has:

Do you have the right to legally enter into a lease? Yes No

Do you have a payee, a guardian, or a conservator? Yes No If yes, please put name, address, and phone information here: _____

Does anyone have power of attorney for you? If yes, name, address & phone: _____

Do you own any pets? (Restrictions may apply) Yes No If yes, how many pets do you own? _____
What type of pets do you own? _____

****Acceptance of this application does not approve a pet.**

Do you require a live-in care attendant? Yes No

Do you carry renters' insurance? Yes No

Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this? Please give name, address, and phone number: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts on the next page.

- | Yes or No | Does any member of your household: |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Work full-time, part-time, or seasonally? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Expect to work for any period during the next year? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Work for someone who pays them cash? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive or expect to receive child support? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have an order to receive child support that he/she is not receiving? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive or expect to receive alimony? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a court order to receive alimony that is not currently being received? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive or expect to receive public assistance/welfare/TANF/food stamps/cash benefits? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive or expect to receive Social Security benefits? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive or expect to receive VA or veteran's benefits? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive or expect to receive regular contributions from organizations or from individuals not living in the home? |

Is any adult family member employed? Yes No If yes, which family member and the name, address & phone # of employer:

Family member _____ Employer Info _____
Family member _____ Employer Info _____

Is any adult family member enrolled in a job training program, including one required under the welfare program?
 Yes No If yes, which family member? Please give program name, address, and phone #:

Family member _____ Training Program Info _____

Is any adult family member enrolled in an education program full-time? Yes No If yes, what program? Please give which family member, and program name, address and phone #:

Family member _____ Education Program Info _____

HOUSING HISTORY

Housing References: List ALL landlords in the past five years. Include **any locations you stayed** at even if you were not the leaseholder. This application is unacceptable if not completed in full. If extra space is needed, please attach a separate sheet of paper. CHA will contact prior landlords for references. Your signature on this application gives CHA permission to request references from landlords.

Current address, street, apartment # _____

Current city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Current landlord's name and phone # _____

Current landlord's address, street, apartment # _____

Current landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

Former address, street, apartment # _____

Former city, state, and zip _____

From _____ To _____ Rent per month \$ _____

Former landlord's name and phone # _____

Former landlord's address, street, apartment # _____

Former landlord's city, state, and zip _____

SCREENING QUESTIONS

A "yes" answer will not necessarily disqualify you for admission.

Have you or any household member ever been convicted of fraud in a housing program?

Yes No If yes, where _____ When? _____

Have you ever been evicted from housing? Yes No If yes, Why? _____

Do you owe any money to any housing authority? Yes No

If yes, where: _____

Have you ever lived in public housing before? Yes No

If yes, what agency (Name, city, state, and zip) _____

Where was your residence? Street, Apt #, city, state, zip _____

Whose name was the Head of Household? _____

Dates: From _____ To _____

Have you ever received Project Based Voucher assistance before? Yes No

If yes, what agency (Name, city, state, and zip) _____

Where was your residence? Street, Apt #, city, state, zip _____

Whose name was the Head of Household? _____

Dates: From _____ To _____

Have you ever received Section 8/HCV assistance before? Yes No

If yes, what agency (Name, city, state, and zip) _____

Where was your residence? Street, Apt #, city, state, zip _____

Whose name was the Head of Household? _____

Dates: From _____ To _____

Do you have any past due utility bills? Yes No If yes, please describe and give amount owed and to whom:

Is any household member a veteran of the armed forces? Yes No If yes, what branch of service?

_____ Honorable discharge? Yes No

Dates of service: From _____ To _____

Drivers License or State ID #:

Applicant: _____ Co-Applicant: _____

Vehicle: Year _____ Make _____ Model _____ License# _____

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing 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.

NOTE to Applicants: 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 housing authority.

Violence Against Women Act of 2005 (VAWA): All information provided to CHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must 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.

Discrimination: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Toll-Free Hotline at 1(800) 743-5323.

This application is not a rental agreement, contract or rental lease agreement. All applications are subject to the approval of the Columbia Housing Authority.

VIOLENCE- and DRUG-FREE ZONES: It is our aim to ensure that our programs maintain communities that are violence- and drug-free zones. The use, possession, manufacture and/or sale of controlled substances will not be tolerated. By signing this application form, I verify my support for this policy.

CRIMINAL HISTORY: By signing this application, I understand that CHA will be conducting criminal background checks on all household members age 18 and over. I give complete authorization to CHA to make such checks.

