



H A S PROPERTIES – PUBLIC HOUSING 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 spade/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. Only list children that are in your **legal** custody. **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										
3										
4										
5										
6										
7										

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."

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

SCREENING QUESTIONS

Yes No

- ☐ ☐ 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 _____
- ☐ ☐ Is there at least one **U.S. Citizen** or an eligible immigrant that is listed on this application?
- ☐ ☐ Are any **adults** listed on this application a full time student? If yes, Who? _____
Where do they attend? _____

5. ☐ ☐ 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: _____

6. Please list any Maiden Name (name at birth) for any adult listed on this application? _____

7. ☐ ☐ Have you or any adult listed on this application ever been married? If yes, Who? _____

8. List former spouses of adult members and/or the absent parents of children on the application.

Family Member #	List all former spouses/absent parents:	Absent Parent of which child	Date Married	Date Separated	Date Divorced	Date Deceased

The application must be fully completed and all requested documents present when turned in or the HA will not be able to process the application. HA will make copies of documentation requested if needed. **If you have questions concerning this application you may call (417) 866-4329 ext. 4567.**

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

I do hereby attest that all of the information on this application and all attached forms are true and correct. I also understand that **all changes** in income of any member of the household as well as **any changes** in the household members or current address must be reported to the Housing Authority **IN WRITING IMMEDIATELY.**

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Person that Assisted with filling out Application

Phone #

Date

Warning: Title 18, Section 1001 of the United States Code of Federal Regulations, provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing a 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.

The Housing Authority of the City of Springfield does not discriminate against anyone because of race, creed, color, sex, age, religion, national origin, familial status, or handicap in the application process, leasing, rental or other disposition of housing or related facilities (including land) included in any development or project under its jurisdiction by a contract for annual contributions under the United States Housing Act of 1937. Legal Name: HOUSING AUTHORITY OF THE CITY OF SPRINGFIELD, MISSOURI

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IMPORTANT: PLEASE READ! You MUST fill out applicant name, address, phone #, & sign form whether you provide a contact person or check box for "No contact"

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. (If box checked, must sign, print name, and date below.)

Signature of Applicant

Print Applicant's Name

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.

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Authorization for the Release of Information

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

Organization requesting release of information -
(name, address, telephone):

HOUSING AUTHORITY OF SPRINGFIELD
(H A S PROPERTIES)
421 W MADISON ST.
SPRINGFIELD, MISSOURI 65806
(417) 866-4329

PURPOSE

The U.S. Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Section 8 Housing Choice Voucher Program
Public Housing Program
Shelter Plus Care Program
VASH Program
Rental Assistance Demonstration Program (RAD)
Project Based Vouchers

I authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

I authorize HAS PROPERTIES to release information regarding my Housing Assistance benefits to other social service agencies for the purpose of determining my eligibility for other public assistance programs.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expense
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets
Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History
Other:

WHO MAY RELEASE INFORMATION:

Any individuals or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Prosecuting Attorney Offices
Credit Bureaus
Employers, Past and Present
Landlords
Providers of:
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges
Social Security Administration
U. S. Department of Veterans Affairs
Utility Companies
Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I agree that a Public Housing Agency or HUD may conduct computer matching programs with other governmental agencies including Federal, State, or Local agencies. The governmental agencies include:

U. S. Office of Personnel Management
U. S. Social Security Administration
U. S. Department of Defense
U. S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS

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

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Print Name of Head of Household

DATE

Print Name of Spouse or Other Adult

DATE

Signature of Head of Household

Signature of Spouse or Other Adult

X

X

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION
NO EXPIRATION DATE ON THE ABILITY TO OBTAIN INFORMATION

Form HUD 9886
HAS REVISED 9/2019

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Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

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Signature

Date

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2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

HAS PROPERTIES CBC FORM

For Office Use Only:

Applied for: ☐ PH ☐ Add to lease

(Criminal Background Form)

421 W Madison St. ○ Springfield, MO 65806-2999 ○ (417) 866-4329 ○ TTY: (800) 735-2966 Missouri Relay

Applicants and Program Participants: The Housing Authority of Springfield, MO (DBA HAS Properties) screens all applicants and program participants for criminal activity. Each adult 17 ½ and older and the application must complete a **Criminal Background Check (CBC)**. Your information may be sent to the local police department and/or you may be asked to submit fingerprints. If fingerprints are required HAS Properties will pay for this service. Do not take this form to the police department. Read the following notice and complete the information below. If this form is not completed, your application will be incomplete and will not be processed.

