



Community Action Partnership of North Central Missouri
 1506 Oklahoma Ave., Trenton, MO 64683
 Phone: (855) 290-8544/ Fax: (844) 503-1872
 Web: www.capncm.org / email: contactus@capncm.org

APPLICATION FOR HOUSING

PLEASE PRINT CLEARLY

This is an application for housing at:	Name:
	Address:
Please complete application and return to:	Name: CAPNCM Rental Program
	Address: 1506 Oklahoma Ave
	Trenton, MO 64683

Applications are placed in order of date and time received.
 An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Bedrooms in current unit: _____ Do you RENT OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	M/F	Birth Date	Age	SS#	Student Y/N
Head							
Co-ten							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? YES NO

Explain: _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES NO

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Is/are the full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is/are the student(s) a title IV recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is/are the student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is/are the full-time student(s) an AFDC recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is/are the full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C. INCOME

List ALL sources of income as requested below.

Source of Income	Household Member Name	Gross Monthly Amount
Social Security		
Social Security		
Social Security		
Social Security		
SSI Benefits		
SSI Benefits		
SSI Benefits		
SSI Benefits		
Pension (list source)		
Pension (list source)		
Pension (list source)		
Veteran's Benefits (list claim #)		
Veteran's Benefits (list claim #)		
Unemployment Compensation		
Unemployment Compensation		
AFDC/TANF		
AFDC/TANF		
AFDC/TANF		
Full-Time Student Income (18 & Over Only)		
Full-Time Student Income (18 & Over Only)		
Interest Income (list source)		
Interest Income (list source)		
Interest Income (list source)		
Interest Income (list source)		
Other Income (list source)		
Other Income (list source)		
Other Income (list source)		
Other Income (list source)		

Household Member Name	Source of Income	Monthly Amount
	Employment	
	Employer:	
	Position Held	
	How long employed:	
	Employment	
	Employer:	
	Position Held	
	How long employed:	
	Employment	
	Employer:	
	Position Held	
	How long employed:	
	Employment	
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you entitled to receive alimony? <input type="checkbox"/> Y <input type="checkbox"/> N	
	Do you receive alimony? <input type="checkbox"/> Y <input type="checkbox"/> N	
	Child Support	
	Are you entitled to receive child support? <input type="checkbox"/> Y <input type="checkbox"/> N	
	Do you receive child support? <input type="checkbox"/> Y <input type="checkbox"/> N	

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) \$ _____

Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, explain:		
.....		
.....		
.....		
.....		
.....		

D. ASSETS

Checking Account	#	Bank	Balance	\$
Checking Account	#	Bank	Balance	\$
Checking Account	#	Bank	Balance	\$
Savings Account	#	Bank	Balance	\$
Savings Account	#	Bank	Balance	\$
Savings Account	#	Bank	Balance	\$
Trust Account	#	Bank	Balance	\$
Certificates	#	Bank	Balance	\$
Certificates	#	Bank	Balance	\$
Certificates	#	Bank	Balance	\$
Certificates	#	Bank	Balance	\$
Credit Union	#	Bank	Balance	\$
Credit Union	#	Bank	Balance	\$
Savings Bond	#	Maturity Date	Value	\$
Savings Bond	#	Maturity Date	Value	\$
Savings Bond	#	Maturity Date	Value	\$
Life Insurance Policy	#		Face Value	\$
Life Insurance Policy	#		Face Value	\$
Mutual Fund	# Shares	Name:	Dividend Paid	\$ Value \$
Mutual Fund	# Shares	Name:	Dividend Paid	\$ Value \$
Stocks	# Shares	Name:	Dividend Paid	\$ Value \$
Stocks	# Shares	Name:	Dividend Paid	\$ Value \$
Personal Property Held As Investment	Type:		Appraised Value	\$

Real Estate Property: **Do you own any property?** YES NO

If yes, Type of property _____

Location _____

Appraised Market Value _____

Mortgage or outstanding loans balance due _____

Amount of annual insurance premium _____

Amount of most recent tax bill _____

Have you sold/disposed of any property in the last 2 years? YES NO

If yes, Type of property _____
 Market value when sold/disposed _____
 Amount sold/disposed for _____
 Date of transaction _____

Have you disposed of any other assets in the last 2 years? YES NO
 (Example: Given away money to relatives, set up Irrevocable Trust Accounts)

If yes, describe the asset _____
 Date of disposition _____
 Amount disposed _____

Do you have any other assets not listed above (excluding personal property)? YES NO

If yes, please list: _____

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, describe		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, describe		
Have you ever filed for bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, describe		
Will you take an apartment when one is available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Personal Reference #3:		
Address:		
Relationship:		Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with manager be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, describe:</i>		

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

Applicant

Co-applicant

Dated

Dated

AUTHORIZATION

I/We Do Hereby Authorize Community Action Partnership of North Central Missouri and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by Community Action Partnership of North Central Missouri

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SIGNATURE(S):

Tenant/Applicant

Co-Tenant/Applicant

Dated

Dated