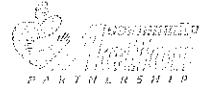




P.O. Box 207 | 302 SOUTH JOPLIN | JOPLIN, MO 64802
417.781.0352 | FAX 417.781.1234 | ESCSWA.ORG

**ECONOMIC
SECURITY
CORPORATION**



Thank you for your interest in our rental units.

Economic Security Community Development Corporation owns and operates eight rental housing units in its coverage area of Barton, Jasper, Newton, and McDonald Counties. All the units are well maintained, modern, non-smoking units available to households that meet the income-guidelines established by the Missouri Housing Development Commission. Those guidelines are listed on the following page.

The first step is to submit a completed Preliminary Application along with any other requested documentation, if any. When we receive this information, your application will be reviewed for completion and eligibility. All applicants will be notified whether they are eligible or not once all documentation has been received. Please be sure to mark which location you are interested in at the top of the application.

When an opening occurs, we will contact applicants beginning with the earliest application received and ask them to complete a full application and provide additional documentation. If that applicant is no longer interested or is determined to not be ineligible, we will contact the next person on the Waiting List until a suitable candidate is selected.

No applicants will be denied or determined to be ineligible based on race, color, religion, sex, familial status, handicap, national origin or other federally recognized groups of persons. Screening will be based primarily on items such as income eligibility, perceived ability to pay rent and utilities if selected, and prior rental history including landlord references.

Please call (417) 627-2022 or email sbingham@escswa.org if you have any questions.

Helping people. Changing lives.



**Economic Security Community Development Corporation's
Housing Assistance Program Annual Review/Recertification Application**

Program, please check one of these: Sally Ann - Neosho Carl Junction - Schoolview Noel

PLEASE PRINT. COMPLETE ALL SECTIONS OF THIS APPLICATION & RETURN ALL DOCUMENTATION:

I. Head of Household's Name _____ **Address** _____

City _____ State _____ ZIP _____

Phone No. _____ Cell No. _____

I am (check one): Married Single Divorced Legally Separated Separated from Spouse Widowed

II. Household members (List all persons living in the home. List the Head of Household on Line #1).

FULL NAME	RELATION To H of H *	RACE**	ETHNICITY***	BIRTH PLACE	DATE OF BIRTH	SS # (ALL)
1. _____	<u>HoH</u>	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____

*HOH = Head of Household CO = Co-Head S = Spouse OA = Other Adult C = Child NC = Non-related Child
 ** Race: W = White AA = African American NA = Native American A = Asian P = Pacific Islander
 *** Ethnicity: H = Hispanic N = Non-Hispanic

III. Is the Head of Household (or Spouse), please circle: Elderly, 62 or over Disabled Not Applicable

Is any member(s) of the household disabled? Who _____

IV. How many pets? _____ # of dogs _____ # of cats

V. INCOME VERIFICATION

Household Income (IE: Wages, SSI, child support, cash & non-cash income, etc.) This includes children that are working.

Family Member	Type & Rate of Income	Monthly Gross Income	Annualized Gross Income
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total Annualized Gross Income			\$ _____

1. Do you receive cash or non-cash assistance from other people or family members? Yes No

If yes, please list the estimated dollar amount/value of cash or non-cash assistance each month: \$ _____

2. Are you self-employed (I.E., Avon, odd jobs, babysitting, lawn work, etc.)? Yes No

If yes, please list the estimated dollar amount each month: \$ _____

3. Do you receive money from making plasma donations? Yes No

If yes, please estimate the amount of the dollars received on an annual basis: \$ _____

4. Do you earn income from any other activities (i.e., flea market booth, door-to-door sales, etc.)? Yes No

If yes, please estimate the amount of dollars received on an annual basis: \$ _____

5. I am currently unemployed and receiving unemployment benefits: Yes No

6. I have applied for Unemployed Benefits: Yes No

7. I have applied for Child Support: Yes No

8. I am receiving Child Support (including collection through income taxes): Yes No

If yes, the amount received monthly: \$ _____

If employed, please provide the following for all employer(s):

Name of Employer	Employer Contact person	Mailing address	City	State, Zip	Phone Number	Fax Number (required)

VI. Child Care

Does anyone in household pay childcare to work or go to school? _____

Amount per week? _____

If paying child care costs, you must provide child care provider's information:

Child Care Provider's Name: _____

Mailing Address _____

City, State, Zip _____

Phone #: _____

Fax #: _____

VII. Assets Questionnaire

Please completely answer these questions, if these questions are not completely answered, then this could have an affect on your housing assistance. **If you answer "yes" to any of the questions below you will need to provide documentation for each item checked "yes."** If you have questions, please contact us and we will help you, this is required to continue your assistance.

A. Does anyone in your household have a checking account?

Yes No

If yes, please attach the last 6 months of documentation.

Name on account: _____

If you have some type of income, where do you cash your checks? _____

B. Does anyone in your household have a saving's account? This includes children in the household.

Yes No

If yes, please list the name(s) on the account: _____

Please attach a copy of your most account balance or passbook must be attached.

