

MHA Use Only: Date of Application: _____ Time of Application: _____
Received by: _____
Date of Eligibility _____ Ineligibility _____

**Municipal Housing Agency
505 South 6th Street
Council Bluffs, IA 51501**

Telephone: (712) 322-1491 Fax: (712) 322-9081

APPLICATION FOR PUBLIC HOUSING

Instructions: Please Read Carefully. Incomplete Applications will not be processed.

1. This application is valid for all public housing properties operated by the Municipal Housing Agency. Applicants must be at least 18 years old.
2. To be qualified for admission to public housing an applicant must:
 - a) Be a family as define in MHA's Admission and Continued Occupancy policy;
 - b) Meet the HUD requirements on citizenship or immigration status;
 - c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD;
 - d) Provide documentation of Social Security number and state photo ID for all family members, or certify that they do not have Social Security numbers;
 - e) Meet or exceed the Applicant Selection Criteria;
 - f) Pay any money owed to MHA or any other housing authority;
 - g) Not have had a lease terminated by any Public Housing Authority in the past 3 years;
 - h) Be able and willing to comply with the Public Housing Lease;
 - i) Meet the screening requirements related to criminal activity and drug and alcohol abuse; and
 - j) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type, size, and admission preference.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, does not respond back to letters sent by MHA, or does not notify us of address changes, the application will be withdrawn from the waiting list and the applicant will need to reapply.
5. Applicants with disabilities may seek assistance with the completion of the application at the Admissions Office located at the address above. Hearing impaired persons can call Relay Iowa at 711.
6. The Municipal Housing Agency conducts a criminal record check on all applicants.
7. We do not discriminate on the basis of race, color, religion, sex, familial status, national origin, disability, age, sexual preference, or on the grounds that a person is a victim of domestic violence, dating violence, or stalking.

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NAME _____

1. Name: _____

2. Spouse's Name: _____

3. Current Address, Street, & Apt #: _____

Current City, State & Zip: _____

Current Home & Work Phone #: _____

Length of time: _____ Own or Rent: _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/Alaskan Native

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

6. **Family Information:** Beginning with yourself, list all persons who will live in the unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First & Last Name	Date of Birth	Age	Social Security Number	Disabled Person?	Sex	Full-time Student Y/N?
H		/ /					
2		/ /					

7. Is the applicant family displaced by a declared Natural Disaster (flood, hurricane, earthquake, etc.), government action (through no fault of their own), or domestic violence? Yes No If yes, explain. Documentation is needed to verify.

8. Is any family member employed or attending school? Yes No If yes, name, address & phone # of employer/school:

9. Is anyone in the applicant family disabled? Yes No If yes, do you receive Social Security disability payments or SSI because of your disability? Yes No

10. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earning and benefits received from AFDC/TANF, VA, SSI, SSID, Unemployment, Worker's Compensation, etc. Example: Wages, \$150/week, SSI, \$421/month.

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Family Member Name	Income Source	Amount \$	Frequency-Per (Circle One)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

11. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.?
 Yes No If yes, describe type of asset(s): _____
 What is the market value of all assets? _____
12. Do you own or have you sold any real estate in the past two years? Yes No If yes, what is the address? _____
13. Current Landlord's name and phone # _____
 Date Moved to this location _____
14. **Prior Address(s):** Please provide information below for the last five years, with the most recent address first.

Address, Street & Apt #	City, State & Zip	Landlord's Name & Phone #	Date Moved to this Location

Screen Questions: A "yes" answer will not necessarily disqualify you for admission.

15. Have you ever been evicted from housing? Yes No If yes, why? _____

16. Have you ever lived in public housing before? Yes No If yes, where? _____
 Dates: From _____ To _____ Name of Lessee: _____
 Do you owe any money to the housing authority? Yes No
17. Have you, or any member or the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, explain the nature of the problem and who was involved: _____

18. Does anyone in your household have a history of a felony arrest? Yes No If yes, explain: _____

19. Is anyone in your household currently on parole or probation? Yes No If yes, explain: _____

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20. Is anyone in your household currently a user of illegal drugs? Yes No Are you receiving and/or completed counseling for an illegal drug use problem? Yes No If yes, documentation is needed to verify.
21. If you use alcohol, has alcohol use caused problems needing police intervention? Yes No Are you receiving and/or completed counseling for alcohol use or abuse? Yes No If yes, documentation is needed to verify.
22. Do you smoke? Yes No All indoor common areas and main entrances are smoke free.
23. Please provide the names, addresses, and phone numbers of two responsible individuals who can verify your ability to pay your rent on time, get along with your neighbors, and maintain your apartment in a clean and sanitary manner.

Name & Phone #	Address, Street & Apt #	City, State & Zip	Relationship (family/friend)

24. Do you have a Pet or Service Animal? Type of Animal:_____ Is it a service animal that is specifically trained to aide in your disability? Yes No If you have a service animal, please provide supporting documentation on the Reasonable Accommodations form included.
25. Is the animal properly licensed in the City of Council Bluffs? Yes No (All animals must be spayed or neutered, be properly vaccinated, and have proper restraints in all common areas and grounds of MHA property.
26. Do you have a need for a dwelling unit with special features or a live-in aide due to a disability? Yes No If yes, please provide documentation on the Reasonable Accommodations form.
27. If you answered YES to 26, would you consider a dwelling unit without special features or due to the size of the unit will not support a live-in aide? Yes No
28. Do you have a supportive services caseworker? Yes No If yes, what is the service name? _____ What is the caseworker's name? _____
29. Is a release from your supportive services provider allowing you to live outside of a specific treatment program, which may or may not include an assisted living facility? Yes No If yes, please provide documentation on the Reasonable Accommodations form.