Important Notice Concerning Fingerprint-Based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand and agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol and/or the Federal Bureau of Investigation.
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in Missouri State Highway Patrol and/or Federal Bureau of Investigation files.
- Any future updates made to your arrest record may be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

You must fill out and sign the form below to state that you understand and agree to the terms outlined above.

This information is confidential and will be used for housing purposes only!

Please Print. Use blue or black ink. No white out.

First Name: _____ Middle Initial: _____ Last Name: _____

Any other names EVER used: _____

Date of Birth: _____ Soc. Sec. #: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

Eye Color: _____ Weight: _____ Height: _____ Race: _____

Place of Birth: _____ Country of Citizenship: _____

Signature: _____

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- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol and/or the Federal Bureau of Investigation.
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in Missouri State Highway Patrol and/or Federal Bureau of Investigation files.
- Any future updates made to your arrest record may be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

You must fill out and sign the form below to state that you understand and agree to the terms outlined above.

This information is confidential and will be used for housing purposes only!

Please Print. Use blue or black ink. No white out.

First Name: _____ Middle Initial: _____ Last Name: _____

Any other names EVER used: _____

Date of Birth: _____ Soc. Sec. #: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

Eye Color: _____ Weight: _____ Height: _____ Race: _____

Place of Birth: _____ Country of Citizenship: _____

Signature: _____

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Housing History

For Name (print): _____

Housing References: List **ALL** landlords in the past 3 years. Include any locations you stayed at **even if you were not the leaseholder**. If extra space is needed, please attach a separate sheet of paper. Homeless forms available upon request.

Current address, street, apartment # _____

Current city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Are you on the lease? ☐ YES ☐ NO

Who is the primary leaseholder? _____

Current landlord's name and phone # (if known) _____

Current landlord's address, street, apartment # _____

Current landlord's city, state, and zip _____

Previous address, street, apartment # _____

Previous city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Were you on the lease? ☐ YES ☐ NO

Who was the primary leaseholder? _____

Previous landlord's name and phone # (if known) _____

Previous landlord's address, street, apartment # _____

Previous landlord's city, state, and zip _____

Previous address, street, apartment # _____

Previous city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Were you on the lease? ☐ YES ☐ NO

Who was the primary leaseholder? _____

Previous landlord's name and phone # (if known) _____

Previous landlord's address, street, apartment # _____

Previous landlord's city, state, and zip _____

Previous address, street, apartment # _____

Previous city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Were you on the lease? ☐ YES ☐ NO

Who was the primary leaseholder? _____

Previous landlord's name and phone # (if known) _____

Previous landlord's address, street, apartment # _____

Previous landlord's city, state, and zip _____

Continued on back

Subsidized Housing History

Yes No

☐ ☐ 1. Have you or any adult listed on this application ever before applied or been assisted through this office?

If yes, Who? _____ When? _____ If housed, Address: _____

☐ ☐ 2. Have you or any adult listed on this application ever **participated in** another Federally-Assisted Housing Program? (rent based on income) If yes, Who? _____ When? _____ Address: _____

☐ ☐ 3. Have you or any adult listed on this application ever been evicted and/or had assistance terminated from a Federally-Assisted Housing Program? (rent based on income) What Agency? _____, When? _____, and Address: _____

☐ ☐ 4. Have you or any member of your household ever committed any **fraud** or been requested to **repay money** to a Federally-Assisted Housing Program? (rent based on income) What Agency? _____, Who? _____ When? _____, and Address: _____

List ALL subsidized housing. If extra space is needed, please attach a separate sheet of paper.

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 _____

Housing History

For Name (print): _____

Housing References: List **ALL** landlords in the past 3 years. Include any locations you stayed at **even if you were not the leaseholder**. If extra space is needed, please attach a separate sheet of paper. Homeless forms available upon request.

Current address, street, apartment # _____

Current city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Are you on the lease? ☐ YES ☐ NO

Who is the primary leaseholder? _____

Current landlord's name and phone # (if known) _____

Current landlord's address, street, apartment # _____

Current landlord's city, state, and zip _____

Previous address, street, apartment # _____

Previous city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Were you on the lease? ☐ YES ☐ NO

Who was the primary leaseholder? _____

Previous landlord's name and phone # (if known) _____

Previous landlord's address, street, apartment # _____

Previous landlord's city, state, and zip _____

Previous address, street, apartment # _____

Previous city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Were you on the lease? ☐ YES ☐ NO

Who was the primary leaseholder? _____

Previous landlord's name and phone # (if known) _____

Previous landlord's address, street, apartment # _____

Previous landlord's city, state, and zip _____

Previous address, street, apartment # _____

Previous city, state, and zip _____

From (Month/Year) _____ To (Month/Year) _____ Rent per month \$ _____

List other adults living here _____ Were you on the lease? ☐ YES ☐ NO

Who was the primary leaseholder? _____

Previous landlord's name and phone # (if known) _____

Previous landlord's address, street, apartment # _____

Previous landlord's city, state, and zip _____

Continued on back

Subsidized Housing History

Yes No

☐ ☐ 1. Have you or any adult listed on this application ever before applied or been assisted through this office?

