



# Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203  
 Office: (573) 443-2556 ♦ TTY: (573) 875-5161 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

To: Local Employers and Human Resource Managers

From: Andrea Tapia, Director of Housing Programs

Date: September 24, 2018

RE: Housing Assistance Payments for Working Families and Individuals

I am contacting you today to provide important information to you that may help your lowest paid employees who may be eligible to receive housing assistance payments to help them pay their rent. Many working families do not realize that they are eligible to receive housing assistance payments or that they can use this assistance to pay the rent for their current residence without having to move.

***Working families and individuals will receive a preference on our waiting list!***

The Section 8 Housing Choice Voucher Program, often referred to as “Section 8,” is a program that provides housing assistance payments directly to landlords on behalf of income eligible families. Most people mistakenly think that Section 8 is specific housing in low-income neighborhoods when in fact it is a voucher program that allows families to choose their own housing or to “lease in place” at their current residence.

The income eligibility guidelines are as follows:

Household Size	1	2	3	4	5	6
Annual Income Limits	26,750	30,600	34,400	38,200	41,300	44,350

Household Size	1	2	3	4	5	6
100% Maximum Annual Income	26,750	30,600	34,400	38,200	41,300	44,350
Estimated Monthly Rent Payment by Participant *	669	765	860	955	1032	1109
70% of Maximum Annual Income	18,725	21,420	24,080	26,740	28,910	31,045
Estimated Monthly Rent Payment by Participant *	468	535	602	668	723	776
50% of Maximum Annual Income	13,375	15,300	17,200	19,100	20,650	22,175
Estimated Monthly Rent Payment by Participant *	334	382	430	477	516	554
* Balance of Rent Paid by the CHA						

As you can see, if you have any employees with incomes at or below the 100% limit, they may be eligible for assistance with paying their rent. In general, your employee would pay 30% of their adjusted household income for rent and CHA will pay the balance. Rental housing must pass an annual inspection and landlords must be willing to participate in the program. Housing costs must be within the Fair Market

Rent established by HUD for Columbia and Boone County and the number of bedrooms must match the size of the household.

While there are a few program regulations to follow, think of the benefit you can provide to your employee by making them aware of a program that will help them pay their rent. Won't this make them better employees with more financial stability?

**Here's the catch...**The Columbia Housing Authority will only be opening our waiting list for the Section 8 Housing Choice Voucher Program for one week this year, Monday, October 8, 2018 - Friday, October 12, 2018, between 8:00 a.m. – 2:00 p.m. daily. Everyone applying for assistance during this time period will be placed on a waiting list by a lottery system. We expect to take over 1,500 applications for the program and may not open our waiting list again for 2 or more years.

**The good news** is that **Working Families Get a Preference on Our Waiting List!** Any working family whose head of household, spouse, or co-head has been working 20 or more hours a week for the past 60 days is eligible for a preference on our waiting list. This means that they will be offered housing before non-working families on the waiting list. To get the working preference, families must be working at the time of application as well as when their name gets pulled from the waiting list. This allows CHA to serve more families since working families pay a higher share of their rent than non-working families.

Attached is a pre-application form that interested applicants must submit in order to be added to the Section 8 waiting list. These pre-application forms will be accepted for **One Week Only**:

**Dates: Monday, October 8, 2018 through Friday, October 12, 2018**

**Times: 8:00 a.m. – 2:00 p.m.**

**Place: Columbia Housing Authority  
201 Switzler Street, Columbia, MO**

I have also attached a flyer with additional information for posting. Please feel free to distribute this information to your employees and encourage them to apply for housing assistance if they meet the income eligibility guidelines.

The Columbia Housing Authority is pleased to provide this information to you in the hope that your employees will take advantage of this housing opportunity. Please contact me if you have any questions or need additional information at this time.

Thank you.

#### Attachments

- Pre-application form
- Informational flyer



# Housing Authority of the City of Columbia, Missouri

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Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051 ♦ [www.ColumbiaHA.com](http://www.ColumbiaHA.com)



## SECTION 8 HOUSING CHOICE VOUCHER WAITLIST OPENING

Beginning: Monday, October 8, 2018

Ending: Friday, October 12, 2018

Time: 8:00 a.m. — 2:00 p.m. Daily

Place: CHA Administration Office Building  
201 Switzler Street, Columbia, Missouri

***Pre-Applications will only be accepted during this time. You must apply in person at this time in order to pick a lottery number.***

**Pick up your pre-application form beginning September 27, 2018 at 201 Switzler Street, Columbia, MO or at [www.ColumbiaHA.com](http://www.ColumbiaHA.com)**

### Wait List Preferences

Working Families

Elderly Families

Persons with Disabilities

Veterans

### Remember

- ❖ Each household member 18 years or older must sign the Application.
- ❖ You must provide social security numbers for each household member.
- ❖ You must have a photo identification to draw a number.



### LOTTERY SYSTEM

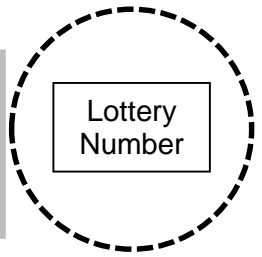
A lottery system will be used to determine your placement on the Waiting List. There is no need to line up early. Numbers will be drawn all week.