C. Does anyone in your household have a certificate of deposit (CD)?

Yes No

If yes, please attach documentation of the C.D. (i.e. bank statement).

D. Does anyone in your household have a life insurance policy?

Yes No

If yes, what type? Please check all that apply.

Whole Life Universal Life Insurance

Life Insurance with work Other: List type: _____

E. Does anyone in your household have an Estate Plan?

Yes No

If yes, what type? Please check all that apply.

Charitable Trust Revocable Trust

Other: _____

F. Does anyone in your household have a retirement plan?

Yes No

If yes, please list whom: _____

Type of retirement, please check all that apply.

Stock options 401 (k)

403 (b) State Retirement

Federal Retirement Other: List type: _____

G. Does anyone in your household have any of the following? Please check all that apply.

Real Estate (rental property investments) Yes No

Lump sums Yes No

Equity in rental property Yes No

Land contract/deed of trust Yes No

Money at home or in a safe deposit box Yes No

Annuities: name type: _____ Yes No

IRA's, ROTH IRA Yes No

Money market accounts Yes No

VIII. OTHER REQUIRED ITEMS, PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH INCLUDES ALL HOUSEHOLD MEMBERS:

1. Have you or anyone in your household ever been convicted of a felony? Yes No
If yes, how long ago: _____ (Date/Year)

2. Have you or anyone in your household ever been convicted of a sex crime? Yes No
If yes, how long ago: _____ (Date/Year)

3. Are you & all household members a citizen or Permanent Residents of the United States? Yes No

IX. Documentation of ALL Income and Assets are Required:

Please attach documentation of any item checked below that are sources of anticipated income for the next 12 months:

- Employment
- Unemployment Benefits Public Assistance Income (TA)
- Social Security Benefits Retirement or IRA's.
- Pension or/and Annuities Alimony or Separation Payments
- Recurring Cash/Lump Sum Life Insurance, Annuities, Trust and/or Real Estate
- Assets on Deposit (i.e.; Checking or Savings Account, CD, Money Market, etc.)

DOCUMENTATION REQUIRED WITH COMPLETED APPLICATION

1. Copies of State or Government issued picture ID for anyone over the age of 17 years (new household members only)
2. Copies of Social Security Cards of everyone who will living in the household. (new household members only)
3. Copies of W-2's for the past year for everyone who will living in the household
4. A Copy of the past year's income tax return
5. Copies of the last 75 days of payroll stubs (check stubs) – must be dated consecutively, for everyone who has been working in the past 75 days. **OR**
6. Use this if you do not have payroll stubs, complete the release of information section of the Employment Verification form only for all employers, if you need more please contact us so we can provide you with more copies.
7. A copy of all Social Security Award letter benefits received by this household (if any)
8. Copies of Unemployment compensation for the last 12 months (if any)
9. A copy of public assistance cash benefits received (TA, etc.)
10. Copies of any other income received by this household (examples: stocks, bonds, cash gifts, pensions, annuities, life insurance, etc.), this is required.
11. Copies of the household's checking account(s) statements for the last six (6) months, required.
12. Copies of the household's saving account(s) passbook for the current month for anyone in the household who has a savings account, required
13. Copies of Birth Certificates for everyone who is under the age of 18. (new household members only).

I/We certify that the information given to the Economic Security Community Development Corporation (ESCDC)/Economic Security Corporation of SW Area is accurate and complete to the best of my knowledge and belief. I/We understand that false statements of information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of HUD – HOME – Rental Production program benefits and termination of tenancy.

Head of Household Signature

Date

Co-Head or Spouse Signature

Date

Applicant: Please return this application and provide the requested documentation to this address:

Economic Security Corporation of SW Area
Attn: Housing – Rental Production
P.O. Box 207
Joplin, MO 64802
417-627-2022 (direct line)
417-781-1234 (fax)
Email/scanned: sbingham@escswa.org

How did you hear about the property: _____

LANDLORD REFERENCES

Please provide the name and contact information for your last 3 landlords (or as many as you have had if less than 3), including your current landlord if you are renting/leasing at this time.

This information will be used if you are selected as one of the final applicants but will play a big part in making our final choice.

Your Name: _____

CURRENT LANDLORD	
Name	
Phone	
Email	
Is tenant timely with monthly rent payment?	
Does tenant follow rent obligations such as maintenance?	
Does tenant maintain the unit in good condition?	

FIRST PRIOR LANDLORD	
Name	
Phone	
Email	
Is tenant timely with monthly rent payment?	
Does tenant follow rent obligations such as maintenance?	
Does tenant maintain the unit in good condition?	

SECOND PRIOR LANDLORD	
Name	
Phone	
Email	
Is tenant timely with monthly rent payment?	
Does tenant follow rent obligations such as maintenance?	
Does tenant maintain the unit in good condition?	

LIHTC/HUD – AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name: Economic Security 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 417-627-2022.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

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 **ESC**, 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

"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).**"