

**Application for MHDC Home Program
 Northeast Missouri Community Action Agency
 215 N. Elson, P.O. Box 966
 Kirksville, MO 63501
 660-665-9855**

Agency Use Only
Date: _____
Time: _____
Initials: _____

Date: _____

Applicant General Information

Application Name: _____

Current Address: _____

City, State, ZIP: _____

Home Phone # _____

Please list the county you are applying for: _____

HOH Work # _____

Spouse Work # _____

List names, address and phone number of two relatives or friends who generally know how to contact you:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Household Composition and Characteristics — if Household member is a Student, please Circle Y yes N no

	Full Name	Relationship	Date of Birth	Place of Birth	Sex	Social Security #	Student
1.							Y/N
2.							Y/N
3.							Y/N
4.							Y/N
5.							Y/N
6.							Y/N
7.							Y/N

Employment & Gross Earnings of Household Members: (Other than Minor Children)

Household Member's Name	Name & address of Employer	Current Gross Earnings

Other Sources of Income Received by or for any Household Member Including Dependents:

Household Member's Name	Source of Income	Amount

Please √ all Assets of All Family Members including account numbers:

√

	Checking Account #:	Where?	Current Balance
	Passbook Savings #:	Where?	Current Balance
	Specify Other #:	Where?	Current Balance

Please provide us with at least two references. We would prefer a previous landlord if possible.

Name	Address	Phone	Relationship

Authorization for Release of Information

I (we) the undersigned do hereby authorize you to release and/or receive requested information to and/or from **Northeast Missouri Community Action Agency** or any authorized employee of the Agency in regards to the application to the MHDC Home Program.

I (we) understand that these individuals may be contacted in regards to their knowledge of your ability to pay rent and utilities on time and your employment history.

I (we) release any person, firm, agency or employer from liability for information furnished pursuant to this authorization.

I (we) understand that PETS are not allowed in **Northeast Missouri Community Action Agency** Housing.

Applicant Signature

Date

Signature of CAPNEMO Housing Director

Date

Items needed to avoid processing delays:

Completed Application that is signed and dated

Copies of Social Security cards for everyone in the household

Proof of all earned & unearned income from the last 3 months for all household members that receive it

