



## Mid Missouri Public Housing Agency (MMPHA)

Section 8 Housing Rental Assistance

800 North Providence Road

Columbia, MO 65203

(P) 573-443-8706 Ext. 1050 (F) 573-340-1513



### HOUSING CHOICE VOUCHER PRE-APPLICATION

Mid Missouri Public Housing Agency only serves the following counties: Osage, Cole, Cooper, Howard, Moniteau, Callaway except inside the city limits of Fulton, MO .

To apply for the Housing Choice Voucher Program, complete the attached pre-application and provide our Agency with the following documentation:



1. Birth Certificates for all household members.



Valid Passport, Green Card, Naturalization Certificate



2. Social Security Cards for all household members.



3. Photo ID'S for everyone who will be living with you who is 18 or older.



Green Card, Government Issued Photo ID Card

FRONT

BACK

All pre-applications must be returned either in person or by mail to:

**Mid Missouri Public Housing Agency**

800 North Providence Road

Columbia, MO 65203

**MMPHA cannot accept faxed or scanned applications.**

Before being placed on the wait list you will be screened for eligibility. All program information will be mailed to you. If you do not respond to letters mailed to you, you will be taken off of the waitlist. It is your job to tell Mid Missouri PHA in writing if your mailing address changes. We cannot predict when your name will be reached as the wait list does not move at a steady pace.

If your pre-application is denied, you may request an informal review to discuss this denial. You will be provided a copy of the information that was collected to determine your ineligibility.

**Mid Missouri Public Housing Agency**

800 North Providence Road  
Columbia, MO 65203 573-443-8706 Ext.1050



Housing Choice Voucher Program  
Pre-Application for Waitlist

**FOR OFFICE USE ONLY:**

Received Date: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

SACS# \_\_\_\_\_  
Approved for Wait List YES NO  
Denied: Incomplete Criminal Previous Housing  
Other explain \_\_\_\_\_  
Date Denial letter sent to applicant \_\_\_\_\_  
Staff initial \_\_\_\_\_

One-third of all applications are dropped from the wait list due to unreported address changes. **DO NOT** let this happen to you. You are required to notify Mid Missouri Public Housing Agency (In writing) of any change of address. If we cannot contact you at the address on this pre-application your name may be removed from the Wait List, and you will have to reapply. No exceptions allowed.

**IMPORTANT! FAXED AND SCANNED APPLICATIONS WILL NOT BE ACCEPTED**  
Please print neatly in ink. All information must be completed. Attach all requested information listed on the cover sheet of this pre application.

PLEASE CIRCLE THE COUNTY IN WHICH YOU WISH TO LIVE: Callaway Cole Cooper Howard Moniteau Osage

**Head of Household Information**

Head of Household	Social Security Number	Sex	Date of Birth
(last) (first) (mi)			

**Head of Household**

	Please Circle	
Elderly	Yes	No
Handicapped	Yes	No
Disabled	Yes	No
Pregnant	Yes	No

**Race**

Please Circle	
White	Black
American Indian or Alaskan	
Asian or Pacific Islander	
Mixed	

**Ethnicity**

Please Circle
Hispanic
Non-Hispanic

**Present Address**

(Street) (City) (State) (Zip)

**Mailing Address**

(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**What is your current housing situation? (Check the one box that best applies)**

- I am homeless
- I live in a shelter
- I want to live at my present address
- I live in subsidized housing
- I live in public housing

Other \_\_\_\_\_

**I may qualify for one of the local preferences PLEASE ATTACH VERIFICATION (Check the one box that best applies)**

- I am verifiably homeless
- I am verifiably in a domestic violence shelter
- I have a Federal Declared Natural Disaster Number (FEMA)
- I have a State Declared Natural Disaster Number (SEMA)

**Additional Household Members age 18 and over**

Other Adults	Social Security Number	Sex	Date of Birth	Relationship to Head
(last) (first) (mi)				
(last) (first) (mi)				
(last) (first) (mi)				

**Additional Household Members under age 18**

Minors	Social Security Number	Sex	Date of Birth	Relationship to Head
(last) (first) (mi)				
(last) (first) (mi)				
(last) (first) (mi)				
(last) (first) (mi)				
(last) (first) (mi)				

**Please Provide the Total Monthly Income for ALL Household Members.**

Wages/Work for Cash \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 TANF \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 SSI \$ \_\_\_\_\_  
 Pension/Annuities \$ \_\_\_\_\_  
 Food Stamps Yes No

**Please answer all questions:**

Have you ever violated a previous family obligation with a HUD program? Yes No

Do you owe any money to a Public Housing Authority/Agency? Yes No  
 Amount \_\_\_\_\_

Name of Housing Authority/Agency \_\_\_\_\_

Have you ever been involved in drug-related criminal activity including the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell or use a controlled substance? Yes No

Name of drug and explain \_\_\_\_\_

Put additional information on an additional sheet or on back of this page.

Have you ever been involved in any type of criminal activity? This includes SIS or SES. Yes No

State all charges and dates \_\_\_\_\_

Put additional information on an additional sheet or on back of this page.

