

Housing Authority of the City of Poplar Bluff
P.O. Box 1009
Poplar Bluff, MO 63902
573-785-8265

Part 1: Identifying Information

What is your present address?

Street address _____	Street	City	State	Zip
Home Tel. _____			Cell# _____	

If we were unable to reach you, who could we contact locally?

Name _____	Phone _____
Address _____	Relation _____

Start on the first line with the head of household. Complete the information for all adults and children that will be living in the housing unit to be assisted. List all adults first, then children.

1	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation H	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		
2	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		
3	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		
4	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		
5	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		

6	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		
7	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		
8	1. Last Name (include Jr, Sr, etc)	2. First Name	3. M.I.	4. Birth date	5. Sex M F <input type="checkbox"/> <input type="checkbox"/>	6. Relation	7. Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>
	8. Race (check one) ___ White ___ American Indian/Alaska Native ___ Black/African American ___ Asian ___ Native Hawaiian/Other Pacific Islander		9. Ethnicity (check one) ___ Hispanic ___ Non Hispanic		10. Social Security Number		

Part 2: Information about members of the household:

1. Does anyone outside of the home share custody of any of the children? Yes No
If yes, Who? _____
2. Is anyone who will be living in the home expecting a child? Yes No
If yes, Who? _____
3. Is anyone who will be living in the home who is 18 or over a full-time student? Yes No
If yes, Who? _____
4. Does anyone is the household have a handicap that would require special housing needs? Yes No

<p>Have you ever lived in Public Housing/Section 8 housing before? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes:</p> <p>When? _____ Where? _____</p> <p>Under What Name? _____ Who was Head of Household? _____</p>
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Have you or any member of your family ever committed fraud in a Federally Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?

Yes No If yes:

Who? _____ Where? _____

Have you ever used a name or social security number other than the one you are using now?

Yes No If yes:

What Name? _____ What Number? _____

Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substances?

Yes No If yes:

Who? _____ When? _____ What? _____

Part 4: Information about Expenses

Childcare expenses:

Does any family member pay childcare expenses for care of a child age 12 or younger?
Yes No

Disability Assistance Expenses:

Does any family member pay a care attendant to provide care for a disabled family member so that another family member can work or go to school? Yes No

Medical Expenses: *(These questions only apply if the head of household, spouse or other adult is 62 years of age or older, or disabled)*

Do you pay any Hospitalization Insurance Premiums? Yes No
Company Name _____

Do you have any outstanding medical bills on which you are paying? Yes No
If yes, Amount _____

What to do if your address changes.

It is the responsibility of each applicant to notify the Housing Authority of the City of Poplar Bluff, in writing, each time you change your address or phone number. Failure to keep this office informed of all changes of address will prevent us from contacting applicants by mail and will leave us no alternative but to remove your application from the waiting list. In the event that this happens, it will be necessary for you to file a new application.

Criminal and administrative actions for false information

I fully understand that Title 18, Section 1001 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, verify that the foregoing information is true and correct to the best of my knowledge and belief.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____