



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
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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

Name	Sex	Age	Race	Social Security No.	Relationship	Birth Date
					head	

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: _____

Landlord References:

Name:	_____	Name:	_____
Address:	_____	Address:	_____
City, St., Zip:	_____	City, St., Zip:	_____

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

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: _____

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? _____

APPLICANT CERTIFICATION

I/We Certify that the information given to The Marshall 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