If any household member subject to a lifetime registration requirement under a state sex offender registration program or is no longer required to register under Megan's Law? Yes No

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States government. HUD and any owner (or employee of HUD or the owner) maybe subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification is restricted to the purpose stated above. Any person who knowingly or willing request, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer of employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act of 208 (a) (6), (7) and (8). Violation of these provisions are a violation of 42 U.S. C. 408 (a) (6), (7) and (8).\*\*"

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse/Co-Head or Other over age 18 \_\_\_\_\_ Date \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

CMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Mid Missouri Public Housing Agency  
800 North Providence Road  
Columbia, MO 65203-4300

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice. Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social 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.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# Mid Missouri PHA

## Authorization for the Release of Information

<b>Purpose: The U. S. Department of Housing and Urban Development and the named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.</b>	
<b>Organization Requested to Provide Information</b> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>	<b>Organization Requesting Information:</b> <b>Mid Missouri PHA</b> 800 North Providence Road Columbia, MO 65203 (P) 573-443-8706 Ext.1050 (F) 573-340-1513
Date of Request _____	

**Who May Release Information:**

Any individual or organization, including any government organization may be asked to release information. Some examples include, but are not limited to:

- |   |   |
|---|---|
| Banks and Other Financial Institutions<br>Sex Offender Registration<br>Prosecuting Attorney Offices<br>Employers, Past and Present<br>Providers of:<br>Alimony, Childcare, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities,<br>Schools & Colleges, U. S. Department of Veterans Affairs, Utility Companies, Welfare Agencies, Health<br>Dept. Other _____ | Courts<br>Law enforcement Agencies<br>Credit Bureaus<br>Landlords |
|---|---|

**Inquiries May be Made About:**

- Child Care Expenses, Credit History, Criminal Activity, Family Composition, Employment, Income, Pensions, & Assets, Federal, State, Tribal, or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residence & rental History,  
 Other: \_\_\_\_\_

**Authorization:** I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs: Section 8 Housing Choice Voucher Program.

I authorize the release of any information to Central Missouri Community Action to be used for agency related statistics, services and programs.

I authorize only HUD or a Public Housing Agency to obtain information on wages or unemployment from State Employment Security Agencies.

**Conditions:** I agree that photocopies of this authorization may be used for the purposes stated above.

**One square must be completed by each household member age 18 and older.**

Signature of Head of Household _____ Date _____	Signature of Spouse or Co Head _____ Date _____
Printed Name _____	Printed Name _____
Social Security Number _____	Social Security Number _____
Signature of Other Adult _____ Date _____	Signature of Other Adult _____ Date _____
Printed Name _____	Printed Name _____
Social Security Number _____	Social Security Number _____

Original is retained by the MMPHA. Authorization to obtain information expires 15 months from date signed.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

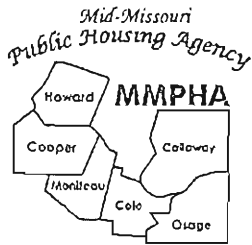
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**Signature of Applicant**

**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.



Mid-Missouri Public Housing Agency (MMPHA)

Section 8 Housing Rental Assistance

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**DECLARATION OF SECTION 214 STATUS**

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

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. Read the Declaration statement carefully then sign and return to the address below. 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 (check the appropriate box, check only one):

- 1.  I am a citizen by birth, a naturalized citizen or a nation of the United States; or
- 2.  I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification) see instructions # 1; or
- 3.  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.
  - a.  Immigrant status under 101 (a) or (15) or 101 (a) (20) or the Immigration and Nationality Act (INA), see instructions # 2: or
  - b.  Permanent residence under 249 of INA, see instructions # 3; or
  - c.  Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA, see instruction # 4: or
  - d.  Parole status under 212(d)(5) of the INA, see instruction #5: or
  - e.  Threat to life or freedom under 243 (h) of the INA, see instruction # 6: or
  - f.  Amnesty under 245A of in the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign their own name for family member(s) under age 18 years of age. (DO NOT sign child's name.

\_\_\_\_\_  
First, Middle Initial, Last Name (head of household)      Signature of Head of Household      date

\_\_\_\_\_  
First, Middle Initial, Last Name      Signature of Adult Family Member      date

\_\_\_\_\_  
First, Middle Initial, Last Name      Signature of Adult Family Member      date

\_\_\_\_\_  
First, Middle Initial, Last Name      Signature of Adult Family Member      date

\_\_\_\_\_  
First, Middle Initial, Last Name      Signature of Adult Family Member      date

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our program and services, please contact the housing authority.



