

# NORTHEAST MISSOURI REGIONAL PLANNING COMMISSION & RURAL DEVELOPMENT CORPORATION

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## **Kirksville Office**

NEMO Fairgrounds

Kirksville MO 63501

*Sue Morton (660)665-4615*

## **Memphis Office**

121 S. Cecil Street, Memphis MO 63555

*Oleva Frederick (660)465-7281, Ext. 3*

## **APPLICATION PROCESSING**

304 N. Conkle Street Rentals, Brashear, Missouri

Complete and submit application to one of the NEMO RPC/RDC offices.

A letter will be mailed to the applicant once eligibility has been determined. If there are no available units, the applicant will be placed on the waiting list and notified when one becomes available. The applicant should call to make an appointment when receiving this letter.

The rentals are totally electric. The HVAC system includes central air and heat pump. Seven (7) units are two (2) story duplexes with three (3) bedrooms and full bath upstairs and kitchen, dining area, full bath, laundry and living room downstairs. One (1) unit is a one (1) story ADA compliant three (3) bedroom unit.

Electric range, electric dryer, washer and refrigerator appliances will be provided. Rent is currently \$475.00 per month. All utilities, except trash pickup, are the responsibility of the tenant. It will be the policy of the owner that tenants be at least 18 years of age and able to enter into a lease. A \$30.00 per adult fee will be required for all submitted applications. Background checks by means of Accudata will be conducted.

Please let Sue or Oleva know if you think you will need rental assistance and they will supply you with more information.

**APPLICATION FOR 304 N. CONKLE STREET RENTALS, BRASHEAR, MISSOURI**  
**Northeast Missouri Regional Planning Commission/Rural Development Corporation**

**APPLICATION GENERAL INFORMATION:**

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_ Previous Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Head of Household Work # \_\_\_\_\_ Spouse Work # \_\_\_\_\_

List Names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

List the Head of Household and all other members who will be living in the rental unit.

FULL NAME	RELATIONSHIP	RACE	DATE OF BIRTH	PLACE OF BIRTH	SEX	SOCIAL SECURITY #
	Head of Household					

Ethnicity of Head of Household: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Does anyone live with you now who are not listed above? Yes \_\_\_\_\_, No \_\_\_\_\_.

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

Do you plan to have anyone live with you in the future who are not listed above? Yes \_\_\_\_\_, No \_\_\_\_\_

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

If a family has a family member with a disability or handicap (per HUD definition), this may qualify the family for additional income limit deductions. Do you feel that you may qualify for the deductions allowed for disability or handicap status? Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, list family member(s) who would qualify:

\_\_\_\_\_

List all previous used names of head, spouse or other adults, such as maiden name, previous marriages, aliases, Etc. \_\_\_\_\_

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**CURRENT HOUSING STATUS:**

Do you own and live in your own house? Yes \_\_, No \_\_. If yes, give address in comments section.

Do you currently live in a house owned by a family member? Yes \_\_, No \_\_.

Do you wish to move? Yes \_\_, No \_\_. If yes, why? \_\_\_\_\_

Are you being evicted? Yes \_\_, No \_\_. If yes, explain: \_\_\_\_\_

What is your current rent? \_\_\_\_\_ What utilities do you pay? \_\_\_\_\_

List two (2) previous landlords:

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

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

Are you *now* living in a governmental subsidized unit? (e.g. HUD Public Housing, Section 8, Section 236 or Section 221(d)(3) subsidized unit?) Yes \_\_\_\_\_, No \_\_\_\_\_.

If yes, enter dates of occupancy. \_\_\_\_\_. County and State assistance received. \_\_\_\_\_

Name and Address of rental assistance office. \_\_\_\_\_

**INCOME INFORMATION:**

Please (✓) answer each of the following questions. For each "Yes" answer, provide details in comments section.

		YES	NO
1.	Is any member of your household 18 or over and a full-time student? If yes, whom?		
2.	Is any member of your household employed, full-time, part-time or seasonally?		
3.	Does any member of your household expect to work for any period during the next 12 months?		
4.	Does any member of your household work for someone who pays him or her in cash?		
5.	Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?		
6.	Does any member of your household now receive, or expect to receive unemployment?		
7.	Does any member of your family now receive or expect to receive child support?		
8.	Is any member of your household entitled to child support that he/she is not now receiving?		
9.	Does any member of your household now receive or expect to receive alimony?		
10.	Is any member of your household entitled to alimony that he/she is not now receiving?		
11.	Does any member of your household receive or expect to receive TANF?		
12.	Does any member of your household receive or expect to receive food stamps?		
13.	Does any member of your household receive or expect to receive benefits from Veterans Administration?		
14.	Does any member of your household receive or expect to receive Social Security, SSI or SSD?		
15.	Does any member of your household receive or expect to receive income from a pension or annuity?		
16.	Does any member of your household receive regular cash contributions from individuals not living in the unit or from other agencies? Explain:		
17.	Does any member of your household receive income from assets including interest on checking, savings, dividends from CDs, stocks or bonds, or income from rental property?		
18.	Does any member of your household receive or expect to receive any type of income from any source whatsoever not listed above? Explain:		

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source during the next 12 months.

FAMILY MEMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

**ASSETS INFORMATION:**

Installment checking and savings accounts (including IRA's, KEOGH and CD's) of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	CURRENT BALANCE

List value of all stocks, bonds, trusts, pension contributions or other assets: \_\_\_\_\_

Do you own other houses or other real estate? Yes \_\_\_\_\_, No \_\_\_\_\_.

Have you sold or given away real property or other assets in the past two years? Yes \_\_\_\_\_, No \_\_\_\_\_.

If yes, what is the current market value of those assets? \_\_\_\_\_

**EXPENSES :**

Do you pay for childcare, which enables you or another family member to work or go to school?

Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, give name and address of care provider, weekly cost and name of family member enabled to work. \_\_\_\_\_

Handicapped Families Only:

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, describe expense: \_\_\_\_\_

Do you have Medicare? Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, what is your medical premium? \$ \_\_\_\_\_

Do you have any other kind of medical insurance? Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, give policy number and agents name. \_\_\_\_\_

Do you have any outstanding medical bills on which you are paying? Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, please explain. \_\_\_\_\_

Handicapped Families Only:

Do you expect to incur any medical expenses during the next 12 months? Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, please explain. \_\_\_\_\_

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**Criminal History:**

Have you or any member of your household committed an illegal drug-related or violent criminal activity in the last three years? Yes \_\_\_\_\_, No \_\_\_\_\_. Whom? \_\_\_\_\_

If so, in what State: \_\_\_\_\_, County \_\_\_\_\_  
or Municipality \_\_\_\_\_ are you on record?

Are any adults in the household registered sex offenders? Yes \_\_\_\_\_, No \_\_\_\_\_.

If yes, whom? \_\_\_\_\_

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**COMMENTS OR ADDITIONAL INFORMATION:**

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**APPLICANT CERTIFICATION:** I/We certify that the information given to the Northeast Missouri Regional Planning Commission/Rural Development Corporation on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for denying or termination of rental occupancy. I authorize you to contact any references, employers or landlords that I have listed. I also authorize you to obtain my consumer credit report and criminal history from a credit reporting agency, which will appear as an inquiry on my file. A copy of the report is available from NEMO RPC.

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Signature of Head of Household

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Date

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Signature of Spouse/Adult

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Date

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Adult

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Date

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Application reviewed by:

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Date

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Time