



Mid Missouri Public Housing Agency (MMPHA)

Housing Choice Voucher – Section 8 Housing
Rental Assistance Program
800 North Providence Rd
Columbia, MO 65203
(P) 573-443-8706 (F) 573-340-1513

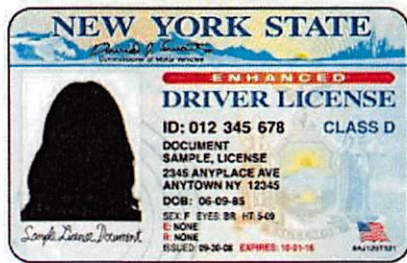


HOUSING CHOICE VOUCHER PRE-APPLICATION

Mid Missouri Public Housing Agency only services the following counties:

Callaway, Cole, Cooper, Howard, Moniteau, and Osage ONLY

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



1. Birth Certificate for all household members.

2. Social Security Card for all household members

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

All pre-application must be returned completed with everything listed on this coversheet 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.

All program information will be mailed to you. If you do not respond to the letters mailed to you, you will be taken off the wait list. It is your job to let us know 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 preapplication is denied, you may request an informal review to discuss this denial. You will be provided with a copy of the information that was collected to determine your ineligibility.

Mid Missouri Public Housing Agency
 800 North Providence Rd
 Columbia, MO 65203



Housing Choice Voucher Program
 Pre-Application for Section 8 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 or the phone number 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. Incomplete or illegible applications will not be accepted.

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)

*Verification of homeless is a must

- 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 and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Mid-Missouri Public Housing Agency
Housing Choice Voucher Program "Section 8"
 800 North Providence Rd Suite, Columbia MO 65203
 (P) 573-443-8706 Ext: 1050 (F) 573-340-1513



Authorization for the Release of Information

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.

Organization Requested to Provide Information _____ _____ _____	Organization Requesting Information: Mid Missouri PHA 800 North Providence Road Columbia, MO 65203 573-443-8706 X 1050 573-340-1513 Fax
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 | Courts |
| Sex Offender Registration | Law enforcement Agencies |
| Prosecuting Attorney Offices | Credit Bureaus |
| Employers, Past and Present | Landlords |
| Providers of: | |

Alimony, Childcare, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities, Schools & Colleges, U. S. Department of Veterans Affairs, Utility Companies, Welfare Agencies, Health Dept. Other: _____

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: Housing Choice Voucher Program "Section 8". 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 Mid Missouri 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 _____ Date _____
Printed Name _____ Social Security Number _____	Printed Name _____ Social Security Number _____
Signature of 18yr old & older _____ Date _____	Signature of 18yr old & older _____ Date _____
Printed Name _____ Social Security Number _____	Printed Name _____ 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.

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.

Declaration of Section 214 Status

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be taken to obtain this evidence.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

PENALTIES FOR MISUSING THIS CONSENT: 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, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA 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 at **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8). **

This Section to be completed by the Applicant

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- A non-citizen 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 section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- Form I-94, Arrival-Departure record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207"
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3 on the reverse side, please complete this consent form

Verification Consent

I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____



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PREVIOUS /CURRENT HOUSING ASSISTANCE VERIFICATION

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

Form with fields: 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 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
Columbia, MO 65203 or by fax to: 573-340-1513 or by email: housing@cmca.us

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 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 cited as a violations of 42 U.S. C. 408 (a) (6), (7) and (8).**

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

Signature of Applicant Date

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:

Name of person providing information:

Authorized Signature: Title:

Phone #: Fax #:



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CRIMINAL HISTORY VERIFICATION

Mid Missouri Public Housing Agency is required to complete a criminal background check on all applicant's/tenants age 18 and over. The background checks will be completed using internet resources including Case.net, the Missouri State 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.

Name: _____

Please Print: (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 indicates 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: _____

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- _____ Completed by MMPHA staff
 - _____ Case.net _____ Missouri State Hwy Patrol website
 - _____ Dru Sjodin National Sex Offer Public Website