MHA will contact all former landlords for the period five years from the date of application.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to Municipal Housing Agency by my/our employers(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-Applicant Signature

Date

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Municipal Housing Agency
505 South 6th Street
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POLICE RECORD VERIFICATION

Dear _____:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, The Municipal Housing Agency wishes to avoid admitting a family member who is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants. Federal law also requires your cooperation in supplying information on criminal activity of the persons listed below. Your prompt return of this information will be appreciated.

Sincerely, _____
(Housing Specialist's Name) (Signature)

I hereby authorize the release of the information requested above.

Applicant's Name _____ Date of Birth _____

Social Security # _____ - _____ - _____

Applicant's Signature _____ Date _____

Co-Applicant's Name _____ Date of Birth _____

Social Security # _____ - _____ - _____

Co-Applicant's Signature _____ Date _____

A Criminal History Record search was conducted on the above named individual(s) on, Date _____, Time _____, by the Records Section of the Police/Sheriffs Department, and the following was found:

NO RECORD ON FILE

RECORD ATTACHED

Signed _____
(Employee Conducting Search)

*Information above is for agency use only. Police/Sheriffs Department is not responsible for any further dissemination of information.

Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Municipal Housing Agency

505 South 6th Street

Council Bluffs, IA 51501

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Contact: LeAnn Stark

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing

Section 23 Housing Assistance Payments
HA-owned rental Indian housing

Section 8 Rental Certificate
Section 8 Rental Voucher

Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

The Municipal Housing Agency Declaration of Citizenship

Part 1: Applies to All Family Members

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States, or be a noncitizen that has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national or the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults residing in the household are required to sign where indicated.

First Name	Last Name	Age	I am a citizen or national of the U.S.	I am noncitizen with eligible immigration status.	Signature of Adult Resident
_____	_____	_____	<input type="checkbox"/> or <input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/> or <input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

Warning – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fine up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applied to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or no citizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status.

First Name	Last Name	Age	Signature of Adult Resident	OFFICE USE ONLY INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

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Dear Sir/Madam:

Our tenant selection policy obliges us to verify certain information about all members of families applying for admission to our development. To comply with this requirement, we ask your cooperation in supplying the information on the history of the family listed above. This information will be used only in determining whether the family can be accepted for admission. You will note that the family has authorized you to provide this information to us.

Your prompt of this letter will be appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call 712-322-1491.

Sincerely,

Signature

Date

Title

Landlord Verification Form

Name of Applicant: _____

Current Address: _____

Name of Landlord: _____

Are you a relative or friend of the applicant? If so, please describe relationship: _____

Current Landlord Previous Landlord Other

Dates of Applicant's Tenancy: From ___/___/___ To ___/___/___

Does (did) the Applicant have a lease? Yes No

1. Rent Payment

A. Amount of monthly rent: \$ _____

B. Does (did) applicant pay rent on time? Yes No

C. Has (had) he/she ever paid rent late? Yes No

How late? _____ How often? _____

D. Have (had) you ever begun/completed eviction for non-payment? Yes No

E. Was a court judgment in your favor for eviction for non-payment? Yes No

F. Have tenant-paid utilities ever been disconnected? Yes No

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? Yes No

B. Has (had) the applicant damaged the unit? Yes No

Describe: _____

Cost to repair? \$_____ How often? _____

C. Has (had) the applicant paid for the damage? Yes No

D. Will (did) you keep any security deposit? Yes No

E. Does (did) the applicant have problems with insect/rodent infestation? Yes No

F. Does (did) the applicant's housekeeping contribute to infestation? Yes No

G. Did the applicant make any alterations to the unit without your permission? Yes No

3. General

A. Is (was) the applicant listed on the lease for the unit? Yes No

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes No

C. Have the applicant, family members, or guests engaged in any criminal activity, including drug-related criminal activity? Yes No

D. Has (had) the applicant given you any false information? Yes No

E. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? Yes No

If yes, Describes: _____

F. Would you rent to this applicant again? Yes No If not, why? _____

Signature of Landlord _____ Date _____

(Name of authorized project staff: telephone verification) _____ Date _____

Applicant Release

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____

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Reasonable Accommodations Verification Form

Name: _____ Date _____

Dear _____,

The above-named person is applying for admission to public housing and has expressed a need for the following:
 Preference status for admission Unit with special features A live-in aide Service animal Live outside of a specific treatment program, which may or may not include an assisted living facility.

The applicant has named you as a person who can verify the need for the selected accommodations. It would be appreciated if you would review the information provided and verify the applicant's need for the listed characteristics, if, in your professional opinion, such is needed. Your prompt return of this form would expedite processing and be greatly appreciated.

If you have any questions, please don't hesitate to call me at 712-322-1491.

Sincerely,

Public Housing Specialist

1. Name of family member with a special housing need: _____

2. Nature of need:

- | | |
|--|--|
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for vision-impaired |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Unit for hearing-impaired |
| <input type="checkbox"/> Live-in aide | <input type="checkbox"/> Service Animal |

3. Does the person named above, pose a direct threat to the health or safety of other individuals or result in substantial physical damage to the property of others? Yes No

4. Can the threat be eliminated or significantly reduced by the medical or supportive service provider's treatment and monitoring? Yes No

5. Verification and explanation of need(s): Please do not provide any information about the nature or extent of the applicant's disability. Simply indicate whether, in your professional judgment, the applicant needs the above feature in an apartment: _____

6. I, _____ attest that this verification is in accordance with the Fair Housing Act of 1988 and Section 504 of the Rehabilitation Act of 1973.

Signature: _____ Name of Agency: _____

Phone #: _____ Agency Address: _____ Date: _____

I/We, _____, hereby authorize the release of the requested information.

Signature: _____ Date _____

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