

Bethany Housing Authority

2602 Crossan Street
P.O. box 448
Bethany, MO 64424

Phone (660) 425-3349
Fax (660) 425-8937
bha.mo067@gmail .com

Pre-Application for Admission

Date: _____

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

_____ License Plate #/State: _____

Primary Phone: _____ Secondary Phone: _____

Alternate Contact: _____ Alternate Phone: _____

How long have you resided at above address? _____

Reason for moving? _____

Have you ever been, or are you currently:

	(Primary Applicant)	(Co-Additional Adult)
1. Charged with a criminal offense?	Yes ___ No ___	Yes ___ No ___
2. Had a deferred adjudication against you?	Yes ___ No ___	Yes ___ No ___
3. Had a felony?	Yes ___ No ___	Yes ___ No ___
4. Have served/currently serving probation?	Yes ___ No ___	Yes ___ No ___
5. Had/have drug or alcohol related charges?	Yes ___ No ___	Yes ___ No ___
6. Are you a registered sex offender?	Yes ___ No ___	Yes ___ No ___
7. Had/have weapons violations?	Yes ___ No ___	Yes ___ No ___
8. Had/have criminal assault charges?	Yes ___ No ___	Yes ___ No ___
9. Had/have child abuse or neglect charges?	Yes ___ No ___	Yes ___ No ___
10. Been banned from BHA Property?	Yes ___ No ___	Yes ___ No ___

Please explain if any of the above answers are yes, if needed use the extra space at the bottom: _____

11. Have you ever lived in government subsidized housing? Yes ___ No ___ Yes ___ No ___
If yes, where? _____

Do you still owe rent or damages? Yes ___ No ___ Yes ___ No ___
If yes, how much: \$ _____

13. Have you been evicted from government subsidized housing? Yes ___ No ___ Yes ___ No ___
If yes, where? When? _____

14. Do you qualify to have utilities in your name with the city of Bethany? Yes ___ No ___

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Previous Rental Information:

List the past 10 years of rental history/housing references. (If additional space is required, use back of page.) **Please provide detailed and accurate history with valid contact information.**

<u>Landlords Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1. _____ _____ Phone: (____) _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2. _____ _____ Phone: _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3. _____ _____ Phone: (____) _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
4. _____ _____ Phone: (____) _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Primary Applicant Employee Information:

Applicant place of employment: _____ Hourly Wage: \$ _____

Address: _____ Position: _____

Telephone: _____ Supervisor: _____ Avg Hrs/Week: _____

Co-Applicant Employment Information:

Applicant place of employment: _____ Hourly Wage: \$ _____

Address: _____ Position: _____

Telephone: _____ Supervisor: _____ Avg Hrs/Week: _____

Other source of income (SSI, SSDI, child support, pensions, annuities, etc.)

<u>Source</u>	<u>How much</u>	<u>How often</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons Who Will Occupy Apartment: (Primary Applicant name on line 1)

Name	Sex	Age	Social Security Number	Date of birth	Relationship to Applicant
1. _____	M/F	____	_____	_____	<i>self</i>
2. _____	M/F	____	_____	_____	_____
3. _____	M/F	____	_____	_____	_____
4. _____	M/F	____	_____	_____	_____
5. _____	M/F	____	_____	_____	_____
6. _____	M/F	____	_____	_____	_____
7. _____	M/F	____	_____	_____	_____

Will there be any child/children under 12 years of age left unattended at any time? Yes _____ No _____

Do you have any pets? Yes _____ No _____ If yes, specify animal/breed: _____

Do you own a vehicle? Yes _____ No _____ If yes, specify: _____

Other Income: Yes _____ No _____ Source: _____ Monthly Amount: \$ _____

Medical Expenses: Yes _____ No _____ Monthly Amount: \$ _____ (elderly or disable only)

Childcare Expenses: Yes _____ No _____ Monthly Amount: \$ _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact Rock Akins, Executive Director, during office hours which are 9am – 4pm Monday – Thursday and Friday 9am – Noon.

****Applications are only kept for 6 months, after which you will need to reapply to remain on the waiting list****

Use this for extra space: _____

I understand that this pre-application will be kept on file 6 months from the date received.

I understand that to remain on the waiting list, I must reapply every (6) months.

I understand I will be contacted when my *current* application nears the top of the list.

I understand that at that time, I must complete a full application and provide all the required information necessary to process my application, at the time I am contacted.

I understand I must disclose previous landlords and provide contact information. I understand previous landlords may be contacted for a landlord reference.

I understand the screening process may include a credit screening.

I understand a criminal history screening will be done.

I understand the screening process may require determining eligibility for utilities in my name.

I understand I have certain rights under VAWA. I may request further information if I or another member of my household is a victim of domestic violence, dating violence, sexual assault or stalking. . I understand VAWA protection is available regardless of sex, gender identity or sexual orientation.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

WARNING: Title 18 section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.

BETHANY HOUSING AUTHORITY
2602 CROSSAN STREET
BETHANY, MO 64424
PH# 660-425-3349 FAX# 660-425-8937

POLICE RECORD VERIFICATION		
POLICE DEPARTMENT NAME: Bethany Police Department		
ADDRESS: 1501 Central Street		
CITY, STATE, ZIP: Bethany, MO 64424		
PERMISSION FOR RELEASE OF INFORMATION:		
I authorize you to furnish the information requested below to the Bethany Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/occupancy.		
NAME OF HEAD OF HOUSEHOLD:		
NAME OF APPLICANT (FIRST, MIDDLE, LAST):		
DATE OF BIRTH:	SOCIAL SECURITY #:	
ADDRESS:		
SIGNATURE:	DATE:	
*****STOP HERE*****		
Using the numbers below, please indicate whether the above named family member has been arrested for or convicted of any of the crimes relating to the following:		
1. Homicide/Murder	8. Drug Manufacturing/Sale/Distribution	
2. Rape or Child Molesting	9. Drug Use/Possession With Intent	
3. Burglary/Robbery/Larceny	10. Child Abuse/Domestic Violence	
4. Threats or Harassment	11. Public Intox/Drunk & Disorderly	
5. Destruction of Property/Vandalism	12. Receiving Stolen Goods	
6. Assault or Fighting	13. Fraud	
7. Disorderly Conduct	14. Prostitution	
FAMILY MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSTION
PLEASE ATTACH COPIES OF POLICE REPORT(S)		
SIGNATURE OF PREPARER:		DATE:

THANK YOU FOR YOUR COOPERATION. ALL INFORMATION IS CONFIDENTIAL. PLEASE RETURN THIS FORM BY FAX (660) 425-8937. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT OUR OFFICE AT (660) 425-3349.