If yes, Who? _____ When? _____ If housed, Address: _____

☐ ☐ 2. Have you or any adult listed on this application ever **participated in** another Federally-Assisted Housing

Program? (rent based on income) If yes, Who? _____ When? _____ Address: _____

☐ ☐ 3. Have you or any adult listed on this application ever been evicted and/or had assistance terminated from a Federally-Assisted Housing Program? (rent based on income) What Agency? _____,

When? _____, and Address: _____

☐ ☐ 4. Have you or any member of your household ever committed any **fraud** or been requested to **repay money** to a Federally-Assisted Housing Program? (rent based on income) What Agency? _____,

Who? _____ When? _____, and Address: _____

List ALL subsidized housing. If extra space is needed, please attach a separate sheet of paper.

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 _____

Homeless Information**Homeless Dates** — From (month and year): _____ To: (month and year): _____

Did you stay in any homeless shelters during the past three years? ☐ Yes or ☐ No
 If yes, please include this information also. NOTE: Attach additional sheets as necessary.

Where did you receive your mail? Please list all during this time:

1. In care of (Name): _____ Relation (if any): _____ Month/year – Month/year: _____
 Address: _____ City: _____ State: _____ Zip: _____
2. In care of (Name): _____ Relation (if any): _____ Month/year – Month/year: _____
 Address: _____ City: _____ State: _____ Zip: _____
3. In care of (Name): _____ Relation (if any): _____ Month/year – Month/year: _____
 Address: _____ City: _____ State: _____ Zip: _____

Where did you sleep? Please list all during this time:

1. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
2. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
3. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
4. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
5. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
6. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
7. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
8. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year –Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____

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Homeless Information**Homeless Dates** — From (month and year): _____ To: (month and year): _____

Did you stay in any homeless shelters during the past three years? ☐ Yes or ☐ No
 If yes, please include this information also. NOTE: Attach additional sheets as necessary.

Where did you receive your mail? Please list all during this time:

1. In care of (Name): _____ Relation (if any): _____ Month/year — Month/year: _____
 Address: _____ City: _____ State: _____ Zip: _____
2. In care of (Name): _____ Relation (if any): _____ Month/year — Month/year: _____
 Address: _____ City: _____ State: _____ Zip: _____
3. In care of (Name): _____ Relation (if any): _____ Month/year — Month/year: _____
 Address: _____ City: _____ State: _____ Zip: _____

Where did you sleep? Please list all during this time:

1. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
2. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
3. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
4. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
5. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
6. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
7. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____
8. Place/In care of (Name): _____ Relationship (if any): _____
 Month/year —Month/year: _____ Check here if address already listed above ☐ or:
 Address: _____ City: _____ State: _____ Zip: _____

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HAS PROPERTIES
(417) 866-4329

LANDLORD/SUBSIDIZED RELEASE

421 West Madison St.
Springfield, MO 65806-2999

Section 1-Applicant: You must complete Section 1 of this form to verify authorization for Subsidy Agency/Landlord to release information about your subsidized housing assistance / rental history to HAS Properties.

Adult #1			Adult #2		
Print Name	Signature		Print Name	Signature	
Date	Last 4 digits of SSN	Date of Birth	Date	Last 4 digits of SSN	Date of Birth
Maiden Name and Any other Names Ever Used			Maiden Name and Any other Names Ever Used		

APPLICANTS: STOP HERE!

Section 2-Landlord/Subsized Agency: The applicant(s) has (have) given you authorization to release information about their subsidy participation / rental history to HAS Properties. HAS screens all applicants in order to provide a safe, secure, and drug-free community. All applicants must supply landlord information for the past three years and all current/previous subsidized participation in accordance with HUD guidelines and HAS policies and procedures.

