

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_

Moniteau Housing  
600 East 4<sup>th</sup> Street  
Rocheport, MO 65279

(Above for office use only)

## APARTMENT RENTAL APPLICATION

Thank you for your interest in our apartments. Please complete all requested information on the front and back of this form.

Contact Person:  
Thomas Scharenborg, Site Manager  
Phone: (573) 239 – 9907  
www.moniteauhousing.com

Number of Bedrooms Desired \_\_\_\_\_ Desired date of Occupancy \_\_\_\_\_

### PERSONAL INFORMATION

Applicant:

Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicants

Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Residents

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Household Income (Gross) - \$ \_\_\_\_\_ Social Security Income - \$ \_\_\_\_\_

Assets: Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Have you disposed of any assets for less than fair market value in the 2 years preceding the date of this Application? Yes \_\_\_ NO \_\_\_  
If Yes, provide dollar amount: \$ \_\_\_\_\_

Medical Expenses\* \$ \_\_\_\_\_ \* allowable for: ELDERLY/DISABLED/HANDICAPPED

Child Care Expenses\*\* \$ \_\_\_\_\_ \*\* allowable for children under age of 13

### RESIDENCE HISTORY

Attach additional Sheets for a Past 5 year history if needed

PRESENT ADDRESS \_\_\_\_\_

Telephone No. \_\_\_\_\_ Length of Time at Present Address \_\_\_\_\_

Present Landlord or Mortgage Holder \_\_\_\_\_ Phone No. \_\_\_\_\_

Complete address \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Length of Time at Previous Address \_\_\_\_\_

Previous Landlord or Mortgage Holder \_\_\_\_\_ Phone No. \_\_\_\_\_

Complete Address \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_



This is an Equal Opportunity Program. Discrimination is prohibited by federal laws. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410, or call (202) 720 – 5946 (Voice or TDD).

**EMPLOYMENT INFORMATION**

Applicant's Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

CO-Applicant's Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

**BANKING AND CREDIT REFERENCES**

BANK \_\_\_\_\_ Branch \_\_\_\_\_  
Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

- Have you or any members of your household ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you or any members of your household ever been convicted of a sex crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to either or both of the above two (2) questions, please explain-

- To qualify for a deduction of \$400 from annual income, the tenant or co-tenant must be at least 62 years old, or disabled. Do you qualify for this deduction? Yes \_\_\_\_\_ No \_\_\_\_\_
- To qualify for a deduction of \$480 per minor child, any member of the family residing in the household (other than tenant or co-tenant) must be under 18 years of age, or who is 18 years of age or older and is disabled, or a full time student.
- Do you have any special needs for reasonable accommodation as a result of a disability? If so, what are you requesting?  
\_\_\_\_\_
- I certify that the apartment that I will occupy in this project is/will be my primary residence.
- I/We have \_\_\_\_\_ vehicles that are licensed in my/our name. (List Make/Model & License Plate Number(s) below)  
\_\_\_\_\_
- I also certify that I do not and will not maintain a separate subsidized rental unit in a different location.
- In Case of Personal Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
- Please use the MO Relay 711 number if you are sight or hearing impaired.

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I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any reference herein listed and/or other inquiries that management feels necessary in determining eligibility. (i.e., checks with credit bureau, inquiries with law enforcement, etc.) I understand that Rural Housing Service randomly performs wage matching and signature of this application serves as my consent to authorize wage matching and release of this information to the apartment complex.

APPLICANT'S SIGNATURE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

RACE CODE(S) (Mark all that apply)

- \_\_\_\_\_ 1 - American Indian/Alaskan Native
- \_\_\_\_\_ 2 - Asian
- \_\_\_\_\_ 3 - Black/African American
- \_\_\_\_\_ 4 - Native Hawaiian/Pacific Islander
- \_\_\_\_\_ 5 - White

ETHNICITY

- \_\_\_\_\_ A - Hispanic/Latino
- \_\_\_\_\_ B - Non-Hispanic/Latino

GENDER

- \_\_\_\_\_ Male
- \_\_\_\_\_ Female

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Attachment: Tenant Selection Criteria

PLEASE RETURN THIS COMPLETED APPLICATION TO:

ROCHEPORT CITY HALL  
ATTN: Moniteau Housing Project,  
Moniteau Housing Manager  
703 First Street  
Rocheport, MO 65279

Or email: [Management@moniteauhousing.com](mailto:Management@moniteauhousing.com)

## Tenant Selection Criteria For Moniteau Housing

Our policy is one of Equal Opportunity and non-discrimination. No applicant will be denied an application or entry into the complex on the basis of race, color, national origin, religion, sex, familial status, age or disability.