REFERENCES: By signing this application, I understand that any and all persons listed herein may be contacted for reference as it pertains to my housing. I give complete authorization to CHA to make such contacts.

Applicant Signature Date

Spouse or Co-Head or Other Adult Date

Other Adult Date

Other Adult Date

Staff Signature/Position Date



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203
Office: (573) 443-2556 ♦ TTY Relay: 800-735-2966 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

CRIMINAL RECORD BACKGROUND CHECK PERMISSION FORM

Name: _____ Sex: Male Female Race: _____

Other Names Used: _____

DOB: _____ SS #: _____

Address: _____

City, State, Zip: _____

Head of Household (Printed): _____

FOR PHA USE ONLY:

No Record Record OK Record # _____

Not Qualified Record # _____

Date Received: _____

Staff Initials: _____

PHA's are authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission to the HCV program. This authority assists the PHA in complying with HUD requirements and PHA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. In order to obtain access to the records the PHA must require every applicant family to submit a consent form signed by each adult household member [24 CFR 5.903].

The purpose of this background check is to determine if any family member is currently engaged in, or has engaged in any of the following criminal activities, within the past 5 years:

- *Drug related criminal activity*, defined by HUD as the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with the intent to manufacture, sell, distribute or use the drug [24 CFR 5.100].
- *Violent criminal activity*, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [24 CFR 5.100].
- *Criminal activity* that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity;
- *Criminal activity* that may threaten the health or safety of property owners and management staff, and persons performing contract administration functions or other responsibilities on behalf of the PHA (including a PHA employee or a PHA contractor, subcontractor, or agent).
- *Criminal sexual conduct*, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse.
- *Immediate vicinity* means within Boone County.

Evidence of such criminal activity includes, but is not limited to any conviction for drug-related or violent criminal activity within the past 5 years; any arrests for drug-related or violent criminal activity within the past 5 years; and any record of eviction from public or privately-owned housing as a result of criminal activity within the past 5 years. A conviction for drug-related or violent criminal activity will be given more weight than an arrest for such activity.

- If any *household* member has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine in any federally assisted housing, the family will be denied admission.
- If any *household* member is subject to a lifetime registration requirement under a state sex offender registration program, the family will be denied admission.

By my signature, I give CHA complete authorization to make such background checks as necessary to assure program compliance, eligibility, admission, continued occupancy, and participation in housing assistance programs.

Signature of Applicant/Program Participant

Date

Signature of Head of Household

Date



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203
Office: (573) 443-2556 ♦ TTY Relay: 800-735-2966 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

CRIMINAL RECORD BACKGROUND CHECK PERMISSION FORM

Name: _____ Sex: Male Female Race: _____

Other Names Used: _____

DOB: _____ SS #: _____

Address: _____

City, State, Zip: _____

Head of Household (Printed): _____

FOR PHA USE ONLY:

No Record Record OK Record # _____

Not Qualified Record # _____

Date Received: _____

Staff Initials: _____

PHA's are authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission to the HCV program. This authority assists the PHA in complying with HUD requirements and PHA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. In order to obtain access to the records the PHA must require every applicant family to submit a consent form signed by each adult household member [24 CFR 5.903].

The purpose of this background check is to determine if any family member is currently engaged in, or has engaged in any of the following criminal activities, within the past 5 years:

- *Drug related criminal activity*, defined by HUD as the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with the intent to manufacture, sell, distribute or use the drug [24 CFR 5.100].
- *Violent criminal activity*, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [24 CFR 5.100].
- *Criminal activity* that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity;
- *Criminal activity* that may threaten the health or safety of property owners and management staff, and persons performing contract administration functions or other responsibilities on behalf of the PHA (including a PHA employee or a PHA contractor, subcontractor, or agent).
- *Criminal sexual conduct*, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse.
- *Immediate vicinity* means within Boone County.

Evidence of such criminal activity includes, but is not limited to any conviction for drug-related or violent criminal activity within the past 5 years; any arrests for drug-related or violent criminal activity within the past 5 years; and any record of eviction from public or privately-owned housing as a result of criminal activity within the past 5 years. A conviction for drug-related or violent criminal activity will be given more weight than an arrest for such activity.

- If any *household* member has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine in any federally assisted housing, the family will be denied admission.
- If any *household* member is subject to a lifetime registration requirement under a state sex offender registration program, the family will be denied admission.

By my signature, I give CHA complete authorization to make such background checks as necessary to assure program compliance, eligibility, admission, continued occupancy, and participation in housing assistance programs.

Signature of Applicant/Program Participant

Date

Signature of Head of Household

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.