Please answer the questions below that pertain to your situation and return to use within one (1) week. Please write a brief comment if you do not know the named person(s), or did not own the property at the time, etc. *Thank you.*

Landlord/Subsidy Agency	Rental Address
	Other Adults living in it
Subsidy Participation/Date Moved In	Subsidy Participation Ended/Date Move Out

Subsidized Agency:

- ☐ Unable to verify participation/too old/no files. ☐ Participation from: _____ to _____
- ☐ Participation ended in good standing.
- ☐ Participation ended in bad standing due to: _____
- ☐ Owes Subsidy Money. If so, How much and why? _____

Landlord Rental Information:

- Move-In Date? _____ Move-Out Date? _____ Monthly Rent? _____
- How much money do they still owe you? Past Due Rent _____ Damages _____ Other Charges _____
- Was the rent for this unit subsidized? ☐ Yes ☐ No
- Was the rent paid on time? ☐ Yes ☐ No
- Was the home kept clean? ☐ Yes ☐ No
- Were the neighbors disturbed? ☐ Yes ☐ No
- Was an eviction necessary? ☐ Yes ☐ No If yes, why? _____
- Were repairs above normal wear and tear necessary? ☐ Yes ☐ No
- Would you rent to the applicant(s) again? ☐ Yes ☐ No If no, why? _____
- Comments (continue on back if needed): _____

Information and signature of person that provided above verification.

Print first and last name of manager/owner	Phone number (include area code)	Fax #
Signature	Title	Date

FOR OFFICE USE ONLY

Date	Time	Date	Time
Called: _____	_____	Faxed: _____	_____
Called: _____	_____	Faxed: _____	_____
Person Contacted By Phone	Date	Your Initials	

App # _____ BR _____
SUB/LL/URA # _____

HAS PROPERTIES
(417) 866-4329

LANDLORD/SUBSIDIZED RELEASE

421 West Madison St.
Springfield, MO 65806-2999

Section 1-Applicant: You must complete Section 1 of this form to verify authorization for Subsidy Agency/Landlord to release information about your subsidized housing assistance / rental history to HAS Properties.

Adult #3			Adult #4		
Print Name _____	Signature _____		Print Name _____	Signature _____	
Date _____	Last 4 digits of SSN _____	Date of Birth _____	Date _____	Last 4 digits of SSN _____	Date of Birth _____
Maiden Name and Any other Names Ever Used _____			Maiden Name and Any other Names Ever Used _____		

APPLICANTS: STOP HERE!

Section 2-Landlord/Subsidized Agency: The applicant(s) has (have) given you authorization to release information about their subsidy participation / rental history to HAS Properties. HAS screens all applicants in order to provide a safe, secure, and drug-free community. All applicants must supply landlord information for the past three years and all current/previous subsidized participation in accordance with HUD guidelines and HAS policies and procedures.

Please answer the questions below that pertain to your situation and return to use within one (1) week. Please write a brief comment if you do not know the named person(s), or did not own the property at the time, etc. *Thank you.*

Landlord/Subsidy Agency _____	Rental Address _____
_____	Other Adults living in it _____
Subsidy Participation/Date Moved In _____	Subsidy Participation Ended/Date Move Out _____

Subsidized Agency:

- ☐ Unable to verify participation/too old/no files. ☐ Participation from: _____ to _____
- ☐ Participation ended in good standing.
- ☐ Participation ended in bad standing due to: _____
- ☐ Owes Subsidy Money. If so, How much and why? _____

Landlord Rental Information:

11. Move-In Date? _____ Move-Out Date? _____ Monthly Rent? _____
12. How much money do they still owe you? Past Due Rent _____ Damages _____ Other Charges _____
13. Was the rent for this unit subsidized? ☐ Yes ☐ No
14. Was the rent paid on time? ☐ Yes ☐ No
15. Was the home kept clean? ☐ Yes ☐ No
16. Were the neighbors disturbed? ☐ Yes ☐ No
17. Was an eviction necessary? ☐ Yes ☐ No If yes, why? _____
18. Were repairs above normal wear and tear necessary? ☐ Yes ☐ No
19. Would you rent to the applicant(s) again? ☐ Yes ☐ No If no, why? _____
20. Comments (continue on back if needed): _____

Information and signature of person that provided above verification.

Print first and last name of manager/owner _____	Phone number (include area code) _____	Fax # _____
Signature _____	Title _____	Date _____

FOR OFFICE USE ONLY

Date _____	Time _____	Date _____	Time _____
Called: _____	_____	Faxed: _____	_____
Called: _____	_____	Faxed: _____	_____
Person Contacted By Phone _____	Date _____	Your Initials _____	

App # _____ BR _____
SUB/LL/URA # _____