

# Application for Neosho Housing Authority

321 S. Hamilton St. Neosho, Mo. 64850

Email: [neoshohousing@outlook.com](mailto:neoshohousing@outlook.com)

Applications will be accepted Monday through Friday 8:00 AM to 4:30 PM. Closed on Holidays. There is no application fee. If you have any questions about this application call 417-451-5303.

We do not accept faxed applications. Please read the entire application carefully and complete all questions. Incomplete applications cannot be processed and will be destroyed after 30 days.

**The following checklist is provided to help you complete this application.**

Staff will make copies of social security cards and state picture IDs for your application if you bring them in during office hours listed above. **Pictures and printed copies must be clear and legible if you provide these copies.**

\_\_\_\_\_ A copy of birth certificate for **all adults and children on the application.**

\_\_\_\_\_ A copy of social security cards for **all adults and children on the application.**

\_\_\_\_\_ A copy of current state picture ID for **everyone aged 17 ½ or older on the application.**

\_\_\_\_\_ Income verification from all sources of income for all members of the household.

The Housing Authority is committed to making reasonable accommodations when such accommodations may be necessary to afford a person with disabilities an equal opportunity to make a preliminary application. If an applicant needs accommodation in order to complete the application process, such as reading the application aloud, assistance with writing, or interpretation, please ask the front desk for assistance.



**Information sheet: PLEASE READ BEFORE FILLING OUT APPLICATION!**

## APPLICATION – APPROVALS & REJECTIONS

### Resident Selection Criteria

Applications may be obtained in person at 321 S. Hamilton Neosho, MO 64850 or by mail if applicant is over fifty miles from Neosho, Missouri.

The following procedures are the established Resident Selection Criteria used by Management to determine applicant eligibility and acceptability:

- A fully completed application for rental must be made with management.
- Third party verification of all items completed on the application. False information provided will be reason for automatic rejection.
- Good landlord references; good housekeeping, good neighbor, paying rent on time (at least 90%) persons paying more than 30% of income, with extenuating circumstances will be considered on a case by case basis. Credit check information is used if a landlord reference cannot be obtained, with an exception given to home owners. Applicants who are not current with their collections will be rejected. We utilize EIV for former & existing Tenant search (see ACOP)
- Applicants must pass a criminal background investigation (see established policy).
- Applicant must meet program income and other eligibility requirements. Rent & utilities should not exceed 30% of income.
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Qualified reader, interpreter, etc. are available for all correspondence for persons with disabilities who request these services.

Applicant will be notified by letter of acceptance or rejection of application. If rejected, applicants may reapply when the item causing the rejection has been resolved.

Successful applicants will be placed on the waiting list according to the date that all of the above requirements have been met.

Our waiting list is updated every 6 months, persons not responding, will be dropped from the waiting list.

# Neosho Housing Authority--Application

321 S Hamilton Nesoho, MO 64850

(417)451-5303

**\*PLEASE PRINT and USE BLACK OR BLUE INK\* \* DO NOT USE WHITE OUT\***

Head of Household Name \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REQUIRED: LEGIBLE COPY OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS AND STATE PICTURE ID FOR ALL ADULTS /2 OR OVER MUST BE SBMITTED WITH THEIS APPLICATION. WE WILL MAKE COPIES FOR YOU IF NEEDED. A COPY OF THE BIRTH CERTIFICATE FOR EACH HOUSEHOLD MEMBER IS REQUIRED BEFORE A LEASE CAN BE SIGNED.**

## FAMILY MEMBERS INFORMATION

Please list everyone who will be living in your home on a full-time basis including 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	Relationship to HOH	Age	Sex	Date of Birth	Social Security Number	Race Code	Check If Hispanic	US Citizen Y or N
1		<b>Self</b>							
2									
3									
4									
5									
6									
7									
8									

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? Explain: \_\_\_\_\_

### For Office Use Only

Application received in Office:

Date of Completion: \_\_\_\_\_

Time \_\_\_\_\_

Staff: \_\_\_\_\_  
(initials)

Bedrooms per Occupancy Guidelines: \_\_\_\_\_

Resident Screening Date: \_\_\_\_\_

**Criminal History:** I understand that NHA will be conducting a criminal background check (CBC) on all household members 17 1/2 years and older. If the CBC comes back with any possible criminal activity noted the NHA shall need that person to comply with further inquiry if required. Failure to comply will make application ineligible. By signing the application this application, I give authorization to NHA to make inquires if deemed necessary.

