

**YOU MUST PORVIDE  
THE FOLLOWING  
INFORMATION AT THE  
TIME APPLICATIONS IS  
TURNED IN:**

1. Birth Certificate for all household members
2. Social Security # for all household members
3. Picture I.D. (18 & over)
4. Current household gross monthly income
5. Assets (property, cd's, stocks, bonds, etc.)
6. Medical Expenses (elderly or disabled only)
7. Child care expenses

IT IS VERY IMPORTANT THAT YOU NOTIFY THE  
HOUSING AUTHORITY, IF YOUR MAILING ADDRESS  
CHANGES. YOU WILL BE NOTIFIED BY U.S. MAIL OF  
ANY FUTURE APPOINTMENTS.





# Housing Authority of the City of Sedalia, Missouri

## Section 8

500 Welch Court  
Sedalia, Missouri 65301

Application # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Race: \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ MO. Rent: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ MO. Rent: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_  
list States of residence for the past 10 years \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Applicants Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Supervisor: \_\_\_\_\_ How Long: \_\_\_\_\_  
Monthly Income (Applicant): \_\_\_\_\_  
Co-Applicants Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Supervisor: \_\_\_\_\_ How Long: \_\_\_\_\_  
Monthly Income (Co-Applicants): \_\_\_\_\_

Other Income/Expenses: \_\_\_\_\_  
Medical Expenses: \_\_\_\_\_  
Child care expenses: \_\_\_\_\_

PERSONS WHO WILL OCCUPY UNIT Bedroom Size: \_\_\_\_\_

Name	Sex	Age	Race	Social Security No.	Relationship	Birth Date
					<b>head</b>	

Have any applicants used other names? (yes) (no) If "yes" list all other names used and for which applicant

**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Do you have a Bank Account? (yes) (no) If "yes", give name and address of Financial Institution below.

Name \_\_\_\_\_ Type of Account(s) : CD, IRA, Savings, Checking,  
Address \_\_\_\_\_ Other: \_\_\_\_\_

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**Landlord References:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_

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**Do you have a Disability? (yes) (no)**

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Have you ever had any suits, judgments or collections against you? (yes) (no)

if "yes" explain: \_\_\_\_\_

Have you or any person listed on this application ever been charged or convicted of a crime? (yes) (no)

if "yes" explain who, when, where, and what for: \_\_\_\_\_

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Do you currently or have you ever lived in Public Housing? (yes) (no)

if "yes" when and where? \_\_\_\_\_

Did you leave Owing a balance? (yes) (no) if "yes" How much? \_\_\_\_\_

Are you a current participant or have you ever participated in the Section Eight Program? (yes) (no)

if "yes" when and where? \_\_\_\_\_

Did you leave the Section Eight Program owing a balance? (yes) (no) if "yes" how much? \_\_\_\_\_

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**APPLICANT CERTIFICATION**

I/We Certify that the information given to The Sedalia Housing Authority contained on this application is true and accurate to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by Federal law. I/We also understand that false statements or information are grounds for termination/denial of housing assistance and termination of tenancy. I/We also understand that this application is to be processed for both character and credit references. I/We have no objection to verification by the Housing Authority of any of this information. I/We also consent to a criminal background investigation. It is understood that the above information will be held in strict confidence.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Co-Applicant*