Applications can be picked up and returned at any time by contacting site manager, Thomas Scharenborg at (573) 239.9907 for an appointment. An application fee is not charged.

Our property has ten (10) one-bedroom apartments. Occupancy will be limited to maximum of two (2) persons.

Prospective tenants must provide owner with photo ID (such as Driver's license) and Social Security numbers for every tenant or co-tenant in the household. For any members of the family who do not have a social security number, the applicant or family member must certify that the individual has never received a social security number. The owner may use Social Security numbers to verify income information that is provided. Social Security numbers must be verified only once for each resident. If the applicant does not have the documentation, the applicant should submit a signed certification stating his/her Social Security Number. The applicant then has 60 days to submit acceptable documentation of the Social Security Number. This 60-day period can be extended for another 60 days for elderly applicants.

It is our policy that upon receipt of an application, complete or incomplete, the applicant will be placed on the appropriate waiting list. If the application is incomplete, we will notify applicant within 10 days of the items that are needed for the application to be considered complete and that priority will not be established until the additional items are received.

A completed application will include a signed application form (sample attached) and signed form(s) authorizing the borrower to verify all past, present and future income (RD Form 1910-5). Originals of the application packet will be retained in the tenant file. At the time these items are received, the date and time will be recorded on the waiting list to establish priority for selection as per HB-2-3560, Section 6.18(c).

Units will be filled in the order shown below. The *Adjusted Income Limits*, which are published by USDA Rural Development annually, will be used to determine which waiting list category the applicant(s) should be entered on:

- Very Low Income Applicants
- Low Income Applicants
- Moderate Income Applicants
- Ineligible Applicants\*(above moderate income)

\*Note: We will request RD approval to rent to tenants in this category if we have experienced vacancies and have no one else on the waiting list at the present time. However, if there are no current vacancies, we will reject ineligible applicants. Exception to the above Income Standard Assignment policies would only be made in accordance with HB 2-3560, Section 6.22.

Notifications to applicants will be sent in accordance with HB2-3560, Chapter 6.

When reviewing the completed tenant application, the manager will review the application and take the following ***steps to determine eligibility***:

- Ascertain that the applicant can legally enter into a lease agreement per Missouri State law.
- Review application to determine if it is complete.
- Verify credit references.
- Verify prior landlord references.
- Determine if tenant qualifies for apartment based on household size.
- Determine the household's adjusted annual income.
- Order credit bureau reports/check casenet.org/check sex offenders listing

Once these items have been completed, the property will notify the tenant, in writing within 10 days, of their approval or rejection in accordance with HB-2-3560, Section 6.19.

Applicants will be rejected for the following reasons:

- Inability to enter into a legally binding lease agreement under State law.
- Ineligible based on age/unit size/income
- A history of non-payment of rents/utilities/other financial obligations
- A history of violence and harassment of neighbors
- A history of disturbing the quiet enjoyment of neighbors
- A history of violations of the terms of previous rental agreements such as failure to maintain the unit or failure to pay their rent timely.
- Evidence that the applicant lied on the original application
- Current use of illegal drugs or a conviction for drug manufacture, sale, and distribution
- Convicted felon
- Failure to provide information to complete application
- Cannot demonstrate that they have the financial capability to meet their basic living expenses and make their required rent payment.
- Criminal activity
- Alcohol abuse by household members

### **Rental Assistance Assignment**

Rental assistance, if available, will be assigned to current tenants that are paying more than 30% of their income for rent with first priority being given to those tenants paying the highest percentage of their income for rent. If all eligible current tenants have been assigned rental assistance, applicants that are rent overburdened will be assigned rental assistance, if available, when lease is signed.

Note: A copy of this form will be attached to all applications so all applicants are aware of our selection criteria.