**Yes**      **No**  
\_\_\_\_\_      \_\_\_\_\_ Have you or any person(s) listed on this application ever been ticketed, issued a summons, arrested, charged or convicted of a crime? If Yes who? \_\_\_\_\_ and when? \_\_\_\_\_  
Charges: \_\_\_\_\_

**INCOME SECTION**

**Yes**      **No**  
\_\_\_\_\_      \_\_\_\_\_ Is any member of family employed or self-employed?

Job 1. Who? \_\_\_\_\_ Employer Name and Address \_\_\_\_\_  
Employer Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_ Wage Per Hour \_\_\_\_\_

Job 2. Who? \_\_\_\_\_ Employer Name and Address \_\_\_\_\_  
Employer Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_ Wage Per Hour \_\_\_\_\_

Job 3. Who? \_\_\_\_\_ Employer Name and Address \_\_\_\_\_  
Employer Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_ Wage Per Hour \_\_\_\_\_

**DOES ANY FAMILY MEMBER RECEIVE OR EXPECT TO RECEIVE ANY OF THE FOLLOWING:**

**Yes**      **No**  
\_\_\_\_\_      \_\_\_\_\_ Social Security /Social Security Disability Income?  
Recipient Name \_\_\_\_\_ Amount? \_\_\_\_\_ Frequency \_\_\_\_\_  
Is Medicare deducted from above amount? Circle: YES or NO

\_\_\_\_\_      \_\_\_\_\_ Supplemental Security Income:  
Recipient Name \_\_\_\_\_ Amount? \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ TANF (do Not Include Food Stamps)  
Child Support? From Whom? \_\_\_\_\_ Court ordered? Circle: YES or NO

\_\_\_\_\_      \_\_\_\_\_ Unemployment/Workman's Compensation Pay?  
Recipient Name \_\_\_\_\_ Amount? \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ Retirement, VA, Annuity, Pension payments?  
Recipient Name \_\_\_\_\_ Amount? \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ Income from Babysitting, housekeeping or plasma donations?  
Recipient Name \_\_\_\_\_ Amount? \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ Cash or Non-cash assistance, paid by someone not living in the household?  
Recipient Name \_\_\_\_\_ Amount? \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_ Other sources of income not listed above (i.e. Armed service, alimony or blind pension)  
Please List: \_\_\_\_\_ Amount? \_\_\_\_\_ Frequency \_\_\_\_\_

**Yes**      **No**  
 \_\_\_\_\_      \_\_\_\_\_ **Is the Head of Household or Spouse Elderly (62 or Older or disabled)?** We provide a deduction for ADULTS who can prove by SS, or SSI or a doctor's statement that they have a disability which can be expected to last for a t least 12 months.  
 \_\_\_\_\_      \_\_\_\_\_ Do you or anyone else listed on the application require an accommodation/special need due to a disability? Explain: \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_ Do you have a court ordered legal guardian? If yes, your guardian must complete this application sign all the forms and provide a copy of legal guardian paperwork.  
 Guardians' Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_ Do You have a case manager or caseworker that is able to assist you with this application?  
 (Not TANF/ FOOD STAMPS)

**Yes**      **No**  
 \_\_\_\_\_      \_\_\_\_\_ Have you or any other adult on this application been convicted of **Arson, Sexual Offense, Murder, Manufacturing Methamphetamine, Terroristic Threat or Human Trafficking?** If yes you are **not eligible** for our program.  
 \_\_\_\_\_      \_\_\_\_\_ Have you or any other adult posted on this application recently been released from prison? If yes, and and that person was in prison for drug related or violent criminal activity that person is not eligible for at least 2 years after release.  
 \_\_\_\_\_      \_\_\_\_\_ Do you Have a pet? If Yes How Many? \_\_\_\_\_ Type \_\_\_\_\_  
 Weight \_\_\_\_\_ lbs Height \_\_\_\_\_ inches. Public housing has a strict **Pet Policy** for small common household pets; dogs or cat must be spade/neutered and a \$275.00 non-refundable pet deposit must be paid before pet is permitted on the property; dog weight limit of 25lbs, must have all state required inoculations verified on veteran certification form by licensed veterinarian. If you have a pet, request a copy of the NHA pet policy before deciding if you and to apply for public housing.

**Violence Against Women Act (VAWA):** The NHA will not deny you housing based on any adult listed on this application being a victim of VAWA issues including domestic, violence, dating violence, stalking or sexual assault. All information provided to the NHA regarding VAWA issues will be retained in confidence and may neither be entered into any shared database 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 2013" (VAWA)?  
 \_\_\_\_\_      \_\_\_\_\_ Have you or any adult listed on this application ever applied for or been assisted through this office?  
 Who? \_\_\_\_\_ When? \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_ Have you or any adult on this application participated in another Federally-assisted housing program? (rent based on income) What Agency? \_\_\_\_\_  
 When? \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_ Have you or any adult on this application ever committed fraud or been requested to repay money another Federally-assisted housing program? (rent based on income)  
 What Agency? \_\_\_\_\_ When? \_\_\_\_\_  
 Address \_\_\_\_\_

List someone to be used if we are having difficulty contacting you concerning you application.