- 1) Warning:** 18 U.S.C. 1001 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 State, Shall be fined not more than \$10,000, imprisoned for not more than five years or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2) Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3) Immigrant status under 101(a) (15 or 101(a) (a) (20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161). [Special agricultural worker status], who has been granted lawful temporary residence status.
- 4) Permanent residence under 249 of INA.** A noncitizen that entered the U.S. before January 1, 1972, or such date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but ho is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U. S. C. 1259) [amnesty granted under INA 249].
- 5) Refugee, asylum or conditional entry status under 207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 or the INA (8 U. S. C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 or the INA (8 U. S. C. 1158 [asylum status]; or as a result of being granted conditional entry under 203(a)(7) or the INA (U. S. C. 1153 (a) (7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 6) Parole status under 212(d) (5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U. S. C. 1182(d)(5)[parole status].
- 7) Threat of life or freedom under 243(h) of INA.** A noncitizen who is lawfully present in the U.S. s a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U. S. C. 1253(h) [threat to life or freedom].
- 8) Amnesty under 245A of INA.** A non Citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U. S. C. 1255a) [amnesty granted under INA245A].

**Instructions to Housing authority:** Following verification of status claimed by person declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS?SAVE Verification Number and date it was obtained. A HA signature is not required.

**Instruction to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place and "x" in the appropriate boxes, Place and "x" in the box below the signature if the signature is from the adult residing in the unit who is responsible for Child.



Mid-Missouri Public Housing Agency (MMPHA)

Section 8 Housing Rental Assistance

800 North Providence Road

Columbia, MO 65203

(P) 573-443-8706 Ext. 1050 (F) 573-340-1513



PREVIOUS /CURRENT HOUSING ASSISTANCE VERIFICATION

Name and address of previous/current Housing Assistance Provider: Date: \_\_\_\_\_

Name
Address
City/State/Zip
FAX #

Dear Previous Housing Assistance Provider:

The following named individual has applied for housing assistance with Boone County PHA and either stated that they had assistance with your agency or Tenant PI or HA Query Report indicated that they may have or had assistance with your agency,

Thank you for taking the time to fill out and promptly returning this form to

Boone County PHA dba Mid Missouri PHA  
 800 North Providence Road  
 (P) 573-443-8706 Ext.1050 (F) 573-340-1513

**Applicant to complete this Information (Please Print Clearly)**

Applicant Name: \_\_\_\_\_ Social Security : \_\_\_\_\_

Previous Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of occupancy: \_\_\_\_\_

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification is restricted to the purpose stated above. Any person who knowingly or willingly request, obtains or discloses any information under false pretense concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act of 2008 (s) (6), (7) and (8). Violation of these provisions are cited as a violations of 42 U.S. C. 408 (s) (6), (7) and (8).\*\*

I authorize the above mentioned Housing Assistance Provider to release the following information.

\_\_\_\_\_  
 Signature of Applicant

**This section is for Previous Housing Provider**

Did the Applicant leave the program is good standing? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Is the Applicant eligible to receive future assistance from your agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification is restricted to the purpose stated above. Any person who knowingly or willingly request, obtains or discloses any information under false pretense concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act of 2008 (s) (6), (7) and (8). Violation of these provisions are cited as a violations of 42 U.S. C. 408 (s) (6), (7) and (8).\*\*

Name of person providing information: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_



# Mid-Missouri Public Housing Agency ( MMPHA )

Section 8 Housing Rental Assistance  
800 North Providence  
Columbia, MO 65203  
(P) 573-443-8706 Ext.1050 (F) 573-340-1513



## CRIMINAL HISTORY VERIFICATION

Mid-Missouri Public Housing Agency is required to complete a criminal background check on all applicants/tenants age 18 and over. The background checks will be completed using LPPolice, Case.net, the Missouri Highway Patrol Website Sex Offenders and the Dru Sjodin National Sex Offender Website.

One form must be completed by each household member age 18 and over.

Please Print:

Name: \_\_\_\_\_  
(last) (first) (middle)

Social Security Number: \_\_\_\_\_

Other Last Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Please List All States that you have lived in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature below indicated that you are aware of the background check process. Please indicate "Yes" or "No" by placing your initials in front of one of the statements below.

\_\_\_\_\_ Yes I authorize Mid Missouri Public Housing Agency to conduct the background checks.

\_\_\_\_\_ No I do not authorize Mid Missouri Public Housing Agency to conduct the background checks.

I understand that failure to allow a background check will result in denial of receiving Section 8 Choice Voucher Rental Assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
completed by MMPHA staff

\_\_\_\_\_ Case.net \_\_\_\_\_ Lppolice \_\_\_\_\_ Missouri State Hwy Patrol website \_\_\_\_\_ Dru Sjodin National Sex Offer Public Website



## Client Confidentiality Agreement/ Release of Information

Household Comments:

Individual Comments:

I certify that the information on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application.

Under the terms of this Agreement, CLIENT agrees to release to CMCA information that is confidential and proprietary to be used solely for the Agency's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of CLIENT or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. CMCA will consider all information received from CLIENT to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is: (i) generally known to the public, (ii) in the possession of CMCA before receipt from CLIENT, (iii) obtained later by the Agency from a third party without restriction or violation of Agreements.

CMCA will not disclose CLIENT's Confidential Information to any other party without the prior written consent of CLIENT. CMCA may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as CLIENT identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. CMCA will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

This Agreement may be amended only in writing and shall be governed by the laws of the State of Missouri.

Please sign below to indicate that you have read this Consent and agree with its terms.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_