



919 West 24th Street, Kansas City, MO 64108
816-421-8048 westsidehousing.org

Greetings –

Thank you for your interest in applying for housing through Westside Housing Organization. Please complete the attached seven-page application and initial the bottom of every page. Applicant understands that there is a NON-REFUNDABLE criminal and credit check/processing fee of \$25.00.

Also attach the following documents:

- 4-6 most current paystubs or proof of income
- 3 most current months of bank statements
- State ID or driver's license
- Social Security card

Return the application to our office at 919 W 24th Street. You may also fax your application and documents to 816-421-8131. Call with any questions at 816-421-8048.

Due to the limited availability, only completed applications will be accepted and prioritized based on the time and date the application is received.

NOTE: as your application is processed, additional forms and documentation may be required.

Sincerely,
Westside Housing Organization

Building Sustainable Communities



APPLICATION FOR HOUSING

Property Name: _____

Property Number: _____

Occupancy at _____ is only available to qualified or certified participants in the _____ program. To determine your eligibility, you must provide the following information on this application. _____ Management will keep information confidential except as necessary to prove program qualification. Each member of the household who is not related by blood, marriage or adoption must complete a separate application.

OFFICE USE ONLY

Received Date: ____/____/____ Time: _____ AM PM Anticipated Move-In Date: ____/____/____

How did they hear about us? Drive-by Newspaper Yellow Pages Resident Housing Authority Other _____

Unit Size Needed: _____ Apartment Number: _____ Security Deposit: \$_____

OCCUPANCY INFORMATION: (List ALL Occupants Residing in the Household)

Current Phone Numbers: Day: _____ Evening: _____ Alternate: _____

*Relationship (List One): Spouse, Adult Co-Head, Other Family, Child, Foster Child, Foster Adult, Live-In Care Attendant

**Marital Status (List One): Divorced, Married, Separated, Single, Unmarried, Unmarried Couple, Widowed

#	LAST NAME	FIRST NAME & MIDDLE INITIAL	*RELATIONSHIP	DATE OF BIRTH	SEX? M or F	**MARITAL STATUS	STUDENT? FT, PT, or NO	SOCIAL SECURITY #
1			HEAD					
2								
3								
4								
5								
6								
7								
8								

Yes No Do the above listed occupants reside in the household **50% or more** of the time?
If no, please explain: _____

Yes No Do you anticipate **any** household member(s) being added in the next twelve (12) months?
If yes, please explain: _____

Yes No Are any household members currently pregnant? If yes, when is the baby due? ____/____/____
Answering the above question is optional and will be used to determine appropriate apartment size and income limit only.

Yes No Are any household members, who would normally live with you, temporarily or permanently absent?
If yes, please explain: _____

Yes No Is there anyone currently living with you that is not listed on this application?
If yes, please explain: _____

Applicant(s) Initials: _____ 1 of 8



HOUSING REFERENCES: (For Past 3 Years, Write More on Back if Necessary)

Landlord's Name: _____ Your CURRENT Address: _____
Address: _____
Phone Number: () _____ From: ____/____/____ To: **PRESENT**

Rent \$ _____ Mortgage \$ _____ Live With Family/Friends

Landlord's Name: _____ Your Previous Address: _____
Address: _____
Phone Number: () _____ From: ____/____/____ To: ____/____/____

Rent \$ _____ Mortgage \$ _____ Live With Family/Friends

- Yes** **No** Have you ever been evicted from an apartment, house, or trailer for any reason?
If yes, please explain: _____
- Yes** **No** Have you ever received a written notice for non-payment of rent? If yes, please explain and list how many times you received such a notice: _____
- Yes** **No** Do you receive Housing Assistance? If yes, how much do you anticipate per month: \$ _____
- Yes** **No** Do you have the right to legally enter into a lease?

EMPLOYMENT INCOME: (Exclude Employment of Persons 17 Years or Younger Unless They Are a Spouse or Co-Head)

Not Employed: Retired Not Looking Looking Applicant's Name: _____
Not Employed: Retired Not Looking Looking Applicant's Name: _____

Applicant's Name: _____ Income (Including Overtime, Tips, etc.) \$ _____
Current Employer: _____ Your Job Title: _____
Address: _____ Supervisor: _____
Phone Number: () _____
Employed From: ____/____/____ To: **PRESENT** Fax Number: () _____

Previous **Other**

Applicant's Name: _____ Income (Including Overtime, Tips, etc.) \$ _____
Employer: _____ Your Job Title: _____
Address: _____ Supervisor: _____
Phone Number: () _____
Employed From: ____/____/____ To: ____/____/____ Fax Number: () _____

Applicant(s) Initials: _____ 2 of 8



OTHER INCOME: (Check ALL Other Income That Applies to the Household)

Does any household member expect to receive any of the following within the next twelve (12) months?

- | | | | | | |
|------------------------|----------------------------------------------------------|------------------------|----------------------------------------------------------|-------------------------|----------------------------------------------------------|
| Adoption Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Regular Gifts/Cash | <input type="checkbox"/> Yes <input type="checkbox"/> No | TANF (Temporary Aid) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alimony/Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Property Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annuities (Payments) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retirement Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran's/Military Pay | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financial Aid (School) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Severance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Welfare (Other than FS) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pensions (Payments) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security/SSI | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For any income answered "Yes" above, please complete the following:

INCOME TYPE	WHO'S INCOME?	CONTACT	PHONE	FAX	AMOUNT RECEIVED
					\$
					\$
					\$
					\$
					\$

ASSET INCOME: (Check ALL Either Yes or No)

Does any household member have any of the following assets?