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE TO APPLICANTS:**

## Housing History

**This section of the form must be completed for each adult listed on this application that is applying for Public Housing. You must list All addresses and complete landlord information for any place you have stayed in the past three (3) years. Include locations you stayed at even if you were not on the lease or you were homeless or couch surfing. If extra space is needed, please attach a separate piece of paper.**

Present address, street, apartment # \_\_\_\_\_

City, state, zip \_\_\_\_\_

Move-In date \_\_\_\_\_ Rent per month \_\_\_\_\_

Other Adults living here \_\_\_\_\_

Current landlord's name \_\_\_\_\_

Relationship to owner/manager \_\_\_\_\_ Phone# \_\_\_\_\_

Current landlord's address \_\_\_\_\_

Current landlord's, city, state, zip \_\_\_\_\_

If rent is income-based list: Agency providing Rental Assistance \_\_\_\_\_ Phone # \_\_\_\_\_

### 1<sup>st</sup> Previous

Address, street, apartment # \_\_\_\_\_

City, state, zip \_\_\_\_\_

Move-In date \_\_\_\_\_ Rent per month \_\_\_\_\_

Other Adults living here \_\_\_\_\_

Current landlord's name \_\_\_\_\_

Relationship to owner/manager \_\_\_\_\_ Phone# \_\_\_\_\_

Current landlord's address \_\_\_\_\_

Current landlord's, city, state, zip \_\_\_\_\_

If rent is income-based list: Agency providing Rental Assistance \_\_\_\_\_ Phone # \_\_\_\_\_

### 2<sup>nd</sup> Previous

Address, street, apartment # \_\_\_\_\_

City, state, zip \_\_\_\_\_

Move-In date \_\_\_\_\_ Rent per month \_\_\_\_\_

Other Adults living here \_\_\_\_\_

Current landlord's name \_\_\_\_\_

Relationship to owner/manager \_\_\_\_\_ Phone# \_\_\_\_\_

Current landlord's address \_\_\_\_\_

Current landlord's, city, state, zip \_\_\_\_\_

If rent is income-based list: Agency providing Rental Assistance \_\_\_\_\_ Phone # \_\_\_\_\_

**(Print) Other Adult** \_\_\_\_\_

**Continue on the back of this form**

**3<sup>rd</sup> Previous**

Address, street, apartment # \_\_\_\_\_

City, state, zip \_\_\_\_\_

Move-In date \_\_\_\_\_ Rent per month \_\_\_\_\_

Other Adults living here \_\_\_\_\_

Current landlord's name \_\_\_\_\_

Relationship to owner/manager \_\_\_\_\_ Phone# \_\_\_\_\_

Current landlord's address \_\_\_\_\_

Current landlord's, city, state, zip \_\_\_\_\_

If rent is income-based list: Agency providing Rental Assistance \_\_\_\_\_ Phone # \_\_\_\_\_

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**If you need additional space please use another sheet of paper.**

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I certify that all the information provided on this form is true and complete to the best of my knowledge. I understand that my application for Public Housing will not be processed if I fail to complete and return this form. Your signature on this application gives NHA permission to request references from landlords.

(Print) Head of Household \_\_\_\_\_

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

(Print) Other Adult \_\_\_\_\_

Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

The application must be fully completed and all requested documents present when turned in or the NHA shall not be able to process the application. NHA will make copies of documentation requested if needed.

If you or anyone listed on this application is a person with disabilities, and you require a specific accommodation in order to fully utilize or programs or services or if you need assistance or have questions concerning this application you can contact the Neosho Housing Authority Monday – Friday 8am -3pm at 417-451-5303.

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

I do hereby attest that all of the information on this application and the 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 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**

The Neosho Housing Authority 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 dispositions 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: Neosho Housing Authority.





## Neosho Housing Authority Income Limits

**2022-2023 Effective as of 4/18/2022**

# of Person	Extremely Low Income	Very Low Income	Maximum Income
<b>1</b>	\$13,650	\$22,750	\$36,400
<b>2</b>	\$18,310	\$26,000	\$41,600
<b>3</b>	\$23,030	\$29,250	\$46,800
<b>4</b>	\$27,750	\$32,500	\$52,000
<b>5</b>	\$32,470	\$35,100	\$56,200
<b>6</b>	\$37,190	\$37,700	\$60,350
<b>7</b>	\$40,300	\$40,300	\$64,500
<b>8</b>	\$42,900	\$42,900	\$68,650

*\*Based on HUD income limits for Newton County, Missouri*

Maximum rents shall not exceed the fair market rents established by the United States Department of Housing and Urban Development (HUD) as of the lease commencement date.

For information only:

The FY21 maximum rents for a tenant are as follows:

### Final FY 2023 & Final FY 2022 FMRs By Unit Bedrooms

Year	<u>Efficiency</u>	<u>One-Bedroom</u>	<u>Two-Bedroom</u>	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FMR 2023	\$510	\$550	\$710	\$930	\$980
FY 2022 FMR	\$562	\$604	\$765	\$989	\$1,071

NOTE: HUD rents are required to be "utilities included" unless as an alternative the landlord agrees to a rent not to exceed the maximum rent minus allowances for tenant furnished utilities based on HUD's utility allowance schedule.