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Pre-Application  
Section 8/Housing Choice  
Voucher



PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK, OR TYPE ANSWERS

### 1. Fill in your correct full name, and current address (including apt number), city, state, ZIP code, & telephone number.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (maiden name) (first) (middle)

Address: \_\_\_\_\_  
(Street Address & Apartment Number)

\_\_\_\_\_  
(City) (State) (ZIP code)

Telephone: \_\_\_\_\_ (If you have no phone number, please give phone number of nearest relative or friend)

### 2. List all members of your family that will be living with you and complete the table.

Member's Full Name	Relationship to Head	Date of Birth	Place of Birth (city/state)	Gender	Race	Hispanic Yes/No	SSN
1. _____	Self / Head	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____

2A. Do you or your spouse receive disability income? **Yes / No** If Yes, please list who: \_\_\_\_\_

2B. Are you or your spouse a Veteran? **Yes / No** If yes, please list who: \_\_\_\_\_ Were you honorably discharged? **Yes / No**

### 3. Check all sources of income that apply to your family and indicate the **GROSS** amount received per month.

Source	Monthly Amount Received
<input type="checkbox"/> Public Aid, TANF, Food Stamps	_____
<input type="checkbox"/> Social Security or SSI (Circle which one applies)	_____
<input type="checkbox"/> Pension	_____
<input type="checkbox"/> Employment	_____
<input type="checkbox"/> Unemployment	_____
<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Other _____	_____

#### 3A. If anyone in the household is employed, please provide the following information:

Name: \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

4. Have you or has anyone in your household ever been HELPED WITH RENT by any program in the past? Yes / No

If Yes:

a. With which Public Housing Authority? \_\_\_\_\_

b. Under what program?

- Section 8 Certificate or Voucher
- Public Housing
- Any Other (please specify) \_\_\_\_\_

5. Do you or does anyone in your household owe money to any housing authority or HUD program? Yes / No

If Yes:

With which Public Housing Authority or HUD program? \_\_\_\_\_

6. Is anyone in your household disabled? \_\_\_\_\_

7. Are you experiencing homelessness? If so Describe \_\_\_\_\_

**Signatures**

All information above must be verified when your application is processed. You are required to notify the Housing Authority in writing should your family size, income, telephone number or address change. If we cannot contact you at the address above, your name will be removed from the waiting list and you will have to reapply when the waiting list re-opens.

*I/We certify that the information provided is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are 1) punishable under federal law, 2) grounds to deny eligibility for assisted housing, and/or 3) cause for termination of tenancy. We understand that we are giving permission for a criminal background check to be performed by signing this application.*

PLEASE SIGN/DATE HERE→

\_\_\_\_\_  
(Signature of Applicant) (Date)

If non-citizen, please give Alien Identification Number: \_\_\_\_\_

PLEASE SIGN/DATE HERE→

\_\_\_\_\_  
(Signature of Spouse/Other Adult Household Member) (Date)

If non-citizen, please give Alien Identification Number: \_\_\_\_\_

*I/We certify that we are providing this application to the Columbia Housing Authority upon the request of the individual who is listed and has signed as Applicant above.*

PLEASE SIGN/DATE HERE→

\_\_\_\_\_  
(Signature of Person/Agency Delivering Application) (Date)

<b>FOR OFFICE USE ONLY</b>			
Application reviewed by _____		Posted Date _____	
Employment verification or DD 214 provided and reviewed	Yes	No	Verification _____ (initial) Referred by: _____ Exited
Institution	Yes	No	



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## Important Information – Applying for a Housing Choice Voucher (Section 8)

The Columbia Housing Authority (CHA) will accept pre-applications to be placed on the Housing Choice Voucher Program (Section 8) Waiting List **through a lottery selection process** on the following dates:

**Dates:** Monday, October 8, 2018 through Friday, October 12, 2018. (**One week only**)

**Time:** 8:00 a.m. and 2:00 p.m. daily

**Place:** CHA Administration Office Building, 201 Switzler St. Columbia, MO

*There is no need to line up early for the lottery process.*

**Pre-Applications will only be accepted the week of October 8-12, 2018. You must apply in person at this time in order to pick a lottery number. DO NOT FAX OR MAIL YOUR PRE-APPLICATION.**

**Application Preferences:** CHA gives a preference to applicants who meet the following qualifications:

***The Head, Co-Head, Spouse or Co-Habitant of the Household...***

- Has worked an average of 20 hours or more per week for the last 60-days, or
- Is a person with a disability, or
- Is elderly, (62 years of age or older), or
- Have been honorably discharged (DD214 must be provided).

If you want to claim a preference on your pre-application form, you will need to provide verification in order to receive the preference. All applicants will be placed on the Housing Choice Voucher (Section 8) Waiting List by preference and then by lottery number.

**Applications Must Be Complete:** Incomplete pre-applications will not be processed. It is the responsibility of the applicant to provide all required information and answer all questions completely on the pre-application form. If your pre-application form is incomplete or not signed, or does not contain all the required information, it will not be processed. There are no exceptions. All applications are the property of the Housing Authority of the City of Columbia Missouri.

**Contact Information:** **Please note that it is your responsibility to notify CHA in writing of any changes in your mailing address or preferences.** If you fail to do so and we are unable to contact you by mail, your name will be removed from the waiting list. You must retain your application receipt until your name has been removed from the waitlist.

**Checking Your Name on the Waiting List:** Your application will take 8-12 weeks to be processed and placed on the waiting list. To check your position on the waiting list, you must come in person to the office at 201 Switzler St., Columbia, MO., and bring a picture ID. **Do not call CHA to check your position.**

**Eligibility:** Applicants must be determined eligible and qualify within the regulations of the U.S. Department of Housing and Urban Development and CHA policies. Being placed on the Housing Choice Voucher (Section 8) waiting list does not guarantee that you will receive rental assistance. When your name reaches the top of the list, all household members 18 years of age or older, will be screened in accordance with CHA policies.

CHA does not discriminate on the basis of race, color, national origin, ancestry, sex, religion, disability, marital status, sexual orientation, gender identity, age, and familial status. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Columbia Housing Authority.