- | | | | | | |
|-------------------------|----------------------------------------------------------|------------------------------|----------------------------------------------------------|----------------------|----------------------------------------------------------|
| 401(k) Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | Land Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stocks/Mutual Funds | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bonds | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lump Sum Receipt | <input type="checkbox"/> Yes <input type="checkbox"/> No | Term Life Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Capital Investments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension/Retirement Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | Treasury Bills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cash on Hand | <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal Property/Investment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust Fund Account | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CD's/Money Market | <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whole/Universal Life | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Checking (6-Month Avg.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Safety Deposit Box | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IRA/Keogh Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | Savings Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

For any assets answered "Yes" above, please complete the following:

ASSET TYPE	WHO'S ASSET?	WHERE IS THE ASSET HELD?	PHONE	FAX	VALUE	INCOME
					\$	%
					\$	%
					\$	%
					\$	%
					\$	%

Yes No Did you have any assets in the last two years that are not listed above?
If yes, complete the following for each:

ASSET TYPE	WHO'S ASSET?	WHERE WAS THE ASSET HELD?	PHONE	FAX	MARKET VALUE	AMOUNT RECEIVED
					\$	\$
					\$	\$
					\$	\$

Applicant(s) Initials: _____ 3 of 8

STUDENT STATUS: (Full-Time as Defined by the Educational Institution Attended)

- Yes No Are ALL of the household members full-time students (including children)?
If yes, please answer the following:
 - Yes No Is the household comprised entirely of single parents and their children, and such parents are not dependants of another individual, and such children are not dependants of another individual other than a parent of such children?
 - Yes No Is the household comprised entirely of married individuals who are eligible to file or file a joint tax return?
 - Yes No Does anyone in the household receive TANF?
 - Yes No Is anyone in the household enrolled in and receiving assistance under the Job Training Partnership Act or any similar governmental job-training program?
 - Yes No A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act. (HR3221; effective date 7/30/2008)
- Yes No Is there any household member who is currently not a student that intends to become one over the next twelve months? If yes, who? _____ Full-time Part-time
- Yes No Is there any household member who is currently not a full-time student that attended school during any portion of five months within the current calendar year? If yes, who? _____

ADDITIONAL QUESTIONS: (ALL Must Be Answered Yes or No)

- Yes No Do you own a pet? If yes, please explain: _____
- Yes No Have you ever been convicted of or pleaded guilty or "no contest" to a felony?
(Whether or not resulting in a conviction.) If yes, please explain: _____
- Yes No Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct? (Whether or not resulting in a conviction.)
If yes, please explain: _____
- Yes No Have you ever been convicted of or pleaded guilty or "no contest" to offenses relating to manufacturing, distribution, or intent-to-distribute a controlled substance? (Whether or not resulting in a conviction.)
If yes, please explain: _____

VEHICLE INFORMATION: (List ALL Vehicles)

Driver's License #: _____ State Issued: _____
 Make: _____ Model: _____ Year: _____ License Plate #: _____
 Driver's License #: _____ State Issued: _____
 Make: _____ Model: _____ Year: _____ License Plate #: _____

EMERGENCY CONTACT: (Nearest Living Relative/Friend, Not Residing in this Household)

Name: _____ Relationship: _____
 Address: _____
 Phone Number: () _____ Number of Years Known: _____

Applicant(s) Initials: _____ 4 of 8

EQUAL HOUSING OPPORTUNITY

complies with Section 504 of the Rehabilitation Act of 1973 and makes every effort to ensure that persons with disabilities residing in our Community are afforded all of the rights and privileges provided by State and Federal Law. Applicants with disabilities covered by the Americans with Disabilities Act should notify the Resident Manager to arrange whatever reasonable accommodations are necessary.

Management does not discriminate on the basis of race, color, religion, national origin, sex, handicap, or familial status.

APPLICANT AGREES: (Read Completely and Carefully)

I/We consent to release the information listed on this application in order to qualify for the _____ program. I/We agree to provide verification of all income and assets as required by the Owner or its Agent. I/We further authorize disclosure of all information, which will verify my/our income and assets. I/We have read this application and understand applicants must be eligible for the _____ program in order to live at _____. This application is not a rental agreement, contract, or lease. All applications are subject to the approval of the Owner or Managing Agent.

Acceptance of this application and any monies deposited herewith is not considered binding upon Mid America Management, Inc. The application fee is \$ _____ per person or \$ _____ per married couple and must be paid by cashier's check or money order. It is the policy of _____ Management not to accept cash. Please make cashier's checks or money orders payable to _____. If your application is denied, the fee is withheld and all other monies are refundable. If you, the applicant, withdraw the application, Management will retain all fees and monies deposited herewith.

By signing this application, you declare that all of your responses are true and complete and authorize the Owner to verify this information (including a written credit report and police record). Any false statement on this application can lead to rejection of your application or immediate termination of your lease.

ANY HEAD OF HOUSEHOLD, CO-HEAD, SPOUSE, OR PERSON 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

SIGNATURE

_____/_____/_____
DATE

SIGNATURE

_____/_____/_____
DATE

SIGNATURE

_____/_____/_____
DATE

Applicant(s) Initials: _____ 5 of 8

LIHTC/HUD – AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name: _____ Property Number: _____
Applicant/Resident: _____ Unit Number: _____

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC Tax Credit, HOME, and/or Tax-Exempt Bond Programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our Leasing Office, at _____.



I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____, for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a **Qualified Resident**.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we will review and execute the Tenant Income Certification (Exhibit B) upon completion of qualification or on the initial move in date.

SIGNATURE

_____/_____/_____
DATE

SIGNATURE

_____/_____/_____
DATE

Applicant(s) Initials: _____ 6 of 8

“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 disclosures or improper use 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 willingly 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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).**”

Applicant(s) Initials: _____ 7 of 8