

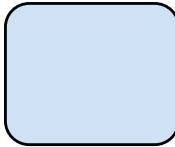
**BOONE COUNTY PUBLIC HOUSING AGENCY dba MMPHA**  
**Housing Choice Voucher Pre-Application Cover Sheet**

Our housing agency only serves the following counties: Callaway, Cole, Cooper, Howard, Moniteau, and Osage.

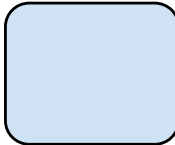
To apply for the Housing Choice Voucher Program, complete the attached pre-application and provide our agency with the following documentation:



- 1. Birth Certificates for all household members. (Valid passport, green card, naturalization certificate, if applicable.)**



- 2. Social security cards for all household members.**



- 3. Valid photo ID's for all household members over the age of 18.**



**All pre-applications must be returned completed via one of the following ways:**

- 1. Mail-in/Drop-Off to 800 N Providence Rd, Columbia MO 65203**
- 2. Emailed to [cmcahousing@cmca.us](mailto:cmcahousing@cmca.us)**
- 3. Faxed to 573-340-1513**

Before being placed on the waitlist you will be screened for eligibility. All program information will be mailed/emailed to you. If you do not respond to information sent to you, you will be taken off the waitlist. It is your job to tell our Agency in writing if your mailing address changed. We cannot predict when your name will be reached as the waitlist does not move at a steady pace.

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



**Mid-Missouri Public Housing Agency**  
**Housing Choice Voucher Program**  
 800 North Providence Rd. Columbia MO 65203  
 (P) 573-443-8706 Ext: 1050 (E) cmcahousing@cmca.us



**BOONE COUNTY PUBLIC HOUSING AGENCY dba MMPHA**  
**Housing Choice Voucher Pre-Application**

One-third of all applications are dropped from the waitlist due to unreported address changes. We do not want this to happen to you! You are required to notify our office (in writing) of any changes to your address. If we cannot contact you at that address on this pre-application your name may be removed from the waitlist and you will have to reapply. No exceptions allowed.

Please print neatly in ink when completing this application. All information must be completed. Attach all requested information listed on the cover sheet of this pre-application. Failure to provide any requested information may result in your application being denied.

**Please circle the county in which you wish to reside:**

- Callaway     Cole     Cooper     Howard     Moniteau     Osage

**Head of Household's Full Legal Name (PRINT NAME):** \_\_\_\_\_

- Elderly (over age of 61)     Handicapped     Disabled     Pregnant (or other household member pregnant)    **ETHNICITY:**  
 Hispanic  
 Non-Hispanic

1. 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 want to live in Public housing.    - OTHER: \_\_\_\_\_

2. 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).

**Present Street Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Do you wish to receive email communications only?**     YES     NO

**PART 1: HOUSEHOLD MEMBER(S)**

3. List below the name(s) of household members LIVING WITH YOU starting with yourself. If there are more than 9 people living in your home, list the others on a separate sheet of paper.

Household Member(s) Full Legal Name	Disabled? Y/N	Relationship to head of household	Date of Birth	Sex M/F	Full Social Security Number	Citizen? Y/N	Race
		Head of Household (Self)					



**Mid-Missouri Public Housing Agency**  
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Household Income	Please answer all questions:
Wages/Work for Cash \$ _____	Have you ever violated a previous family obligation with a HUD program? <input type="checkbox"/> YES <input type="checkbox"/> NO
Social Security (SS) \$ _____	Do you owe money to a Public Housing Authority/Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of the Housing Authority/Agency: _____
Food Stamps (SNAP) \$ _____	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? <input type="checkbox"/> YES <input type="checkbox"/> NO  (If yes, include the name of the drug and explanation of the activity on a separate sheet of paper and attach with this application.)
Temporary Assistance for Needy Families (TANF) \$ _____	Have you ever been involved in any type of criminal activity? This included SIS or SES. <input type="checkbox"/> YES <input type="checkbox"/> NO  (If yes, include the type of criminal activity and explanation of the activity on a separate sheet of paper and attach with this application.)
Pension/Annuities \$ _____	Is 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
Unemployment \$ _____	Is there anything you feel our Public Housing Authority/Agency needs to know? <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, please explain:
Child Support \$ _____	
Other - SPECIFY: _____	

