

PULASKI COUNTY PHA

P.O. BOX 69  
306 S. PINE  
RICHLAND, MO 65556

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Phone 573-765-4509

Fax 573-765-5624

Applicant;

Enclosed is the application for Section 8 Rental Assistance (Housing Choice Voucher) that you requested through our agency. The counties in our jurisdiction are Camden, Laclede, Miller, and Pulaski.

**Please mail the completed application with copies of Social Security Cards for ALL household members to:**

PULASKI COUNTY PHA  
P.O. BOX 69  
RICHLAND, MO 65556

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF COPIES OF SOCIAL SECURITY CARDS ARE NOT INCLUDED WITH APPLICATION. YOU WILL BE PUT ON THE WAITING LIST ONCE THE APPLICATION IS COMPLETED WITH COPIES OF SOCIAL SECURITY CARDS.

**FAXED COPIES OF APPLICATION WILL NOT BE ACCEPTED!**

**\*\*ALL ADDRESS CHANGES MUST BE REPORTED TO OUR OFFICE IN WRITING, IF WE DO NOT HAVE YOUR CORRECT ADDRESS AT THE TIME YOUR APPLICATION IS PULLED FROM THE WAITING LIST, YOUR TIME WILL EXPIRE AND YOU WILL NEED TO RE-APPLY.\*\***

**Estimated wait time to receive assistance could be 2 years from the application date. This time frame is subject to change at any time, without notice, based upon funding.**

Pulaski County PHA

Revised 03/15/2017

HUD Application

**This institution is an equal opportunity provider.**

**PULASKI COUNTY PUBLIC HOUSING AGENCY**

**APPLICATION FOR SECTION 8 RENTAL ASSISTANCE**

Please complete the application carefully. Be sure to answer ALL questions.

County: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

NAME: \_\_\_\_\_ (PREVIOUSLY USED NAMES) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

OTHER ADULT/OR SPOUSE WORK #: \_\_\_\_\_

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**LIST ALL PERSONS WHO WILL LIVE IN THE UNIT WHEN YOU BEGIN TO RECEIVE RENTAL ASSISTANCE PAYMENTS:**

**Member #1**  
**Head of Household**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Birth City/State: \_\_\_\_\_ United States Citizen? (Circle One) Yes or No

Disabled? \*(Circle One) Yes or No Race (Circle One) White Black Asian Mixed  
(\* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Education (Highest Grade Completed): \_\_\_\_\_

Ethnicity (Circle One) Hispanic or Latino Not Hispanic or Latino

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**Please Circle One:**

Member #2: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child  
Live-In Aide Youth-Under 18

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Birth City/State: \_\_\_\_\_ United States Citizen? (Circle One) Yes or No

Disabled? \*(Circle One) Yes or No Race (Circle One) White Black Asian Mixed  
(\* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic or Latino Not Hispanic or Latino

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**Please Circle One:**

Member #3: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child  
Live-In Aide Youth-Under 18

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Birth City/State: \_\_\_\_\_ United States Citizen? (Circle One) Yes or No

Disabled? \*(Circle One) Yes or No Race (Circle One) White Black Asian Mixed  
(\* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic or Latino Not Hispanic or Latino

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**Please Circle One:**

Member #4: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child  
Live-In Aide Youth-Under 18

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Birth City/State: \_\_\_\_\_ United States Citizen? (Circle One) Yes or No

Disabled? \*(Circle One) Yes or No Race (Circle One) White Black Asian Mixed  
(\* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic or Latino Not Hispanic or Latino

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**Please Circle One:**

Member #5: Spouse Co-Head of Household Adult-Other Full-Time 18+ Foster Child  
Live-In Aide Youth-Under 18

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Birth City/State: \_\_\_\_\_ United States Citizen? (Circle One) Yes or No

Disabled? \*(Circle One) Yes or No Race (Circle One) White Black Asian Mixed  
(\* Only a disability other than drug or alcohol addiction) American Indian Hawaiian/Pacific Islander

Ethnicity (Circle One) Hispanic or Latino Not Hispanic or Latino

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Does any member of the household have a disabling condition that requires reasonable accommodation?

\_\_\_\_\_ If yes, list their name(s): \_\_\_\_\_

Are there any children in the household with an elevated lead blood level? \_\_\_\_\_

If yes, you must provide documentation.

Has any adult household member been charged or convicted of a crime? \_\_\_\_\_ Year? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

**Is any member of the household subject to a lifetime registration requirement under a state Sex Offender Registration Program?** \_\_\_\_\_

**If yes, give the person's name and location of Sex Offender:** \_\_\_\_\_

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List All Sources of Income

**Source, Rate and Type of Income**

**Estimated Annual Income**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Complete the following if household members are employed:

**Employer # 1**

**Employer #2**

Name of Employer:	_____	_____
Address of Employer:	_____	_____
City, State, Zip Code:	_____	_____
Phone Number:	_____	_____
Family Member Employed:	_____	_____

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Assets: Check and List All of the following your family has:

<b><u>Asset Description</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Value</u></b>	<b><u>Income</u></b>
Checking Account	___	___	\$ _____	\$ _____
Savings Account	___	___	\$ _____	\$ _____
C.D.'s/Investments	___	___	\$ _____	\$ _____
Real Estate	___	___	\$ _____	\$ _____
Stocks/Bonds	___	___	\$ _____	\$ _____
Other	___	___	\$ _____	\$ _____
Total Net Family Assets			\$ _____	\$ _____

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Is there any current income you have not reported for any household members? \_\_\_\_\_  
If yes, Please explain: \_\_\_\_\_

Do you NOW own real estate? \_\_\_\_\_ If yes, what is the value: \_\_\_\_\_

Do you own vehicles? \_\_\_\_\_ If yes, list make, model and year: \_\_\_\_\_

Names and Phone numbers of two friends or relatives we may contact if we are unable to reach you at the phone numbers listed on this application.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Program Information:**

How did you learn about the program? \_\_\_\_\_

Have you ever applied for or received rental assistance? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Are you in Federally Assisted Housing at this time?** \_\_\_\_\_

**Where?** \_\_\_\_\_

Do you owe any money to Public Housing Authority or other Housing Agency? \_\_\_\_\_

If yes, list Housing Authority and approximately how much owed: \_\_\_\_\_  
\_\_\_\_\_

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**Release and Certification**

I/We certify the information given to the Pulaski County Public Housing Agency in this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance payments and may result in a report to the Inspector General, investigation and prosecution for fraud, and future denial of assistance from federally funded housing assistance programs.

I/We further understand the Pulaski County Public Housing Agency will release the following information to properly identified potential landlords: Present Address, name and address of the current landlord, name and address of previous landlords; known information about tenancy, history of drug trafficking by household members, information obtained and confirmed from law enforcement agencies and other criminal record checks.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date