**Authorization, Representation, and Certifications Warning:**  
 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 any 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 information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretense 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for missing the social security number are contained in the \*\*Social Security Act at 208 (a)(6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C.408(a)(6), (7), and (8).\*\*

Please be informed that all your declarations and disclosures can and will be verified through the use of third party verification such as employers, government agencies and computer matching (Enterprise Income Verification, or EIV).

NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by providing false information, impersonation, failure to disclose or other fraud and any act of assistance to such attempt, is a crime under Missouri state law.

\_\_\_\_\_ (Date)      \_\_\_\_\_ (Date)      \_\_\_\_\_ (Date)      \_\_\_\_\_ (Date)  
 (Signature of Head of Household)      (Signature of Spouse/CoHead/Other representative over 18 years old)

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:</b> (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	
<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.

--	--

**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.

## 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**  
 800 North Providence Rd. Columbia MO 65203  
 (P) 573-443-8706 Ext: 1050 (E) cmcahousing@cmca.us



**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: _____ _____ _____ Date of Request: _____	Organization Requesting Information: Central Missouri Community Action dba Mid-Missouri Public Housing Agency 800 N Providence Rd Columbia, MO 65203 cmcahousing@cmca.us
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**Who may release information:**

Any individual, or organization, including any government organization, may be asked to release information including, but not limited to:

- |  |                          |
|--|--------------------------|
| Banks and Other Financial Institutions | Landlords                |
| Sex Offender Registration              | Law Enforcement Agencies |
| Prosecuting Attorney Offices           | Credit Bureaus           |
| Employers, Past & Present              | Courts                   |

Providers of: alimony, childcare, child support, 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: childcare expenses, credit history, criminal activity, family composition, employment, income, pensions, assets, Federal/State/Local benefits, handicapped assistance expenses, identity/marital status, medical expenses, social security numbers, residence & rental history, and others.*

I authorize the release of information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs: Housing Choice Voucher (HCV) program, and/or other Central Missouri Community Action (CMCA) programs. I authorize the release of any information to CMCA to be used for agency related statistics, services, and programs. I authorize HUD or Mid-Missouri Public Housing Agency to obtain information on wages, or unemployment, from the State Employment Security Agencies until I revoke this authorization in writing.

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

**One square must be completed by each household member 18 years old or older:**

_____ Head of Household Signature                      Date	_____ Household Member Signature                      Date
_____ Printed Name	_____ Printed Name
_____ Full Social Security Number	_____ Full Social Security Number
_____ Household Member Signature                      Date	_____ Household Member Signature                      Date
_____ Printed Name	_____ Printed Name
_____ Full Social Security Number	_____ Full Social Security Number



## 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: \_\_\_\_\_



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 Housing Choice Voucher Program  
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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 aged 18 and over.**

**Printed Full Legal Name Head of Household:** \_\_\_\_\_

**Full 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 the Mid Missouri Public Housing Agency to conduct the background checks.

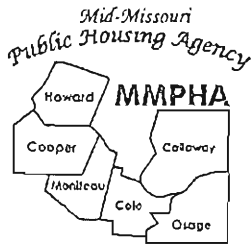
\_\_\_\_\_ No, I do not authorize Mid Missouri Public Housing Agency to conduct the background checks. *(I understand that failure to allow a background check will result in denial of participation in the program.)*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Completed by MMPHA staff**

- Case.net
- Missouri State Hwy Patrol website
- Dru Sjodin National Sex Offer Public Website



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



**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 #: \_\_\_\_\_